

"NO-LIMITE" INSURANCE - GSL CONTRACT No. ADP20181647
GENERAL CONDITIONS VALIDATING INFORMATION NOTICE
IN ACCORDANCE WITH ARTICLE L141-4 of the French Insurance Code
Ref. GSL-ASSNOLIMITE06/2018

The coverage of your contract is governed by the Insurance Code. Your contract consists of these general terms and conditions, supplemented by your policy certificate. Read your general terms and conditions carefully. They inform you of our respective rights, and obligations and answer your questions.

CHAPTER 1 DEFINITIONS

> DEFINITION OF CONTRACT STAKEHOLDERS

INSURED: The persons designated in this capacity in the Policy Certificate, damage to the physical integrity of whom resulting from an accident gives rise to the payment of the indemnity covered.

INSURER: Special Lines Group 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 - SIRET No. 779 838 366 000 28 Company governed by the Insurance Code and subject to the Prudential Control and Resolution Authority, 4 Place de Budapest - CS 92459 - 75436 Paris Cedex 09.

ASSISTANCE PROVIDER: Mutuaide Assistance – 8-14 Avenue des Frères Lumière 94368 BRY-SUR MARNE cedex.– SA with capital of €9,590,040 entirely paid– Company governed by the Insurance Code, registered in the Trade and Companies Register under reference number RCS 383 974 086 Créteil and subject to the Prudential Supervisory and Resolution Authority, 61 rue Taitbout - 75009 Paris

SUBSCRIBER: the signatory of the special conditions who thereby undertakes to pay the insurance premium.

YOU: the insured person.

> DEFINITION OF TERMS OF ASSISTANCE

ACCIDENT: Any unintentional bodily injury to the victim resulting from a sudden action with an external cause.

By extension to this definition, the pathological manifestations that would be the direct consequence of this bodily injury are covered. The following are treated as accidents:

- injuries caused by fire, steam, acid and corrosive jets, lightning and electric current;
- asphyxiation by immersion and asphyxiation by unforeseen absorption of gases or vapours;
- consequences of poisoning and bodily injury due to the unintentional absorption of toxic or corrosive substances;
- cases of sunstroke, congestion and freezing resulting from shipwrecks, forced landings, collapses, avalanches, floods or any other accidental events;
- the direct consequences of animal bites or insect bites, excluding diseases (such as malaria and sleeping sickness), the origin of which may be related to such bites or stings;
- injuries that may occur during the practice of scuba diving, including those due to hydrocution or decompression phenomena;
- bodily injury resulting from assaults or attacks on the Insured unless it is proven that they were actively involved as the authors or instigators of these events;
- physiological consequences of surgical operations, provided that they have been necessitated by an accident included in the coverage.

The following are not considered as accidents: aneurysm ruptures, myocardial infarction, cerebral embolism, epileptic seizures, subarachnoid haemorrhage.

BENEFICIARY: The natural person or persons designated in the Certificate of Insurance as beneficiary(ies) of the indemnity.

GEOGRAPHICAL COVERAGE: Worldwide, without mileage deductible (unless otherwise agreed in the Insurance Certificate).

DOMICILE: Place of principal and habitual residence in mainland France (the principalities of Andorra and Monaco are conventionally integrated under this definition), and in the countries of the European Union.

BODILY HARM: Any bodily injury suffered by a physical person, and the resulting harm.

DEDUCTIBLE: Part of the indemnity remaining payable by the beneficiary.

ILLNESS: Altered health observed by a medical authority, requiring medical attention and the absolute cessation of any professional or other activity.

CHRONIC ILLNESS: an illness that evolves slowly and continues.

SERIOUS ILLNESS: a life-threatening illness.

MEMBERS OF THE FAMILY: A family member means a spouse or cohabiting partner living under the same roof, a child, a brother or a sister, a father, mother, step-parents, grandparents, grandchildren, brothers-in-law and sisters-in-law.

CHAPTER 2: EXTENT OF THE COVERAGE

The contract is effective over the entire world.

CHAPTER 3: PURPOSE OF THE CONTRACT

The purpose of this contract is to guarantee the Insured persons against any accidents which they could be the victim of during the whole duration of the contract, and during sport practice according to one of the following two categories:

Category A:

- Any aerial sport with or without pilotage (except as a passenger on scheduled flights)
- Skydiving
- Speleology
- All types of motorised land vehicle races (cars, motorcycles, etc.)

Category B:

- All other sports.

The chosen category is mentioned in the policy certificate. The Insured having chosen Category A automatically benefits from the coverage for the other sports.

The coverage in this contract is effective worldwide only, and exclusively, for the practice of amateur sport, depending on the category chosen for the subscription. **The practice of a sport in a professional capacity is excluded.**

By practice, it is understood that this means only the exercise of the activity itself, **the journey or the period in a changing room being excluded.**

CHAPTER 4: EXCLUSIONS

THE FOLLOWING ARE EXCLUDED:

- **ACCIDENTS CAUSED OR PROVOKED INTENTIONALLY BY THE INSURED, CONSEQUENCES OF THEIR SUICIDE**

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- **OR ATTEMPTED SUICIDE, AS WELL AS ACCIDENTS CAUSED BY THE USE OF DRUGS OR NARCOTICS NOT PRESCRIBED MEDICALLY.**
- **ACCIDENTS OCCURRING WHEN THE INSURED IS A DRIVER OF A VEHICLE, AND THEIR BLOOD ALCOHOL LEVEL IS HIGHER THAN THAT LEGALLY ADMITTED IN THE COUNTRY OR IN THE PLACE OF ACCIDENT.**
- **ACCIDENTS RESULTING FROM THE PARTICIPATION OF THE INSURED IN A FIGHT (EXCEPT CASE OF LEGITIMATE DEFENCE OR ASSISTING A PERSON IN DANGER), DUEL, MISDEMEANOUR OR CRIMINAL ACT.**
- **ACCIDENTS WHICH OCCUR DURING THE USE AS A PILOT OR CREW MEMBER OF A REGULAR AIRLINE LINE AIRCRAFT.**
- **ACCIDENTS OCCURRING IN THE PRACTICE OF A PROFESSIONAL SPORT.**
- **ACCIDENTS CAUSED BY CIVIL OR FOREIGN WAR, EITHER DECLARED OR UNDECLARED.**
- **ACCIDENTS DUE TO IONISING RADIATION EMITTED BY NUCLEAR FUELS OR BY RADIOACTIVE PRODUCTS OR WASTE, OR CAUSED BY ARMS OR MACHINES INTENDED TO EXPLODE BY MODIFICATION OF THE ATOMIC CORE STRUCTURE**
- **ACCIDENTS OCCURRING IN THE PRACTICE OF A SPORT MENTIONED IN CATEGORY A IF THIS OPTION DOES NOT APPEAR ON THE POLICY CERTIFICATE**

ANYONE WHO HAS CAUSED OR PROVOKED THE LOSS IS EXCLUDED FROM THE COVERAGE.

compensation for permanent disability in accordance with the following conditions, the capital will be reduced by the amount of this indemnity.

Disappearance

The officially recognised disappearance of the body of the Insured during the sinking, disappearance, or destruction of the means of transport in which they travelled, will create a presumption of death at the end of the period of one year from the date of the accident. However, if it is found at any time after the indemnity payment for the disappearance of the Insured, that the latter is still alive, the sums unduly paid in this respect, must be fully reimbursed.

2) TOTAL PERMANENT DISABILITY following a Social Security Category 2 Accident: If the accident results in Social Security Category 2 Total Permanent Disability, we will pay the Insured the capital provided for in the Policy Certificate.

Definitions:

The Insured is considered as having the state of DISABILITY classified category 2 by social security if, as a result of accident covered, they are suffering from a physical or mental DISABILITY resulting in total incapacity to practise any occupation or remunerative activity

All Permanent Disability is classified as Social Security Category 2 Disability when the disability rate is equal to or greater than 66% according to the Work Accident scale

The payment of the capital in case of disability brings the coverage for Death to an end.

CHAPTER 5: ESTABLISHMENT AND TERM OF CONTRACT

EFFECTIVE DATE

The insurance contract is established once the parties have reached agreement.

With their signature, it signifies their mutual commitment.

Coverage is valid from the effective date indicated in the Policy Certificate, unless it is provided that the effective date is subject to the payment of the first premium. These same provisions will apply to any amendment to the contract.

TERM - TERMINATION OF COVERAGE

Unless otherwise agreed, the contract is entered into for the duration mentioned in the Policy Certificate and ceases to be effective on the end date of the coverage.

The indemnity is of a fixed and contractual nature: it is determined according to the rules set out above, regardless of the age or profession of the Insured. **The degree of disability will be established at the moment when the final consequences of the accident can be established with certainty, and at the latest within one year from the day of the accident, unless otherwise agreed between the Insured and us.** There is no accumulation of death and disability coverage when they result from the same accident.

Multiple disabilities

If the same accident causes several distinct disabilities, the main disability is first assessed under the conditions provided above, the other disabilities are then estimated successively, in proportion to the remaining capacity after the addition of the previous ones, without the overall rate being allowed to exceed 100%.

The absolute functional incapacity of a limb or organ is equated to the loss of this limb or organ. The loss of limbs or organs non-functioning before the accident will not give rise to compensation. If the accident affects a limb or an organ already disabled, the compensation will be determined by difference between the state before and after the accident. In no case may the evaluation of the injuries resulting from the accident be increased by the state of disability of the limbs or organs which the accident did not affect. Nervous disorders and nerve damage can only be taken into consideration, provided that they are the consequence of a covered accident, if they are reflected in the examination by clearly marked clinical signs.

CHAPTER 6: NATURE OF THE COVERAGE

6.1. BASIC FORMULA:

1) ACCIDENTAL DEATH: If within a maximum period of 24 months from the date of the accident of which the Insured was the victim, the accident causes the death of the Insured, we guarantee the payment of the capital, the amount of which is fixed in the Policy application form, in favour of or, together between them, the persons designated as beneficiaries.

If, before death, the same accident gave rise to the payment of

6.2. OPTION 1: ASSISTANCE

(if the option is included in your policy certificate)

1) ASSISTANCE TO PERSONS

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GROUPAMA ASSISTANCE cannot substitute local emergency relief organisations in any event.

In all cases, the decision of assistance belongs exclusively to the GROUPAMA ASSISTANCE doctor, after communicating with the attending physician on location and possibly the family of the Insured.

1.1) IN CASE OF ILLNESS OR ACCIDENT

Repatriation or medical transportation

If the condition of the INSURED requires medical attention or specific examinations that cannot be performed on site, GROUPAMA ASSISTANCE will organise and take charge of:

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

Depending on the severity of the case, repatriation or transportation will be carried out, under medical supervision if necessary, by the most appropriate of the following means: medical flight, regular airline flight, train, sleeper, boat, ambulance.

In the event that hospitalisation is not essential on arrival, transportation will be provided to the home of the INSURED.

If the hospitalisation could not be done in an establishment close to home, GROUPAMA ASSISTANCE will organise and take charge of the transportation from the hospital to the home providing that the patient's health allows it.

Escort during repatriation or medical transportation

If the INSURED is transported under the conditions defined in paragraph 1 "Repatriation or medical transportation" and if they are not accompanied by a doctor or a nurse, GROUPAMA ASSISTANCE will organise and take charge of the journey by getting a person on site to escort the INSURED.

Attendance to the INSURED when hospitalised

GROUPAMA ASSISTANCE will organise and take charge of the stay at the hotel of a person who remains at the bedside of the hospitalised INSURED, whose condition does not justify or prevents immediate repatriation, for up to **100 Euros per day with a maximum charge of 3,000 Euros**.

GROUPAMA ASSISTANCE will also take charge of the return to metropolitan France (or to their home country) of this person if they cannot use the means initially provided. If the hospitalisation must exceed ten days, and if nobody remains at the bedside of the INSURED, GROUPAMA ASSISTANCE will take care of the travelling expenses from metropolitan France (by first class train or economy class flight) of a person designated by the INSURED. GROUPAMA ASSISTANCE will also organise the stay at the hotel of this person up to **100 Euros per day with a maximum charge of 3,000 Euros**.

Reimbursement of medical, surgical, pharmaceutical, hospitalisation expenses incurred abroad

The reimbursement covers the expenses defined below, provided that they concern care received outside of the home country of the INSURED, as a result of an unforeseeable illness, or an accident, which occurred abroad.

GROUPAMA ASSISTANCE will reimburse the amount of medical expenses incurred abroad and will remain responsible for the INSURED, after reimbursement by the Social Security or any other provident or insurance organisation to which they may be affiliated, up to the amount indicated in the coverage limits table for the term

of the contract.

The deductible, the amount of which is indicated in the same table, will be applied in all cases.

The INSURED, or their successors, must undertake to take all necessary steps to recover these costs from the relevant organisations, and to send the following documents:

- original accounts of the social and/or provident bodies justifying reimbursements obtained;
- photocopies of health care receipts justifying expenses incurred.

Nature of medical expenses giving entitlement to additional reimbursement

- Medical fees.
- Costs of medication prescribed by a doctor or surgeon.
- Costs of an ambulance or taxi ordered by a doctor for local transport
- Costs of hospitalisation by medical decision.
- Dental emergency within the amount limit indicated in the cover limits table.

Coverage of medical expenses ceases from the day when GROUPAMA assistance is able to carry out the repatriation of the Insured in metropolitan France or in the country of his or her domicile.

Advance on hospitalisation costs

As soon as the Insured is hospitalised, the hospitalisation costs may be advanced up to the amount covered by the supplementary reimbursement of medical expenses, subject to the following conditions:

- that the care should be prescribed in agreement with the GROUPAMA ASSISTANCE doctors, and
- that the INSURED is deemed untransportable, by decision of these same doctors.

No advance will be granted from the date on which repatriation becomes possible.

In all cases, the INSURED must undertake to repay this advance no later than thirty days after receipt of the invoice.

1.2) SERVICES IN THE EVENT OF DEATH

Cadaver transport

GROUPAMA ASSISTANCE will organise and take charge of the transport of the body of the INSURED from the place where it is placed in the coffin to the place of burial in Metropolitan France or the Home of the Insured.

GROUPAMA ASSISTANCE will cover the additional costs necessary for the transport of the body, including the cost of a coffin up to €3,000 incl. VAT.

The costs of accessories, ceremony, burial or cremation in metropolitan France are the responsibility of the families.

In the event of temporary burial, GROUPAMA ASSISTANCE will organise and pay the cost of transporting the body of the Insured to the final place of burial in metropolitan France or the Home of the Insured, after expiry of the legal deadlines for exhumation.

Other services

GROUPAMA ASSISTANCE will organise and pay for the return to metropolitan France (or the country of the Insured's Home) to the place of burial, of the other INSURED who are at the location if they cannot return by the means initially envisaged.

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In the event that administrative reasons impose temporary or permanent burial at the location, GROUPAMA ASSISTANCE will organise and pay for the return transportation (by 1st class train or economy class flight) of a family member to travel from their domicile in Metropolitan France (or in another country where the Insured resided), to the place of burial, as well as their stay at a hotel.

GROUPAMA ASSISTANCE will also organise the stay at a hotel of the family member who has to travel, and will cover the actual costs up to a maximum of €100 incl. VAT per night, with an overall maximum of 1,000 Euros incl. VAT.

1.3) COUNSELLING AND PSYCHOLOGICAL SUPPORT

The intervention of psychologists

GROUPAMA ASSISTANCE will put the INSURED in contact with psycho-clinical psychologists.

These psychologists, all holding a DESS diploma in Clinical Psychology, will respond to calls, offering professional, undirected, non-compassionate, non-interventionist counselling.

Coverage

GROUPAMA ASSISTANCE will organise and pay for a thirty minute telephone call, with a maximum of five times per person and per event. After that, the psychologist will direct the INSURED to a local psychologist.

The benefit of this coverage must be requested within six months of the occurrence of a bodily injury, and within one month at the latest of the occurrence of a material loss.

Exclusions:

IN ADDITION TO THE GENERAL EXCLUSIONS, TRAUMATISM NOT LINKED DIRECTLY TO AN EVENT INSURED UNDER SPECIAL CONDITIONS, CONSULTATIONS IN A FIELD OTHER THAN THE PSYCHOLOGICAL (PSYCHIATRIC SUPPORT, PSYCHOTHERAPISTIC), AND SIMPLE CONVIVIAL COUNSELLING, ARE EXPRESSLY EXCLUDED.

2) OTHER ASSISTANCE

2.1) PREMATURE RETURN

If the INSURED must interrupt their journey:

- in order to attend the funeral of a family member (spouse or cohabiting partner, ascendant or direct descendant, brother, or sister), GROUPAMA ASSISTANCE organises and takes charge of the transport (by first class train or economy class flight) of the INSURED from the place of stay to the place of burial in Metropolitan France, or in another country if the Insured has their Home in that country.
- in the event of an accident or unforeseeable and serious illness affecting a family member (spouse or cohabiting partner, ascendant or direct descendant), GROUPAMA ASSISTANCE, with the agreement of the GROUPAMA ASSISTANCE doctor, organises and takes charge of the transport (by first class train or by economic class flight) of the INSURED to enable them to come to the relative's bedside, in metropolitan France or in the Home country of the Insured.
- in the event of major material damage occurring in the Insured's home or in the premises of the company for the head of the company, more than 50% destroyed and necessarily requiring their presence on the premises, GROUPAMA ASSISTANCE organises and takes charge of the transport (by first class train or economy class

flight) of the INSURED to allow them to return home or to the company premises.

Following the premature return of the INSURED, GROUPAMA ASSISTANCE organises and takes charge of the return (by first class train or economy class flight) of the INSURED to their place of residence to allow the return of their vehicle or other INSURED persons, by the means initially envisaged.

2.2) ADVANCE OF BAIL AND PAYMENT OF LEGAL EXPENSES

This cover is available only outside the country of residence of the INSURED.

If, in the event of an involuntary breach of the law of the country in which they are, the INSURED is obliged to pay bail, GROUPAMA ASSISTANCE will make the advance payment of up to **20,000 Euros**.

GROUPAMA ASSISTANCE will pay up to **10,000 Euros** towards the legal fees of the judicial representatives to whom the INSURED may appeal.

The INSURED undertakes to reimburse the advance made under bail within thirty days of the return of the latter by the authorities.

This benefit does not cover judicial proceedings in the country of origin of the INSURED, as a result of events occurring abroad.

Intentional offences do not qualify for the "Advance bail payment" and "Payment of legal fees" benefits.

2.3) DISPATCH OF MEDICINES

GROUPAMA ASSISTANCE takes all measures to ensure the search and the sending of the essential medicines for the continuation of a treatment in progress, in case, following an unforeseeable event, it is impossible for the INSURED to obtain them or get their equivalent. The cost of these medicines remains the responsibility of the INSURED.

2.4) TRANSMISSION OF MESSAGES

GROUPAMA ASSISTANCE transmits messages of a private nature, intended for the INSURED when they cannot be reached directly, for example, in case of hospitalisation, or left by them to the attention of a family member.

2.5) DAILY LIFE ADVICE

From Monday to Friday, from 9:00 to 21:00 (except holidays), on simple phone call, GROUPAMA ASSISTANCE communicates to the Insured the necessary information in the following areas:

- Airports
- Airline companies
- Trains around the world
- Economic data of the country visited
- International press
- Currency
- Currency exchange
- Administrative information
- Embassies
- Visas
- Police/customs formalities
- Time difference
- Phone
- Restaurants
- Car rental
- International permit
- Climate, weather
- Health, hygiene

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- Vaccination

2.6) SEARCH AND RESCUE COSTS

The Insurance applies, up to the amount fixed in the coverage limit table, to the reimbursement of search and rescue expenses that may be incumbent on the Insured if they are reported missing or at risk, provided that:

- Search or rescue operations are carried out by public or private rescue organisations or by individual rescuers to assist the Insured;
- Search or rescue operations are undertaken as a result of an accident included in the cover of this contract.

However, in the event that the Insured has not been injured, but has nevertheless been reported missing or at risk in circumstances such that the search or rescue expenses would have been covered if they had been the victim of an accident, these expenses will be refunded up to half of the amount in the coverage limit table.

Search Costs and Relief Costs resulting from non-observance of the precautionary rules issued by the site operators and/or regulatory provisions governing the activity practised by the Insured are excluded.

2.7) LIMITS OF INTERVENTION BY GROUPAMA ASSISTANCE

THE FOLLOWING ARE EXCLUDED:

- ANY PERSONALISED LEGAL CONSULTATION OR ANY CONSIDERATION OF A SPECIFIC CASE,
- ANY HELP TO DRAFT DOCUMENTS,
- ANY LITIGATION COSTS,
- ANY EXPENSE CHARGES, REMUNERATION OF SERVICES,
- ANY ADVANCE OF FUNDS,
- ANY ADVICE OR DIAGNOSIS IN MEDICAL MATTERS.

Regarding any specific area of financial information, GROUPAMA ASSISTANCE cannot make any comparative study on the quality of contracts, services, rates charged by financial institutions, and excludes any presentation or offer of a particular product.

In no event will GROUPAMA ASSISTANCE, in response to a question involving the law or its practice, express a personal opinion or advice based on the legal rules that will enable the person receiving the information to make a decision.

Responses will not be confirmed in writing nor will documents be sent.

3) EXCLUSIONS

THE FOLLOWING ARE EXCLUDED:

- CONVALESCENCES AND DISORDERS (DISEASE, ACCIDENT) UNDER TREATMENT NOT YET CONSOLIDATED.
- DIAGNOSED OR TREATED PRE-EXISTING DISEASES, HAVING BEEN HOSPITALISED DURING THE SIX MONTHS PRECEDING THE ASSISTANCE REQUEST.
- TRAVEL UNDERTAKEN FOR DIAGNOSIS AND/OR TREATMENT PURPOSES.
- PREGNANCY, EXCEPT FOR UNFORESEEABLE COMPLICATION, AND IN ALL CASES, FROM THE THIRTY-SIXTH WEEK OF PREGNANCY.
- STATES RESULTING FROM THE USE OF DRUGS, NARCOTICS AND MEDICALLY UNPRESCRIBED ASSIMILATED PRODUCTS, ALCOHOL CONSUMPTION.
- CONSEQUENCES OF ATTEMPTED SUICIDE.
- DAMAGE INTENTIONALLY CAUSED BY AN INSURED PERSON OR THOSE RESULTING FROM PARTICIPATING IN A CRIME, OFFENCE OR MISDEMEANOUR, EXCEPT IN CASE OF LEGITIMATE DEFENCE.

▪ INCIDENTS OCCURRING IN THE PRACTICE OF PROFESSIONAL SPORTS

- CONSEQUENCES OF A VOLUNTARY NON OBSERVANCE OF THE REGULATIONS OF THE COUNTRIES VISITED, OR OF PRACTICES NOT AUTHORISED BY THE LOCAL AUTHORITIES.
- THE CONSEQUENCES OF IONISING RADIATION EMITTED BY NUCLEAR FUELS OR BY RADIOACTIVE PRODUCTS OR WASTE, OR CAUSED BY ARMS OR MACHINES INTENDED TO EXPLODE BY MODIFICATION OF THE STRUCTURE OF THE ATOMIC CORE.
- CONSEQUENCES OF CIVIL OR FOREIGN WAR, OFFICIAL PROHIBITIONS, SEIZURES OR CONSTRAINTS BY THE PUBLIC FORCE.
- CONSEQUENCES OF RIOTS, STRIKES, OR PIRACY, IF THE INSURER TAKES AN ACTIVE PART.
- THE CONSEQUENCES OF CLIMATIC OBSTACLES, SUCH AS STORMS AND HURRICANES.
- COSTS OF SEARCH AND RESCUE OF PERSON FROM MOUNTAIN, SEA, OR DESERT.
- COSTS OF SKI RESCUE ON (AND OFF) PISTE.

IN ADDITION TO THE ABOVE EXCLUSIONS, AND FOR MEDICAL, SURGICAL, PHARMACEUTICAL OR HOSPITALISATION EXPENSES ABROAD, THE FOLLOWING ARE NOT COVERED:

- EXPENSES IN CONNECTION WITH AN ACCIDENT OR A DISEASE WHICH HAS BEEN MEDICALLY DIAGNOSED BEFORE TAKING OUT THE COVER.
- COSTS INCURRED BY THE TREATMENT OF A MEDICAL, PHYSIOLOGICAL OR PHYSICAL CONDITION WHICH HAS BEEN MEDICALLY DIAGNOSED BEFORE THE COVER ENTERED INTO EFFECT WITH LESS NET AND UNFORESEEABLE COMPLICATION.
- COSTS OF INTERNAL, OPTICAL, DENTAL, ACOUSTIC, FUNCTIONAL, AESTHETIC OR OTHER PROSTHESES, COSTS INCURRED IN METROPOLITAN FRANCE AND IN THE OVERSEAS DEPARTMENTS OR IN THE COUNTRY OF THE INSURER'S DOMICILE, REGARDLESS OF WHETHER AN ACCIDENT OR A DISEASE HAPPENED IN FRANCE OR ANY OTHER COUNTRY.
- EXPENSES FOR THERMAL CURE, HELIOMARIN, STAYING AT NURSING HOME, REHABILITATION COSTS.

4. GENERAL PROVISIONS

4.1) FINANCIAL COMMITMENTS OF GROUPAMA ASSISTANCE

The organisation by the INSURED or by one of the assistance services listed above cannot give rise to reimbursement unless GROUPAMA ASSISTANCE has been notified beforehand.

Expenses incurred will be reimbursed upon presentation of supporting documents, within the limits of those that GROUPAMA ASSISTANCE would have incurred to organise the service. Although GROUPAMA ASSISTANCE is obliged to organise the early return of the INSURED in metropolitan France (or in their home country) they may be asked to use their own travel document.

If GROUPAMA ASSISTANCE has insured at its expense the return of the INSURED, they are asked to make the necessary steps to obtain refund for their unused transport tickets and to repay the amount collected to GROUPAMA ASSISTANCE within three months after the date of return.

Only the expenses complementary to those that the INSURED would have incurred normally for returning Home, are taken care of by GROUPAMA ASSISTANCE.

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If GROUPAMA ASSISTANCE has accepted the change of a contractually agreed destination, its financial contribution may not exceed the amount that would have been incurred if the original destination had been retained.

In the event of payment of a stay at the hotel, GROUPAMA ASSISTANCE will only participate in the room rental expenses actually incurred, up to the limit indicated above and in the Coverage Limit Table, to the exclusion of all others charges.

4.2) WHAT YOU MUST DO IN CASE OF AN INCIDENT

EXECUTION OF COVER

For a request for assistance you must contact GROUPAMA ASSISTANCE or have it contacted by a third party, as soon as your situation suggests an early return, under penalty of inadmissibility.

From France: 01.55.98.57.35

From abroad: (+33) 1.55.98.57.35

You will be immediately assigned a file number and you will need to indicate:

- your contract number,
- your address and the telephone number where you can be reached, as well as the contact details of the people who will take care of you,
- to give doctors access to all the medical information that concerns you, or the person who needs our intervention.

FOR TAKING CHARGE OF TRANSPORT

When we organise and pay for transportation under our cover, this is done by first class train and/or economy class flight, or by taxi, according to the decision of our assistance service.

In this case, we will become the owners of the original tickets and you must agree to return them to us or to reimburse us the amount of which you could obtain the reimbursement from the ticket issuing organisation.

FRAMEWORK OF OUR ASSISTANCE INTERVENTIONS

GROUPAMA ASSISTANCE intervenes in the framework of the national and international laws and regulations, and our services are subject to obtaining the necessary authorisations from the relevant administrative authorities. Furthermore, we cannot be held liable for delays or impediments in the performance of the agreed services as a result of force majeure or events such as strikes, riots, popular movements, restrictions on freedom of movement, sabotage, terrorism, civil or foreign war, consequences of the effects of a source of radioactivity, or any other fortuitous event.

6.3. OPTION 2: TRAVEL CANCELLATION / BAGGAGE (if the option is mentioned on your policy certificate)

The Insurer covers the consequences of theft, loss or destruction of luggage, objects and personal effects, and professional equipment in the following circumstances:

- theft or loss while in transit when entrusted to a transportation company;
- theft, during the stay, following the break-in of the premises or the vehicle where they are, or an assault on the person transporting them;
- total or partial destruction resulting from fire, explosion, water damage or natural phenomenon.
- a loss due to a natural event (storm, whirlwind, hurricane, cyclone)

The coverage amount is fixed in the coverage table.

Thefts must have been declared to a competent authority (police, gendarmes, transport company, ship's purser).

BAGGAGE, VALUABLE OBJECTS AND PROFESSIONAL EQUIPMENT

Objects insured

Suitcases, trunks, hand luggage, as well as their contents, in the case of clothing, effects, personal objects and valuables taken or acquired by the Insured during the covered journey.

Valuable objects

Jewellery, objects made with precious materials, precious stones, pearls, watches, furs, cinematographic, photographic and computer equipment.

Professional Equipment

Objects entrusted to the Insured by an employer as part of his/her professional activity.

COVERAGE LIMITS

- **For precious objects, pearls, jewellery, watches, furs, as well as for any sound and/or image reproduction device and their accessories and micro-laptops, the refund value may in no case exceed 30% of the amount of the coverage capital.**
- **If a private car is used, thefts are only covered if the baggage and personal effects are contained in the boot of the locked vehicle and out of sight. If the vehicle is parked on public roads, the coverage only applies between 7:00 am and 10:00 pm.**

SPECIFIC EXCLUSIONS

- THE FOLLOWING ARE EXCLUDED:**
- **DAMAGES RESULTING FROM THE DECISION OF A PUBLIC OR GOVERNMENT AUTHORITY.**
 - **DAMAGE RESULTING FROM DEFECTS IN THE INSURED ITEM ITSELF, NORMAL WEAR AND TEAR, GETTING IT WET OR LEAKING LIQUIDS, GREASY MATERIALS, COLOURINGS OR CORROSIVE MATERIALS THAT WERE A PART OF THE COVERED LUGGAGE.**
 - **CASH, CHEQUES, MAGNETIC OR CREDIT CARDS, TRANSPORT TICKETS, SECURITIES AND VALUES, DOCUMENTS RECORDED ON TAPES OR FILMS, PAPER DOCUMENTS OF ALL KINDS, KEYS.**
 - **MUSICAL INSTRUMENTS, ART OBJECTS, ANTIQUES, COLLECTIONS AND GOODS.**
 - **AUTOMOTIVE ACCESSORIES, BICYCLES, SAILBOARDS AND IN A GENERAL MANNER, TRANSPORT MEANS AND SPORTS MATERIALS OF ANY NATURE.**
 - **GOGGLES, CONTACT LENSES, PROSTHETICS AND APPARATUS OF ANY NATURE.**
 - **THE THEFT OF BAGGAGE, EFFECTS AND PERSONAL OBJECTS LEFT UNSUPERVISED IN A PUBLIC PLACE OR STORED ON PREMISES THAT ARE AT THE COMMON DISPOSITION OF SEVERAL PERSONS.**
 - **THEFT COMMITTED BY AUTHORISED PERSONS ON DUTY.**
 - **THEFT OF JEWELLERY WHEN THEY HAVE NOT BEEN PLACED IN A SAFETY BOX WITH A KEY, WHILE THEY ARE NOT BEING WORN.**
 - **THE CONSEQUENCES OF INTENTIONAL MISCONDUCT OF PHYSICAL PERSONS ON THE PART OF THE INSURED.**
 - **DAMAGES OR LOSSES CAUSED BY CIVIL OR FOREIGN WAR, WHETHER DECLARED OR NOT (ARTICLE L.121-8 OF THE CODE), UNLESS THE RESPONSIBILITY OF THE INSURED PERSON IS NOT ESTABLISHED ON THE OCCASION OF THESE EVENTS.**

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- **DAMAGE OR LOSSES CAUSED BY EARTHQUAKES, LANDSLIDES, VOLCANIC ERUPTIONS OR OTHER CATAclysms.**
Notwithstanding, the following cases are guaranteed in France:
- the effects of natural disasters pursuant of Articles L.125-1 to L.125-6 of the Code;
- the effects of wind due to storms, hurricanes and cyclones, in accordance with Article L.122-7 of the Code.
- **DAMAGES OR AGGRAVATION OF DAMAGES CAUSED:**
 - **BY WEAPONS OR DEVICES INTENDED TO EXPLODE BY STRUCTURAL MODIFICATION OF THE NUCLEUS OF THE ATOM,**
 - **BY ANY NUCLEAR FUEL, PRODUCT OR RADIOACTIVE WASTE,**
 - **BY ANY OTHER SOURCE OF IONISING RADIATION (ESPECIALLY ANY RADIO ISOTOPE).**
- **EVENTS CAUSING DAMAGES OR LOSSES WHICH THE INSURED KNOWS AT THE TIME OF SUBSCRIPTION TO THE CONTRACT AND ARE LIKELY TO LEAD TO THE APPLICATION.**

COMPENSATION METHOD

The Insured is compensated upon proof and upon the basis of the replacement value by equivalent objects and of the same nature, wear and tear deducted.

The first year after the purchase, the refund will be calculated at 75% of the purchase price. From the second year after purchase, the refund will be reduced by 10% per year.

OBLIGATIONS OF THE INSURED IN CASE OF INCIDENT

The participant's claim statement must be accompanied by the following:

- the original receipt for the filing of a complaint or declaration of theft or loss issued by the competent police authority;
- the reservation forms with the carrier when baggage or objects were lost during the period in which they were in the legal custody of the latter;

All documents in their possession justifying the existence and value of the property at the time of the incident, as well as the extent of the damage.

RECOVERY OF LUGGAGE, OBJECTS OR PERSONAL EFFECTS

As soon as informed, the Insured must notify the Insurer by registered letter.

If the compensation has not yet been paid, the Insured must repossess the said luggage, objects or personal effects; the Insurer is then required to pay any damages or missing items.

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

- either to abandon such luggage, objects or personal effects for the benefit of the Insurer;
- or to recover the aforementioned luggage, objects or personal items once he/she receives compensation minus, if any, the percentage of this compensation corresponding to damage or missing items.

If the Insured has not made a choice within fifteen days, the Insurer considers that the Insured has opted for abandonment.

DELAY IN DELIVERY OF BAGGAGE

The Insurer covers the reimbursement of strictly necessary, essential purchases (clothing, toiletries, etc.), **up to the amount indicated in the coverage table**, in the case of late delivery of baggage **over twenty-four hours** after the time of flight arrival, if said baggage has been duly registered and placed under the responsibility of said airline with which the Insured travelled.

The compensation paid under this coverage will be deducted from that which could be paid under the coverage "*Baggage, Objects and Personal Effects*" if it was taken out, and if the luggage was not found.

LOSS OR THEFT OF IDENTITY PAPERS

The Insurer covers the expenses of getting a new passport, grey card, driving licence, residence card, following theft or loss during the journey made by the Insured.

The coverage amount is fixed in the coverage table.

EXCLUDED FROM COVERAGE ARE THE CONSEQUENCES BY INTENTIONAL HARM OF PHYSICAL PERSONS IN THE CAPACITY AS INSURED.

DECLARATION IN CASE OF INCIDENT, DETERIORATION, THEFT OR DESTRUCTION OF LUGGAGE

- The Insured must file a complaint for loss, damage, theft or destruction of luggage with the competent local authorities within twenty four hours following the date of the incident.
- The original receipt of complaint and a detailed statement must be sent to the Insurer within a maximum of Ten Days.
- The Insured must file a claim for loss, damage, theft or destruction of baggage with the carrier within twenty four hours following the date of the loss.
- The insured will provide the reservation form with the carrier when the baggage or objects have been lost during the period in which they were in the legal custody of the latter.
- In case of theft of luggage in the boot of vehicle, the Insured is required to provide proof of break-in (photos of damage, lock repair bill).
- The Insured is required to provide the Insurer with all supporting documents to verify or estimate the damage (photograph of the damaged baggage, invoice) as well as any document that the Insurer reserves the right to ask for.
- In all cases, a letter proving the date, place of purchase as well as the original invoice or the pro-format of the invoice.
- With regard to valuables and jewellery, the Insured must necessarily provide the Insurer with the original invoices, the original certificate of guarantee, the notarial deed if the possession of these objects is the consequence of an inheritance, or the estimate of an expert if these objects were appraised due to a lack of invoice.

DELAY, CANCELLATION OF FLIGHT OR REFUSAL TO BOARD

If, in any airport whatsoever:

- The confirmed regular flight of the Insured is delayed by four hours or more compared to the initial scheduled departure time.
- The confirmed regular flight of the Insured is cancelled.
- The Insured is not allowed on board due to lack of space, and no alternative means of transportation is available within six hours.

The Insured will be compensated up to the amount indicated in the Special Terms and Conditions for all catering, refreshment, hotel and/or transfer costs to and from the airport or terminal.

The cover does not apply in the following cases:

- **Insofar as confirmation is necessary, the Insured has not previously confirmed the flight, unless the Insured has been prevented from doing so by a strike or in case of force majeure.**
- **The delay results from a strike or a risk of Civil War or Foreign War of which the Insured had knowledge of before departure.**
- **In the event of a temporary or permanent withdrawal of authorisation for the flight of an aircraft, ordered either by the**

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civil aviation authorities, the airport authorities or a similar authority of any country.

TRAVEL REFUND

(cancellation of trip - if the option is mentioned on your policy certificate and taken out no later than 5 days after the purchase of the trip or of ticketing, and at least 15 days before the date of departure on the trip)

The Insurer will compensate the Insured against ticket cancellation expenses and/or registration for a sporting event with proof, in the event that the Insured is unable to travel due to the following events:

- death of the Insured;
- death of the person living with them, of an ascendant or descendant in the first degree, within fifteen days before the date of the journey;
- the death of a co-worker of the same service obliging the Insured to stay at their usual place of work in order to make up for this absence and occurring within fifteen days before the date of the trip;
- incident or illness (any physical injury that is unintentional on the part of the Insured or change in clinically observed health, need of medical care and the cessation of any professional activity) of the Insured;
- theft of identity papers necessary for travel within 48 hours of travel;
- refusal of a visa by the authorities of the country, provided that no request has been refused to the Insured previously by the authorities of the same country;
- major professional impediment in the framework of a buy-back, court-ordered reorganisation or liquidation transaction, provided that the Insured is directly involved in these transactions;
- catastrophic event affecting the Insured.

THE FOLLOWING ARE NOT COVERED:

- **INCIDENTS AND DISEASES WHERE THE FIRST KNOWLEDGE OF SUCH WAS DISCOVERED BEFORE BOOKING THE TICKET.**
- **SUICIDE, SUICIDE ATTEMPTS.**
- **DRUNKENNESS OR USE OF NARCOTIC DRUGS OR MEDICINES NOT PRESCRIBED BY A COMPETENT MEDICAL AUTHORITY.**
- **PSYCHOLOGICAL OR PSYCHIATRIC DISORDERS.**
- **PREGNANCY, WHETHER NORMAL OR PATHOLOGICAL, DELIVERY AND ITS CONSEQUENCES.**
- **THE CONSEQUENCES OF INTENTIONAL MISCONDUCT OF PHYSICAL PERSONS ON THE PART OF THE INSURED.**
- **AESTHETIC TREATMENT, A THERAPY, A VOLUNTARY INTERRUPTION OF PREGNANCY, IN VITRO FERTILISATION AND ITS CONSEQUENCES;**
- **A PSYCHIC, MENTAL OR DEPRESSIVE DISEASE WITHOUT HOSPITALISATION OR INVOLVING A HOSPITALISATION OF LESS THAN 3 DAYS;**
- **EPIDEMICS;**
- **A FORGOTTEN VACCINATION.**

It is specified that the causes of cancellation or modification of the following journey do not give rise to cover:

- **STRIKES OR BLOCKADES.**
- **BREAKDOWN OF PLANNED MEANS OF TRANSPORT.**
- **DELAY OR REMOVAL OF ANOTHER MEANS OF TRANSPORT INTENDED TO GET TO THE AIRPORT.**

- **NON-PRESENTATION, FOR WHATEVER REASON, OF A DOCUMENT REQUIRED TO TAKE PLANNED MEANS OF TRANSPORT.**
- **ANY DECISION RELEVANT TO THE CARRIER OR TRAVELLER.**

The coverage comes into effect from the time of the booking of the tickets and payment by means of a credit card, and the coverage ends at the beginning of the trip.

The amount covered is fixed in the coverage table.

DECLARATION IN THE EVENT OF A CANCELLATION OF TRAVEL INCIDENT

The Subscriber must notify the tour operator of the cancellation upon the occurrence of the event covered.

The declaration of this cancellation must be made to the Insurer in the **Forty Eight Hours** following the request for cancellation from the traveller ("Tour Operator" or Transport Company).

The Insurer's reimbursement is calculated in relation to the cancellation expenses schedule in force on the date of the first notification of the event giving rise to the coverage.

The Subscriber must send to the Insurer:

- Proof of payment by credit card
- The contact details of the tour operator.
- The copy of the contract signed with the tour operator as well as all the documents necessary for the evaluation of the damage.
- The exact reason for the cancellation as well as all the necessary supporting documents such as, depending on the nature of the event: death certificate, proof of family relationship between the Insured and the victim, residency certificate from the care establishment, copy of court summons, the original receipt for the filing of a complaint in the event of the theft of documents, or copy of the declaration of loss in the case of serious damage to the home.

After this Forty Eight Hours period, if the Insurer suffers any damage due to the late declaration, the Subscriber will lose all right to compensation.

ADMINISTRATIVE PROVISIONS

CONDITIONS OF MODIFICATION OR CANCELLATION OF CONTRACT

All requests for refunds as a result of changes in the dates concerning the duration of your travel insurance policy will only be considered if the amount to be reimbursed exceeds €25, and you can provide a copy of the transport ticket justifying this change.

EFFECTIVE DATE AND TERM OF THE CONTRACT

The contract takes effect on the date and for the term indicated on the certificate of insurance, subject to the payment of the premium. The contract is entered into for a fixed period without tacit renewal, and cannot be terminated and reimbursed during the period.

TIME FRAMES AND PROCEDURES FOR DECLARATION OF CLAIMS

Either in writing or verbally against a receipt at the company's head offices, or at the company's representative as indicated in the general terms and conditions, from the moment you become aware of the incident.

You must lodge the claim within 5 business days. If this condition is not met, we may be released from any obligation to repay.

If the damages cannot be determined by mutual agreement, they will be evaluated by an amicable and obligatory expert, respective rights reserved. Each of the parties will choose their expert. If these

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experts do not agree among themselves, they will appoint a third, and all three will operate in common and by majority vote. If one of the parties does not appoint an expert, or the two experts do not agree on the choice of the third, the appointment will be made by the President of the High Court of the place of domicile of the subscriber. This appointment is made on simple request signed at least by one of us, the one who has not signed is called to attend the expert appraisal by registered letter. Each party will bear the expenses and fees of their expert and, if necessary, half of those of the third.

STATUTE OF LIMITATIONS

Pursuant to Articles L 114-1 and L 114-2 of the Insurance Code, all the actions deriving from this contract are subject to a statute of limitations of **Two Years** from the event giving rise thereto.

However, this period is not applicable:

- In the event of non-disclosure, omission, fraudulent representation or misrepresentation of the risk incurred, as from the date on which the Insurer is aware thereof,
- In the event of an incident, from the date the concerned parties are aware thereof, if they prove that they were unaware of such facts up until then.

The statute of limitation is increased to **Ten years** in the event of coverage against incidents affecting persons, when the Beneficiaries are the Beneficiaries of the deceased Insured person.

PERSONAL INFORMATION

Personal data is collected at various stages of our business or insurance business regarding policyholders, or parties or interested persons to the contracts. This data is processed in compliance with regulations, including the rights of individuals.

Your rights regarding personal data:

You have rights to your data that you can exercise easily:

- right to know the information we have and ask to complete or correct them (rights of access and rectification).
- right to request the erasure of your data or to limit its use (rights of deletion of data or limitation).
- right to oppose the use of your data, especially regarding commercial prospecting (right of opposition).
- right to recover the data that you have personally provided to us for the performance of your contract or for which you have given your consent (right to data portability).
- right to set guidelines for storing, deleting and communicating your data after your death.

Any request concerning your personal data can be addressed to the Relais Informatique et Liberté contact of GROUPE SPECIAL LINES at: 6/8 rue Jean Jaurès - 92800 PUTEAUX or by email: claims@groupespeciallines.fr; and/or the GROUPAMA Data Protection Officer by writing to "GROUPAMA SA - Correspondant Informatique et Libertés - 8-10, rue d'Astorg, 75383 Paris" or by email to contactdpo@groupama.com.

You can also file a complaint with the French Data Protection Authority (Commission Nationale Informatique et Libertés/CNIL) if you feel that we have breached our obligations regarding your data.

Protection of personal data and Insurance

Why do we collect personal data?

The data collected by Groupe Special Lines at different stages of the underwriting or management of insurance contracts is necessary for the following purposes:

- Transfer, management, execution of insurance or assistance contracts

The data collected for the awarding, management and execution of the contracts, concerning you or concerning the parties, interested or involved in the contract, have the following objectives:

- The study of insurance needs in order to propose contracts adapted to each situation
- Review, acceptance, control and monitoring of risk
- The management of the contracts (from the pre-contractual phase to the termination of the contract), and the performance of the guarantees of the contract
- Client management
- The exercise of remedies, and the management of claims and litigation
- Development of statistics and actuarial studies
- The implementation of prevention actions
- Compliance with legal or regulatory obligations
- The conduct of research and development activities during the lifetime of the contract

Health data may be processed if it is necessary for the awarding, management or execution of insurance or assistance contracts. This information is processed in accordance with the principles of medical confidentiality and with your agreement.

In case of conclusion of a contract, the data is kept for the duration of the contract or claims, and until expiry of the statutory limitation periods.

In the absence of conclusion of a contract (prospect data):

- the health data is kept for a maximum of 5 years for purposes of proof
 - other data may be kept for up to 3 years.
 - Commercial prospecting
- Groupe Special Lines and Groupama Group companies (Insurance, and Services), have a legitimate interest in conducting prospecting actions towards their customers or prospects, and implement processing that is necessary to:
- Perform operations related to the management of prospects
 - The acquisition, transfer, rental or exchange of data relating to customers or prospects having due regard for the rights of individuals
 - Conduct research and development activities in the context of customer management and prospecting activities

The use of certain means for the implementation of prospecting operations is subject to obtaining the agreement of the prospects. These include:

- the use of your email address or telephone number for electronic prospecting
- the use of your browsing data to help us give you offers tailored to your needs or your interests (see cookie notice for more information)
- the communication of your data to partners.

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

Fight against insurance fraud

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

Personal data (including health data) can therefore be used to prevent, detect and manage fraud regardless of who the perpetrator is. These anti-fraud schemes can lead to the inclusion on a list of people at risk of fraud.

The Agency for the Fight Against Insurance Fraud (Agence pour la Lutte contre la Fraude à l'Assurance - Alfa) may be the recipient of data for this purpose.

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The rights to this data can be exercised at any time by mail to ALFA, 1, rue Jules Lefebvre - 75431 Paris Cedex 09.

The data processed for the fight against fraud is kept for a maximum of 5 years from the date of closure of the fraud file. In case of legal proceedings, the data will be kept until the end of the procedure, and expiration of the applicable requirements.

The persons registered on a list of suspected fraudsters, will be de-registered, after the period of 5 years of registration on this list.

Combating money laundering and terrorist financing

To meet its legal obligations, the Insurer is implementing a set of surveillance systems aimed at combating money laundering, the financing of terrorism and allowing the application of financial sanctions.

The data used for this purpose is kept for 5 years from the end of the account or the end of the relationship with the insurer. Data relating to transactions carried out by individuals is retained for 5 years from the date of its execution, including in the event of closure of the account or termination of the relationship with the insurer. TRACFIN may be the recipient of information for this purpose.

In accordance with the Monetary and Financial Code, the right of access to this data is exercised by the Commission Nationale de l'Informatique et Libertés (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 compliance with data protection rules and governed by appropriate safeguards (e.g. standard European Commission contract clauses, countries with a level of data protection recognised as adequate...). These transfers may be made for the execution of contracts, the fight against fraud, compliance with legal or regulatory obligations, management of actions or litigation allowing in particular the Insurer to ensure the recognition, exercise or defence of their rights in court or for the purposes of the defence of the persons concerned. Certain data, strictly necessary for the implementation of assistance services, may also be transmitted outside the European Union in the interest of the person concerned or for the protection of human life.

Who is this information communicated to?

The personal data processed is intended, within the limits of its attributions,

-for Special Lines Group services or Groupama Group companies in charge of commercial relations and contract management, the fight against fraud or the fight against money laundering and the financing of terrorism, for auditing and control.

-This information may also be communicated, where necessary, to our reinsurers, intermediaries, partners, and subcontractors, as well as to organisations likely to be involved in the insurance business, such as public bodies or supervisory authorities, or professional bodies (including ALFA for anti-fraud purposes and TRACFIN for the fight against money laundering and terrorist financing).

The information relating to your health is exclusively intended for the medical advisers of the Insurer or other entities of the Group, its medical service or specifically authorised internal or external persons (especially our medical experts).

SUBROGATION OF YOUR RIGHTS AND ACTIONS

In accordance with the provisions of Article L.121-12 of the French Insurance Code, GROUPAMA is subrogated, up to the amount of compensation paid by it, in the rights and actions of the Insured against Third Parties.

If we can no longer perform this action, by your doing, we may be relieved of all or part of our obligations to you.

APPLICABLE PENALTIES IN THE EVENT OF FALSE STATEMENTS MADE ON THE POLICY

Any concealment or misrepresentation, omission or inaccuracy in the statement of risk is sanctioned under the conditions provided by Articles L 113-8 and L 113-9 of the Insurance Code:

- **in case of bad faith on your part: by the nullity of the contract**
- **if your bad faith is not established: by a reduction of the indemnity in proportion to the premium paid compared to the amount of the premium that would have been due if the risk had been completely and exactly stated**

PENALTIES APPLICABLE IN THE EVENT OF FALSE STATEMENT AT THE TIME OF THE CLAIM

Any fraud, intentional concealment or false statement made by you concerning the circumstances or consequences of a claim shall result in the loss of all entitlements to the service or compensation for this claim.

FOR ANY APPLICATION FOR REPATRIATION ASSISTANCE

For all Assistance requests, the Insured person (or any person acting on their behalf) must contact GROUPAMA Assistance while quoting the GSL contract reference **No. ADP20181647**

Phone from France: 01.55.98.57.35

Phone from abroad: (+33) 1.55.98.57.35

The GROUPAMA Assistance team can be contacted 7 days a week, 24 hours a day

FOR ANY OTHER CLAIM

Contact OPRA, by writing to:

contact@no-limite.com,

or by post to the following address:

**OPRA
BP 90248**

13747 VITROLLES CEDEX - FRANCE

Or by phone:

- From France: 04.86.51.05.06

- From abroad: (+33) 4.86.51.05.06

COMPLAINTS - MEDIATION

In case of difficulty, the Subscriber should consult the Broker through which the contract is subscribed.

1. In case of disagreement or dissatisfaction with the implementation of your contract, please contact MUTUAIDE ASSISTANCE by calling 01.41.77.45.50, writing to medical@mutuaide.fr, or by mail **for assistance guarantees** at:

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

If the answer is not satisfactory, the Subscriber may address their complaint to the "Complaints" service of the Special Lines Group:

- By mail:

**SPECIAL LINES GROUP
CLAIMS SERVICE
6-8 JEAN JAURÈS STREET
92800 PUTEAUX**

-By email:

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reclamations@groupespeciallines.fr

If the response to the complaint is not satisfactory, the Subscriber may contact the "Complaints" Department of Groupama Rhône-Alpes Auvergne:

- By mail:

GROUPAMA RHÔNE-ALPES AUVERGNE
CONSUMER SERVICE
TSA 70019 - 69252 LYON CEDEX 09

-By email:

service-consommateurs@groupama-ra.com

Finally, if the disagreement persists regarding the position or the proposed solution, the Subscriber can request Insurance Mediation:

- By mail:

INSURANCE MEDIATION
TSA 50110
75441 PARIS CEDEX 09

- By internet on the website

www.mediation-assurance.org

2. In the event of disagreement or dissatisfaction with the implementation of your contract, we invite you to make this known to GROUPE SPECIAL LINES by writing to reclamations@groupespeciallines.fr **for insurance coverage.**

If you are unsatisfied with the response, you may send a letter to:

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

MUTUAIDE agrees to acknowledge receipt of your letter within 10 working days. Your issue will be dealt with within a maximum of 2 months.

Should you remain dissatisfied, you can write to the Ombudsman whose details are as shown above.

The FFSA mediator is not competent to know about contracts signed to cover professional risks.

REGULATORY BODY

In accordance with the Insurance Code (Article L. 112-4) it is specified that the regulatory authority of GROUPE SPECIAL LINES and GROUPAMA Assistance is the ACPR, 4 Place de Budapest - CS 92459 - 75436 Paris Cedex 09.

Translation of an original document into French. In the event of discrepancies or misinterpretations resulting from the translation, the original French document will always prevail.

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Warranties	Amounts	Deductible
AUTOMATIC GUARANTEES GRANTED		
Individual Accident Guarantees		
<i>Accidental death</i>	Up to the amount indicated on the insurance certificate	Void
<i>Total Permanent Disability 2nd category Social Security after an accident</i>	Up to the amount indicated on the insurance certificate	Void

OPTION 1: <i>(if mentioned on your insurance certificate)</i>		
Assistance		
In case of Illness or Accident		
<i>Repatriation and medical transportation</i>	Actual costs	Void
<i>Support of the repatriated/transported Insured person</i>	Travel ticket	Void
<i>Attendance with the hospitalised Insured person</i>	Travel ticket * + hotel costs €100 per night - maximum €3,000	Void
<i>Medical, surgical, pharmaceutical, hospitalisation expenses incurred abroad</i> <i>(With the possibility of advance payment for hospital costs)</i>	Uo to €50,000 Uo to €300 per tooth with a maximum of €900 per claim	€50 per claim
<i>Of which dental costs</i>		
In the case of Death		
<i>Repatriation or transport of the body in case of Death</i> <i>Coffin fees</i>	Travel ticket Uo to €1,000	Void
Help and Services to the Insured person		
<i>Listening and psychological support</i>	1 telephone conversation of 30 minutes with a maximum of 5 times per person and per event	Void
<i>Early return</i>	Travel ticket	Void
<i>Advance payment for bail</i>	Uo to €20,000	Void
<i>Legal assistance (legal fees)</i>	Uo to €10,000	Void
<i>Shipment of medicines</i>	Actual costs	Void
<i>Sending messages</i>	Actual costs	Void
<i>Passport or ID assistance</i>	Assistance with administrative procedures	Void
<i>Daily life advice</i>	Assistance and Guidance	Void
<i>Search and Rescue costs</i> <i>Search and rescue costs at sea, in the mountains, in the desert and on-piste and off-piste rescue costs (ski) excluded (OPTION 1) or included (OPTION 1 bis)</i>	Uo to € 50,000 per Insured person	Void

OPTION 2: TRIP CANCELLATION - LUGGAGE <i>(if mentioned on your insurance certificate)</i>		
Luggage and personal effects		
<i>Loss, damage, theft, or destruction of baggage</i> <i>Of which theft of valuables</i>	Uo to €1000 €1,000	€60 per person €60 per person
<i>Delayed delivery of luggage in case of a delay of more than 24h</i>	Uo to €250	Void
<i>Loss or theft of identity papers</i>	Uo to €150 per person	Void
<i>Flight delay, cancellation or refusal to board</i>	Uo to €250	Void
Travel		
<i>Trip cancellation expenses and/or registration expenses for a sporting event</i>	Uo to €2500	Void