



INFORMATION NOTICE

Policy No. 602 678

INFORMATION NOTICE - POLICY NO. 602 678

Dear Customer,

Taking account of the type of service(s) you are buying and the information you have sent us, we recommend that you take out this insurance policy. This policy consists of the General Terms and Conditions as shown below and supplemented by the sales contract for the insured service which is given to you when you take out the policy.

Before you take out this insurance policy, please read both this Information Notice and the General Terms and Conditions carefully. They specify your rights and obligations and those of the Insurer and answer any questions you may have.

WHO IS THE INSURER?

AWP P&C, Société Anonyme (Joint-stock company) with share capital of 17,287,285.00 euros, 519 490 519, RCS BOBIGNY, Registered office: 7, rue Dora Maar - 93400 SAINT-OUEN private company governed by the French Insurance Code (hereinafter the "Insurer"),

TO WHO DOES THIS POLICY APPLY?

This policy applies to anybody who has booked a Trip or any other service with the Approved Organisation or Intermediary and under the following conditions.

WHAT IS (ARE) THE CONDITIONS FOR BENEFITING FROM THIS POLICY?

Your home must be in Europe.

The policy must be taken out on the same day as the Trip booking or within two (2) working days of the booking, at the latest.

WHAT IS THE EFFECTIVE DATE AND TERM OF YOUR POLICY?

The policy enters into effect from the date it is taken out for any personal Trip of a maximum duration of 2 (two) consecutive months, sold by the Approved Organization or Intermediary with which this policy was taken out. The cover applies according to the conditions of article 2.2 "Validity term" of the following General Terms and Conditions.

WHAT IS COVERED BY THIS POLICY?

- The types of cover which will be indicated in your Specific Terms and Conditions and for which you are going to pay the corresponding premium.
- To find out the payment amounts and limits, along with the Excess relating to each type of cover, we request you to please refer to the Cover Table. This table is supplemented by the list of general exclusions and the specific exclusions that apply to each type of cover.

IMPORTANT POINTS TO NOTE

- You may or may not have a right renunciation after taking out this insurance policy. The terms and conditions and the procedures for exercising this option are set out in the «Administrative Provisions» section of the General Terms and Conditions in Article 7 « Waiver Power ».
- To avoid multiple insurance, in accordance with Article L112-10 of the Insurance Code:

We ask you to confirm that you do not already have a policy that covers any risk included in this policy. If this is the case, you have a right of renunciation this policy for a period of fourteen (14) days (calendar days starting from its being drawn up, without any expenses or penalties, if all the following conditions are fulfilled:

- **you took out this policy for non-professional purposes;**
- **this policy complements the purchase of an item or service sold by a supplier;**
- **you can prove that you are already covered for one of the risks covered by the new policy;**
- **the policy that you wish to cancel has not been executed in full;**
- **you have not declared any covered claim under this policy.**

In this situation, you are entitled to cancel this policy by letter, or any other lasting medium sent to the insurer of the new policy, together with a document proving that you already hold cover for one of the risks covered by the new policy. The insurer is required to refund the paid premium to you, within a period of thirty days after its cancellation.

If you wish to cancel your policy but do not fulfil all the above conditions, check the renunciation conditions stipulated in your policy in article 7 of the Administrative Provisions « Waiver Power ».

- Service quality and customer service are very important to us. However, if you are not entirely satisfied with our service, you may contact us as set out in the «Administrative Provisions» section of the General Terms and Conditions in article 16 «Complaints handling procedures» hereafter.

The policy has been drawn up in French and is subject to French law.

The cover provided by this policy, with the exception of assistance cover, is governed by the French Insurance Code.

TO DECLARE A CLAIM



IMPORTANT

The Insured must declare the claim to the Insurer within five (5) working days of his/her knowledge of it, except in the event of exceptional circumstances or force majeure: This deadline is reduced to forty-eight (48) hours in the case of the theft of the Covered Property.

If this deadline is not met, if the Insurer incurs a loss because of this late notification, the indemnification may be reduced to the cost of the loss.

The Insured must take all steps to limit the consequences of the incident;

For the «Optimum Cancellation or Modification», «Accidental damage and theft of ski equipment», «Interruption of ski activity» coverages, it is provided for:



To make declaration easier and claim handling more efficient, you are advised to declare the claim via the following website: <https://indemnisation.allianz-travel.fr>

A confidential access code will be provided allowing the tracking of the claim 24/24.

The Insured may call the Insurer on the phone from Monday to Friday, between 9 am and 6 pm (Metropolitan France time zone):

From France (if the Insured's current location is in France)

- No. 01 42 99 03 95 if you speak French
- No. 01 42 99 03 97 for non-French speaking Insured persons

Outside France (if the Insured's current location is not in France)

- No. 00 33 (1) 42 99 03 95 if you speak French
- No. 00 33 (1) 42 99 03 97 for the non-French speaking Insured

For the "Private Sport or Leisure Civil Liability" cover, the Insured must contact the Insurer:



- either by e-mail to the following address: responsabilite-civile@votreassistance.fr
- or by sending a letter to the following address:

AWP France SAS
Service Juridique (Legal Department) - Responsabilité Civile et Contentieux - DT03
7, rue Dora Maar
CS 60001
93488 SAINT-OUEN Cedex

- Or by phoning us from Monday to Friday, between 9 am and 5.30 pm (Metropolitan France time zone):
From France on 01 42 99 02 66 or
From outside France on 00 33 1 42 99 02 66
- or send a fax to 01 42 99 81 98

IN URGENT NEED OF ASSISTANCE?

The Insured or a third party must contact Allianz Travel:



by phoning us 24 / 7:

From France on **01 42 99 02 02** or

Outside France: on **00 33 1 42 99 02 02**

Access to the deaf and hard of hearing (24/24): <https://accessibilite.votreassistance.fr>

A case number will be assigned immediately, and the Insured must provide immediately

- the policy number,
- the address and telephone number we can use to contact you.

To receive a refund of expenses advanced by the Insured with the approval of Allianz Travel, the Insured must provide Allianz Travel with all the supporting documents that will enable it to determine the validity of the claim.



- either by sending a letter to the following address:

AWP France SAS
Service Relations Clientèle - RELAC01
7, rue Dora Maar
CS 60001
93488 SAINT-OUEN Cedex

- or by calling us Monday to Friday, between 9 am and 5.30 pm (Metropolitan France time zone):
From France on **01 42 99 08 83** or
From outside France on **00 33 1 42 99 08 83**
- Access to the deaf and hard of hearing (24/24): <https://accessibilite.votreassistance.fr>

This policy, hereinafter the "Policy", consists of:

- "General Terms and Conditions" described below, referring to the content, conditions, terms and limits of the cover taken out, and the appropriate exclusions;
- "Specific Terms and Conditions" referring to the personal points of your insurance policy, the list of covers taken out and the total premium of the Trip sales contract, hereinafter the «Specific Terms and Conditions».

GENERAL TERMS AND CONDITIONS - POLICY NO. 602 678

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TABLE OF COVER

SERVICES	COVER	EXCESSES OR INTERVENTION LIMITS
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OPTIMUM CANCELLATION OR AMENDMENT

<ul style="list-style-type: none"> • Following the occurrence of a covered incident other than those detailed below. 	Refund of cancellation costs up to the following limits: in case of cancellation: <ul style="list-style-type: none"> • €8,000 per Insured and • €50,000 per covered Event for all the Insured, to within the ceiling of the cancellation expenses 	Excess per Insured or per file: €30
<ul style="list-style-type: none"> • As a result of another random event 	or <ul style="list-style-type: none"> • €8,000 per file in the event of an Amendment: <ul style="list-style-type: none"> • €300 per Insured or per file 	Excess per Insured or per file: 10% of the covered amount of cancellation charges, with a minimum of €5 and a maximum of €45 . When the price of the Trip is less than €150 per Insured or per file: Excess of €30 per Insured or per file:

COVERED EVENT	COVER AMOUNTS AND LIMITS	EXCESSES OR INTERVENTION LIMITS
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ACCIDENTAL DAMAGE AND THEFT OF SKIING EQUIPMENT

<ul style="list-style-type: none"> • Loss and accidental damage of skiing equipment 	<ul style="list-style-type: none"> • Personal equipment: Refund of replacement equipment hire up to a limit of €800 per insured person and per insurance period. • Leased equipment: Reimbursement of the deposit from the lessor up to a maximum of €300 per person and per insurance period 	None
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COVERED SERVICES OR REIMBURSEMENT	COVER AMOUNTS AND LIMITS	EXCESSES OR INTERVENTION LIMITS
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TRAVEL ASSISTANCE

ASSISTANCE DURING THE TRIP

<ul style="list-style-type: none"> • Repatriation Assistance <ul style="list-style-type: none"> – organising and paying the cost for the Insured to return Home or for the Insured to be transported to a hospital – organising and paying the cost for a covered travel companion to return home 	Actual costs Actual costs	None
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COVERED SERVICES OR REIMBURSEMENT	COVER AMOUNTS AND LIMITS	EXCESSES OR INTERVENTION LIMITS
<ul style="list-style-type: none"> • Assistance to minor children of the Insured or his/her adult disabled children <ul style="list-style-type: none"> – organising and paying the cost for the Insured's minor children under his/her care or the Insured's adult disabled children to return Home if the Insured is repatriated – organising and paying the cost of a round trip for an escort to travel with the Insured's minor children or handicapped major children on their return home if the Insured is hospitalised locally 	<p>Actual costs</p> <p>Actual costs</p>	<p>None</p>
<ul style="list-style-type: none"> • Visit of a Close relative/friend if the Insured is hospitalized locally <ul style="list-style-type: none"> – paying the costs that enable a Close relative to get to the Insured's bedside: <ul style="list-style-type: none"> • outward/return journey • Cost of local accommodation until the Insured is repatriated or leaves hospital. 	<p>Actual costs</p> <p>Up to the daily limit of €50 until the Insured is repatriated or leaves hospital with a maximum of 10 nights i.e. €500 maximum per person.</p>	<p>None</p>
<ul style="list-style-type: none"> • Emergency hospitalization expenses Abroad (*) <ul style="list-style-type: none"> – the Insured is a member of a basic health insurance scheme: <ul style="list-style-type: none"> • direct payment, subject to the Insured reimbursed the sums received from the health scheme organization • the Insured is not a member of a basic health insurance scheme: <ul style="list-style-type: none"> – advance <p>(*) There is no cumulation of the maximum amounts stated in cover for «Emergency hospitalization costs when Abroad» and cover for «Emergency medical expenses, paid Abroad by the Insured (including Emergency dental treatment costs)».</p> 	<p>Up to the following limits, per insured person and per Insurance period:</p> <ul style="list-style-type: none"> • €3,000 • €3,000 	<p>None</p>
<ul style="list-style-type: none"> • Emergency medical expenses paid by the Insured when Abroad (*) <ul style="list-style-type: none"> – reimbursement of Emergency medical expenses for which the Insured is responsible (except for Emergency dental treatment costs) <p>(*) There is no cumulation of the maximum amounts stated in cover for «Emergency medical costs paid by the Insured when Abroad (including Emergency dental treatment costs)» and cover for «Emergency hospitalisation costs when Abroad».</p> 	<p>Up to the following limits, per insured person and per Insurance period:</p> <ul style="list-style-type: none"> • €3,000 	<p>Excess per insurance period: €30</p>

COVERED SERVICES OR REIMBURSEMENT	COVER AMOUNTS AND LIMITS	EXCESSES OR INTERVENTION LIMITS
<ul style="list-style-type: none"> • Additional costs locally <ul style="list-style-type: none"> – reimbursement of the Insured's additional accommodation costs and/or those of the insured members of his/her family or an insured person travelling with him/her, in the event of: <ul style="list-style-type: none"> • immobilisation in situ • extension of the trip • costs of transport to continue the interrupted Trip 	<p>Up to a limit of €50 per person per day until the Insured is repatriated or is able to continue the Trip and in all cases for a maximum of 10 nights, that is a maximum of €500 per person.</p> <p>Actual costs</p>	None
<ul style="list-style-type: none"> • Search and/or rescue costs <ul style="list-style-type: none"> – Search costs – Rescue costs 	<p>Actual costs</p> <p>Actual costs</p>	None
<ul style="list-style-type: none"> • Assistance in the event of the death of the Insured <ul style="list-style-type: none"> – transporting the body – Funeral costs <ul style="list-style-type: none"> • additional transport cost for Members of the insured family or insured accompanying person • paying the costs that enable a Member of the family to get to the Insured after his/her decease: <ul style="list-style-type: none"> – outward/return journey – Cost of accommodation locally until the person's body is repatriated 	<p>Actual costs</p> <p>Up to a limit, per Insured, of €3,000</p> <p>Actual costs</p> <p>Actual costs</p> <p>Up to a limit, per day, of €50 for a maximum of 10 days i.e. a maximum of €500 per person</p>	None
<ul style="list-style-type: none"> • Providing a driver to return the Insured's vehicle 	Driver's salary and Trip expenses	None
<ul style="list-style-type: none"> • Legal protection costs <ul style="list-style-type: none"> – reimbursement of lawyer's fees – advance for bail 	<p>Up to the following limits, per insured person and per Insurance Period:</p> <ul style="list-style-type: none"> • €5,000 • €15,000 	None
<ul style="list-style-type: none"> • Early return assistance <ul style="list-style-type: none"> – organising and paying transportation costs 	<ul style="list-style-type: none"> • Actual costs 	None
<ul style="list-style-type: none"> • Assistance for theft of your identity documents, means of payment, travel tickets: <ul style="list-style-type: none"> – advance of funds Abroad – organizing for the Insured to return home or continue the Trip 	<p>Up to the following limits, per insured person and per Insurance period:</p> <ul style="list-style-type: none"> • €200 per file <p>Costs incurred are payable by the Insured</p>	None

ASSISTANCE AFTER THE TRIP

<ul style="list-style-type: none"> • Additional personal assistance <ul style="list-style-type: none"> – home nurse – domestic help 	<p>Up to the following limits:</p> <ul style="list-style-type: none"> • 20 hours maximum • 20 hours maximum 	<p>Intervention limit:</p> <p>Downtime of more than 48 hours</p>
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CURTAILMENT OF A SPORTS OR SNOW LEISURE ACTIVITY

COVERED DAMAGE	COVER AMOUNTS AND LIMITS	EXCESSES OR INTERVENTION LIMITS
<ul style="list-style-type: none"> • Indemnity in the event of curtailment of a sport activity or a leisure and snow activity 	Payment of compensation equal to the cost of the unused «Sport or leisure and snow activity» days up to a limit of €800 per insured person and per Covered event (including passes for ski-lifts and lessons).	None
<ul style="list-style-type: none"> • If your ski-lift pass is lost or stolen 	<ul style="list-style-type: none"> • Payment of an indemnity proportional to the unused days of the ski passes, up to €300 per person. 	None

COVERED DAMAGE	COVER AMOUNTS AND LIMITS	EXCESSES OR INTERVENTION LIMITS

SPORT OR LEISURE THIRD PARTY LIABILITY

<ul style="list-style-type: none"> • Bodily injury and consequential loss for a covered claim 	Up to a limit, per Claim, of €150,000	Excess per Claim: €80
<ul style="list-style-type: none"> • Property damage and consequential loss for a covered claim 	Up to a limit, per Claim, of €45,000 (* The maximum indemnification for the «Private Civil Liability Sport or Leisure» cover for all damages considered together is €150,000 per Generating Event.	

POLICY VALIDITY

1. TERRITORIAL VALIDITY

The "Optimum Cancellation or Amendment" cover applies to any Trip in France.

The «Accidental Damage and Loss of Ski Equipment», «Travel assistance», «Curtailment of Snow Sport or Leisure Activity», and «Sport or Leisure Third Party Liability» cover apply in the visited country (countries) during the Trip organized by the Approved Organization or Intermediary and as mentioned in the Special Terms and Conditions **excluding the Countries not covered**.

The Insured is also covered for private and/or professional travelling in the country of the Trip destination country to **the exception of the excluded Countries**.

2. VALIDITY TERM

2.1. Procedures for taking out a policy and when it takes effect

The policy must be taken out on the same day as the Trip booking is made.

The Policy starts on the date of subscription and at the latest on the day of Departure.

2.2. When the cover takes effect and when it terminates

- The **«Optimum Cancellation or Amendment» covers** take effect at 00:00 on the day after payment of the premium at 00:00 hours. They cease as soon as the Trip begins;
- The **«Travel Assistance» cover** begins from the moment that the Insured leaves the Trip Departure location (maximum of twenty-four (24) hours before the Departure date stated on the Specific Terms and Conditions. Cover ceases a maximum twenty-four (24) hours after the end of the covered Trip, the date of which is stated in the Specific Terms and Conditions;
- **All the other covers** enter into effect at 00:00 on the Departure date as stated on the contract for the insured service, and, at the earliest, after the premium has been paid by the Insured. The cover ceases at twenty-four (24) hours on the return date stated on the contract for the insured service.

DEFINITIONS

Under these General Terms and Conditions, the terms and expressions beginning with a capital letter take the following meanings:

1. GENERAL DEFINITIONS

ACCIDENT: any sudden, unforeseen event, external to the victim or the damaged item, constituting the cause of the damage.

BODILY ACCIDENT: any unintentional bodily injury caused by the sudden action of an external cause and diagnosed by a doctor.

SNOW SPORT OR LEISURE ACTIVITY: any sport practiced on an amateur basis as part of sport or leisure activity lessons or of a package mentioned in the covered service policy and provided as part of this policy. Any official competition, whether an amateur or a professional competition, is not considered to be a sports activity. All sports activities that, theoretically, can only be practised in winter, usually because these activities need the presence of snow or ice.

ATTACK: any bodily injury or threatened bodily injury, arising from the action of a Third party.

INSURED: the person(s) named in the Specific Terms and Conditions, provided that they are Domiciled in Europe.

INSURER: AWP P&C which is the Insurer with which this insurance policy has been taken out. The assistance services are provided by AWP France SAS, hereinafter referred to in its business name "Allianz Travel".

BENEFICIARY: person benefiting from compensation paid because of his or her ties to the Insured person but not on a personal basis.

SPOUSE: spouse, partner under a civil union (PACS) agreement, or common law partner of the Insured, habitually living under the same roof as the latter.

DEPARTURE: planned start date and time of the Trip mentioned in the Trip sale contract or on the transport ticket.

CONSEQUENTIAL LOSS: any monetary loss resulting from deprivation of the enjoyment of a right, curtailment of a service provided by a person or by an item, from the loss of a benefit or clientele and which is the direct or consequence of a covered Bodily injury or Property damage.

PROPERTY DAMAGE: any damage to, or accidental destruction will disappearance of an item, and also any harm suffered by a pet.

DOMICILE: principal place of residence in Europe, being the address shown on the latest income tax advice.

BREAK-IN: forcing, damage or destruction of an anti-theft device.

CHILDREN: children are fiscally in charge of the Insured, dependent minor or handicapped major, habitually living under the roof of the Insured.

FOREIGN/ABROAD: all countries **except the country in which the Insured is domiciled and countries that are not covered are also excluded.**

EUROPE: France and the territories of the other Member States of the European Union, located geographically in Europe, and the following territories and countries: Liechtenstein, the Principalities of Monaco and Andorra, Saint-Martin, Switzerland, Vatican City.

The Azores, Canaries and Madeira are not included within this definition.

RANDOM EVENT: any unforeseeable circumstances beyond the control of the Insured and independent of his/her will.

COVERED EVENT: any event that gives entitlement to cover and which is stated in each type of cover in this Policy.

FRANCE: Metropolitan France (including Corsica), Guadeloupe, French Guyana, Martinique, Mayotte, Reunion, Saint-Martin (French section) and St Barthelemy (French section):

METROPOLITAN FRANCE: European territory of France (including the islands in the Atlantic Ocean, the English Channel and the Mediterranean) but excluding all the French Overseas areas (departments, regions, communities, territories and countries).

EXCESS: the share in the damage payable by the Insured when the claim is settled. Excess amounts in respect of each type of cover are specified in the Table of Cover.

OFF-PISTE SLIDING: practising a sliding snow sport or leisure activity in unmarked areas that are uncontrolled, not prepared by the winter sports resort's safety services.

CIVIL WAR: an armed struggle, within the same state, in which different groups that are identifiable by their ethnic, religious, community or ideological origins are in conflict with each other or when at least one of these groups is in conflict with the regular armed forces of that State.

FOREIGN WAR: a declared or undeclared armed engagement between one State and one or more other States or an irregular, external armed force and motivated primarily by a geographical, political, economic, racial, religious or environmental dispute.

LIMIT PER COVERED EVENT: maximum amount of cover for a single event giving rise to cover, irrespective of the number of Insured persons under the Policy.

ILLNESS: any alteration to a person's state of health, as diagnosed by a doctor.

MEMBER OF THE FAMILY: Spouse, ascendants or descendants in the direct line of the Insured, as well as those of his Spouse, brothers, sisters, brothers-in-law, sisters in law, sons in law, daughters in law, father in law, mothers in law, legal tutor or a person placed in his custody.

APPROVED ORGANIZATION OR INTERMEDIARY: La Plagne Resort, Trip distributor.

EXCLUDED COUNTRIES: North Korea: The up-to-date list of all Excluded Countries can be found at the following website address: <http://paysexclus.votreassistance.fr>

INSURANCE PERIOD: Policy validity period

NEAR ONE: any physical person related to the Insured.

INTERVENTION LIMIT: the time period or minimum percentage which is the threshold for the Insurer's responsibility or the point at which cover takes effect. Excess amounts in respect of each type of cover are specified in the Table of Cover.

POLICYHOLDER: the signatory of the Special Terms and Conditions who pays the insurance premium.

SUBROGATION: the process by which the Insurer replaces the Insured in respect of his/her rights against any party liable for his/her damage, to obtain repayment of the sums the Insurer has paid to the Insured following a Covered Event.

THIRD PARTY: any individual or legal entity **except for the Insured Person himself or herself**.

AGGRAVATED THEFT: theft committed with a Break-in or an Attack and evidenced by registration of a detailed crime report.

TRIP: transport and/or Stay sold or supplied by the Approved Organization or Intermediary with which this policy was taken out and planned to take place within the period of validity of the policy. All of the tourist services covered by this policy, irrespective of whether they are additional or sequential, constitute a single Trip, which only has one single date of Departure.

2. SPECIFIC DEFINITIONS

2.1. CANCELLATION OR AMENDMENT

CANCELLATION: the Insured's firm and definitive withdrawal from the Trip as declared to the Approved Organization or Intermediary.

AMENDMENT: postponement by the Insured of the dates of the Trip, provided that such postponement is made before Departure and concerns at least the date of the outward Trip.

2.2. ACCIDENTAL DAMAGE AND THEFT OF SKIING EQUIPMENT

WEAR AND TEAR: depreciation of an item's value caused by time, use or its current condition on the day of the claim incident. Unless stated otherwise in the Contract, the Wear and Tear applied when calculating compensation is 1% per month, up to a limit of 80% of the original purchase price.

2.3. TRAVEL ASSISTANCE

SEARCH AND RESCUE COSTS: cost of operations undertaken by civil or military rescuers or specialist public or private rescue bodies, who set out specifically to search for the Insured in a place which does not have any organised rescue services in the vicinity.

EMERGENCY COSTS: transport costs after the search operation (when the Insured has been found) from the place where the Accident occurred to the nearest medical centre.

ACCOMMODATION EXPENSES: Hotel costs (including breakfast), **excluding any other costs for restaurants, drinks and tips**.

FUNERAL EXPENSES: first conservation costs, handling, placing in coffin, specific arrangements for transportation, compulsory conservation, packaging and simplest coffin required for transportation and compliance with local legislation, **excluding burial (or cremation), embalming, clothing and ceremony costs**.

When the body cannot be transported in a coffin conforming to the standards in force, the cost of the coffin is not covered.

MEDICAL EXPENSES: medically prescribed pharmaceutical, surgical, consultant's and hospital costs required for the diagnosis and treatment of an Illness all consecutive to a bodily Accident.

EMERGENCY DENTAL EXPENSES: dental treatment that the Allianz Travel Medical Department considers to be emergency treatment.

EMERGENCY HOSPITALISATION: time spent in a public or private hospital for an emergency, unprogrammed and which could not be postponed, following the occurrence of a bodily Accident or an Illness.

IMMOBILISATION: being required to stay entirely at Home, hereafter referred to as «Immobilisation at Home» or at the holiday residence, after the visit of a Doctor and issuance of a medical certificate

2.4. SPORT OR LEISURE THIRD PARTY LIABILITY

BODILY INJURY: any unintentional injury to an individual's physical or psychological integrity, as well as any resulting financial loss.

GENERATING EVENT: initial cause resulting in one or several instances of damage to one or several persons.

CIVIL LIABILITY: obligation to repair the consequences of Damage caused to a Third Party by one's act or the act of persons for whom one is responsible or the act of things in one's custody.

CLAIM: all the damaging consequences resulting from the same Generating Event, that are liable to result in the operation of one or more types of cover under the Contract. Accordingly, all damages arising from the same initial cause constitute one and the same claim.

THIRD PARTY: any natural or legal person, **other than the Insured himself, his ascendants, descendants, collateral up to the second degree, or**

- **For sports and leisure civil liability, any person listed with the Insured on the same contract of sale for the insured sports or leisure activity.**

COVER

OPTIMUM CANCELLATION OR AMENDMENT

1. PURPOSE OF THE COVER

When the Insured cancels or amendments his/her booking with the Approved Organization or Intermediary, the latter can continue to cover all a part of the price of the services known as the "cancellation or amendment expenses". These expenses increase as the date of Departure approaches. These fees are calculated using the scale contained in the Table of Cover.

The Insurer will reimburse the cost of the levied cancellation or amendment fee, subject to deduction of the Excess amount as stated in the Table of Cover.

2. EVENTS COVERED IN RELATION TO A CANCELLATION OR AMENDMENT

Cancellation or Amendment must take place after one of the following Covered events, which absolutely prevents the Departure of the Insured:

► Medical events:

2.1. An Illness, included a pregnancy-related condition, a Bodily accident, and the results, after-effects, complications or deterioration of a Bodily accident that took place before the Trip booking was made,
and which necessitates:

- either hospitalization from the day of the Cancellation until the initially planned Departure date,
 - or,
 - the cessation of all professional activity, or home care if the person does not work, from the day of the cancellation or amendment to the Departure date,
 - and**
 - a medical consultation, and treatment with medicines from the day of the cancellation or amendment or the performance of medical tests prescribed by a Doctor,
- with these acts being paid for by one of the health insurance bodies of which the Insured is a member, and occurring to:
- the Insured or a Member of the Family,
 - his/her professional replacement specified when taking out the policy, or if not specified, the person who was specified by the company in its paid vacation organisation.
 - the designated person on Policy subscription in charge, on a paid basis during the Trip of the Insured, of custody or accompaniment of Children,

2.2. A medical contraindication of vaccination, the sequels of vaccination or a medical impossibility to take the preventive treatment needed by the Insured to reach the destination of their Trip.

► **Family events:**

2.3. The death of:

- the Insured or a Member of the Family,
- his/her professional replacement specified when taking out the policy, or if not specified, the person who was specified by the company in its paid vacation organisation.
- the designated person on Policy subscription in charge, on a paid basis during the Trip of the Insured, of custody or accompaniment of Children on a journey,
- a Near One,

provided that the deceased person's domicile is not the destination location of the Trip.

► **Professional or study-related events:**

2.4. Notification made to the Insured of a resit examination in connection with his/her studies, at a date during the Trip provided that the examination failure was not known at the time when the booking was made.

The cover also applies when the Insured is required to resit a school year as long as the resit was not known when the Trip was booked, and the new school year begins during the dates of Trip.

2.5. Redundancy of the Insured or of his/her spouse, provided that the corresponding invitation to the individual appointment was not received before the date on which this Trip was booked.

2.6. Obtaining a salaried position or paid work placement, taking effect before or during the scheduled dates of the Trip when the Insured had been registered as a jobseeker.

Cover is also valid when the Insured already has a job under a specified term contract at the time when the Trip is booked and as long as this contract is:

- changed to an indefinite duration contract, or
- is renewed on the day after the contract termination date for a minimum period of three (3) consecutive months.

► **Property events:**

2.7. Serious damage to your vehicle occurring within the forty-eight (48) hours prior to your Departure, definitely requiring your presence at that location on your scheduled date of Departure, for adjustment or repair operations and/or to implement the indispensable administrative actions.

2.8. An Accident or breakdown of the means of transport used by the Insured for preliminary travel to the departure point, which causes a delay of more than two (2) hours compared to the scheduled arrival time, and resulting in the Insured missing the transport booked for his/her Departure, provided that the Insured has made arrangements to arrive at the Departure point at least thirty (30) minutes:

- before latest check-in time if travelling by air,
- before the Departure time stated on the person's rail or sea crossing ticket.

► **Other events:**

2.9. Lack of snow coverage or too much snow coverage in the five (5) days prior to the Insured's Departure, occurring:

- in ski resorts located at an altitude over 1,500 meters and;
- between the 3rd Saturday in December and the 2nd Saturday in April and resulting in the closure:
- in the ski resort of the Stay, of at least 2/3 of the ski lifts which are usually operating,
- for at least two (2) consecutive days.

2.10. Another Random event, constituting an immediate, real and serious obstacle preventing Departure and/or participation in activities planned during the Trip.

Compensation is paid after deduction of the specific Excess amount stated in the Table of Cover. This Excess also applies to those persons who are booked on the Trip at the same time as the Insured.

2.11. Cancellation or Amendment by insured travel companions remaining alone or with just two (2) people travelling because of the covered cancellation or Amendment by one of the Insured, if all of them are insured under this Policy and their names are shown on the same Trip sale contract.

However, all insured persons who form part of the same home for tax purposes or who can prove that they have a direct line relationship are insured under «Optimum Cancellation or Amendment» cover.

3. COVER AMOUNT

The Insurer refunds the amount of cancellation or amendment fees levied by the Approved Organization or Intermediary up to the limits stated in the Table of Cover but must not exceed the price of the Trip mentioned in the Trip sale contract.

The Insurer's compensation amount is limited to the fee amount that would have been charged to the Insured if the Insured had notified the Approved Organisation or Intermediary on the day on which the Covered event occurred.

The cost of tips, administration, visas and other expenses, outside of service charges, as well as the premium paid to take out this Policy will not be reimbursed.

Service charges will be fully reimbursed, only if they form part of the insured amount, declared when the Policy was taken out.

In the event of an Amendment as a result of the occurrence of one of the Covered events, the Insurer will reimburse the Insured for the amendment fee up to the limit stated in the Table of Cover. **If the Insured amends and then cancels the Trip, his/her cancellation fee will be reimbursed but with a deduction for the amendment fee already reimbursed by the Insurer.**

When the Insured cancels or amends the dates of Trip because of a Covered Event, the Insurer covers the additional single ticket cost of the accompanying person remaining alone to travel, insured by the same policy, up to the cancellation expenses that he/she would have been invoiced for had he/she cancelled the ticket himself/herself.

4. COVER EXCLUSIONS

In addition to the "General Exclusions" appearing article 5, and any exclusions stated within the definitions, the consequences of the following circumstances and events are also excluded:

- 4.1. Illnesses already diagnosed or Bodily accidents that had already occurred, or treatment or relapse or deterioration or hospitalization between the date on which the Trip booking was made and the date on which this Policy was taken out;
- 4.2. Illnesses which had previously been diagnosed, had a changed status, a further test or change in treatment within the thirty (30) days prior to the booking of the covered Trip;
- 4.3. Bodily Accidents which had occurred or given rise to a surgical procedure, physiotherapy, a further test or change in treatment within the thirty (30) days prior to the booking of the covered Trip;
- 4.4. voluntary termination of pregnancy, in vitro fertilisation;
- 4.5. medical contra-indications to undertaking a Trip that are not the result of an Illness including those related to a pregnancy condition or to a Bodily accident, under the conditions set out in Article 4.1.2.1 of this cover;
- 4.6. forgetting to get vaccinated or failure to take the preventive treatment necessary for the destination of the insured Trip for a reason other than medical contra-indication under the conditions set out in article 4.1.2.2 of this cover;
- 4.7. the employer's refusal to permit paid leave;
- 4.8. lack of or excess snow coverage, except when this occurs at ski resorts located at an altitude of over 1,500 metres, between the 3rd Saturday in December and the 2nd Saturday in April, and results in the closure of over 2/3 of the ski lift facilities normally operating at the resort during the Stay, for at least two consecutive days in the 2 days prior to Departure;
- 4.9. climatic, meteorological or natural events;
- 4.10. Natural disasters,
- 4.11. failure to present or non-compliance of identity documents required to access the booked travel and/or administrative documents required for customs formalities;
- 4.12. any Event that occurs between the date on which the Trip was booked and the date when the Policy was taken out;
- 4.13. any circumstance that only harms the simple pleasure of the Insured's Trip;
- 4.14. failure of any kind, including financial failure, of the Organization or the Approved Intermediary or carrier making it impossible for it to perform its contractual obligations;
- 4.15. if the Insured is not allowed to board because of behaviour considered to be aggressive and or dangerous by the staff in charge of passenger transport or the Insured's failure to comply with the luggage check-in time limit and/or failing to turn up for boarding.
- 4.16. any costs of calculation that might be incurred by the Approved Organisation or Intermediary in accordance with the European directive of 25 November 2014 concerning lump-sum traveling and related traveling services.

5. WHAT THE INSURED MUST DO IN THE EVENT OF CANCELLATION OR AMENDMENT

The Insured must inform the Organization or the Approved Intermediary of his/her cancellation or amendment as soon as the Event preventing the planned Departure from taking place occurs.

6. SUPPORTING DOCUMENTS TO BE PROVIDED



IMPORTANT NOTE

It is the Insured's responsibility to prove that all the conditions required for implementation of this «Optimum Cancellation or Amendment» cover have been met by supplying the supporting documents listed below.

These documents and all the information supplied by the Insured will be used for the purposes of justifying the reason for the Cancellation or Amendment and for assessment of the compensation amount.

If the reason for the Cancellation or Amendment is medical, the Insured may, if wished, send the medical details in an envelope marked «Confidential» for the attention of the Insurer's medical expert (Médecin Conseil).

If the documentation provided does not prove the materiality of the Covered Event, the Insurer will be entitled to reject the Insured's claim for compensation.

COVERED EVENTS	SUPPORTING DOCUMENTS TO BE PROVIDED
IN ALL CASES	<ul style="list-style-type: none"> • booking confirmation of the insured services, • bill for the cancellation or amendment fees for the insured services, • when applicable, the official document showing the relationship with the person who was the reason for the Cancellation or Amendment (copy of the family identity booklet, partnership certificate, etc.), • R.I.B. (bank account identification) after the file has been reviewed, any other supporting document requested by the Insurer..
In the event of Illness, including a pregnancy related condition or a Bodily accident	<ul style="list-style-type: none"> • the medical questionnaire to be filled in by the patient's doctor. • if relevant, medical prescriptions for drugs, • if relevant, test results, • if relevant, a copy of the sickness certificate, • if relevant, a hospitalisation form, • after the file has been reviewed, if requested by the Insurer: statements showing reimbursement by the health insurance body of which the Insured is a member.
In the event of medical contraindication to vaccination or being unable to take preventive treatment	<ul style="list-style-type: none"> • the medical certificate stating the contraindication to vaccination or the advice about not taking preventive treatment, • any medical document proving the situation that is incompatible with vaccination or preventive treatment
In the event of death	<ul style="list-style-type: none"> • a copy of the death certificate, • if relevant, contact details for the lawyer dealing with the estate of the deceased Insured person.
In the event of a resit examination:	<ul style="list-style-type: none"> • a copy of the resit examination notification letter, • a copy of the postponement or the record of notes stating the postponement.
In the event of redundancy	<ul style="list-style-type: none"> • a copy of the letter summoning the person to the pre-redundancy interview, • a copy of the redundancy letter
In the event of obtaining a job	<ul style="list-style-type: none"> • a recent jobseeker document or Employment Centre registration document, • a copy of the letter offering a position or the employment contract. • a recent jobseeker document or Employment Centre registration document,

COVERED EVENTS	SUPPORTING DOCUMENTS TO BE PROVIDED
In the event of obtaining a paid work placement	<ul style="list-style-type: none"> • a copy of the agreement relating to the paid work placement.
For serious damage to a vehicle	<ul style="list-style-type: none"> • the acknowledgement of the claim declaration to the vehicle insurance company, • or a copy of the vehicle repair and/or towing bill.
In the event of an Accident or mechanical breakdown of the means of transport used for travel to the departure point:	<p>Public transport:</p> <ul style="list-style-type: none"> • the travel ticket for the public transport, stating the Departure time, • a copy of the certificate provided by the transport company stating the date and time of the incident and the length of the delay or stoppage. <p>Private transport:</p> <ul style="list-style-type: none"> • a copy of the bill for the breakdown repair/towing, • if applicable, the acknowledgement of the claim declaration to the vehicle insurance company,
In the event of a random event:	<ul style="list-style-type: none"> • any document which describes the situation which caused the obstacle to travel.
In the event of a lack of snow or excess snow	<ul style="list-style-type: none"> • the closure report issued by the company that operates the ski lifts at the resort concerned.

ACCIDENTAL DAMAGE AND THEFT OF SKIING EQUIPMENT

1. PURPOSE OF THE COVER

The Insurer covers, within the limit of the amount shown in the table of amounts of cover and excesses, the accidental disappearance and deterioration affecting property (specific materials, equipment and clothing) exclusively intended for skiing which belongs to the Insured or is rented by the Insured and which is located outside the premises occupied by the Insured as his principal or secondary residence, as well as his resort (hotel, rental, camping), and resulting:

- from a fire, an explosion or implosion, the origin of which is external to these items and equipment,
- from a lightning strike,
- from water damage,
- from a theft,
- from a climate event, including events declared as natural disasters,
- from immersion,
- from accidental breakage.

2. DAMAGE THAT IS COVERED DURING THE STAY

On presentation of receipts for the original purchases, the Insurer will cover accidental damage or aggravated theft of the Covered property carried or purchased during the Trip, **subject to the following specific circumstances:**

- **Theft of Covered property from a vehicle** only if the following conditions are combined:
 - The Covered property is placed out of sight in the boot of the vehicle.
 - the vehicle must be locked completely, with the windows and sunroof fully closed.
 - the break-in to the Insured's vehicle takes place between 7 am and 10 pm (local time);

It is the Insured person's responsibility to provide proof of the vehicle Break-in and proof that the theft was committed during the covered time period.

3. COMPENSATION FOR LOSS

The cover is granted to the limits indicated in the Table of cover with specific ceilings in the following cases:

- Leased equipment: Refund of the deposit from the rental company
- Personal equipment: Reimbursement of the cost of hiring replacement equipment

4. IF THE INSURED FINDS THE STOLEN OR LOST ITEMS

If the covered property of the Insured is found, **the Insured must inform the Insurer as soon as he is informed of it, by writing to the address mentioned in article 10 "ADDRESS TO WHICH SUPPORTING DOCUMENTS MUST BE SENT IN THE EVENT OF A CLAIM" of the Administrative Provisions**

If the Covered property is returned to the Insured, he/she undertakes to make a declaration to the Insurer only for those items that are missing or damaged.

If the Insured has already received compensation from the Insurer, he/she must refund the compensation that was paid out, less a deduction of the compensation amount relating to any missing or damaged items.

5. COVER EXCLUSIONS

In addition to the "General Exclusions" appearing in Article 5 and any exclusions stated within the definitions, the following exclusions exist:

- 5.1. damage resulting from earthquakes, volcanic eruptions, tidal waves or other cataclysms, floods, except in France and its Overseas Territories where an inter-ministerial order characterizes the event as a natural disaster;
- 5.2. the consequences resulting from use that does not comply with the manufacturer's instructions;
- 5.3. damage caused to the insured equipment, whilst it is being repaired, maintained or renovated;
- 5.4. damage resulting from the inherent vice of the insured equipment or its normal wear and tear;
- 5.5. damage resulting from your blatant negligence;
- 5.6. damage resulting from scratches, grooves, tears or stains;
- 5.7. thefts committed by the insured persons or by the members of your family, (ascendants, descendants, spouse) or committed with their complicity;
- 5.8. damage resulting from losing or forgetting the equipment;
- 5.9. damage due to smoking-related accidents;
- 5.10. terrestrial motor vehicles and their accessories, caravans and trailers;
- 5.11. pleasure craft with sail or engine, including jet skis;
- 5.12. 4cases, boxes, sacks, bags, or covers for sports or leisure equipment;
- 5.13. mobile telephones;
- 5.14. spectacles (lenses and frames), contact lenses, prosthetics and aids of all kinds;
- 5.15. computer equipment.

6. WHAT THE INSURED MUST DO IN THE EVENT OF A CLAIM

The Insured must:

- **In the event of theft:** file a formal complaint as quickly as possible with the police authorities closest to the scene of the crime.
- **In the event of damage:** obtain a written report of the damage produced by a competent authority closest to the place of the incident or, failing this, by a witness.

7. SUPPORTING DOCUMENTS TO BE PROVIDED



IMPORTANT NOTE

It is up to the Insured to prove that all required conditions for the application of this "Accidental damage and theft of ski equipment" cover are provided as substantiation of the supporting documents mentioned below.

These documents and all the information supplied by the Insured will be used for the purposes of justifying the damage suffered by the ski equipment and for assessment of the due compensation amount.

If no documentation is supplied or the documentation provided does not prove the materiality of the damage suffered, the Insurer will be entitled to reject the Insured's compensation claim.

COVERED EVENTS	SUPPORTING DOCUMENTS TO BE PROVIDED				
<p>IN ALL CASES</p>	<ul style="list-style-type: none"> • Trip booking confirmation document, • R.I.B. (bank account identification), • after the file has been reviewed, any other supporting document requested by the Insurer. 				
<p>In the event of damage caused to the Covered property during the Trip</p>	<table border="0"> <tr> <td data-bbox="376 325 600 564"> <p>Accidental damage and theft of ski equipment</p> </td> <td data-bbox="600 325 1046 564"> <p>In all cases</p> <ul style="list-style-type: none"> • a copy of the detailed crime report drawn up by the nearest police authorities to the scene of the claim • the original purchase receipts for the Covered items. <p>In the event of theft from a vehicle:</p> <ul style="list-style-type: none"> • a letter acknowledging reception of the incident statement by the car insurer or a copy of the car repair invoice or in the event of a rental, a copy of the description report of the vehicle on the day of its restitution to the rental company. </td> </tr> <tr> <td data-bbox="376 564 600 911"> <p>In the event of complete or partial damage of ski equipment:</p> </td> <td data-bbox="600 564 1046 911"> <p>In all cases:</p> <ul style="list-style-type: none"> • the certificate drawn up by the competent authority closest to the location of the incident. • a written statement from a companion or a third party and/or a medical certificate if the damage occurs at the same time as the Insured suffers a Bodily accident, <p>When the Covered item is repairable:</p> <ul style="list-style-type: none"> • the original invoice for the repair to the damaged Covered item together with a copy of the purchase invoice for that Covered item. <p>When the Covered item is irreparable:</p> <ul style="list-style-type: none"> • a certificate issued by a qualified professional stating that the damaged Covered item cannot be repaired, together with the original purchase invoice for this Covered item. </td> </tr> </table>	<p>Accidental damage and theft of ski equipment</p>	<p>In all cases</p> <ul style="list-style-type: none"> • a copy of the detailed crime report drawn up by the nearest police authorities to the scene of the claim • the original purchase receipts for the Covered items. <p>In the event of theft from a vehicle:</p> <ul style="list-style-type: none"> • a letter acknowledging reception of the incident statement by the car insurer or a copy of the car repair invoice or in the event of a rental, a copy of the description report of the vehicle on the day of its restitution to the rental company. 	<p>In the event of complete or partial damage of ski equipment:</p>	<p>In all cases:</p> <ul style="list-style-type: none"> • the certificate drawn up by the competent authority closest to the location of the incident. • a written statement from a companion or a third party and/or a medical certificate if the damage occurs at the same time as the Insured suffers a Bodily accident, <p>When the Covered item is repairable:</p> <ul style="list-style-type: none"> • the original invoice for the repair to the damaged Covered item together with a copy of the purchase invoice for that Covered item. <p>When the Covered item is irreparable:</p> <ul style="list-style-type: none"> • a certificate issued by a qualified professional stating that the damaged Covered item cannot be repaired, together with the original purchase invoice for this Covered item.
<p>Accidental damage and theft of ski equipment</p>	<p>In all cases</p> <ul style="list-style-type: none"> • a copy of the detailed crime report drawn up by the nearest police authorities to the scene of the claim • the original purchase receipts for the Covered items. <p>In the event of theft from a vehicle:</p> <ul style="list-style-type: none"> • a letter acknowledging reception of the incident statement by the car insurer or a copy of the car repair invoice or in the event of a rental, a copy of the description report of the vehicle on the day of its restitution to the rental company. 				
<p>In the event of complete or partial damage of ski equipment:</p>	<p>In all cases:</p> <ul style="list-style-type: none"> • the certificate drawn up by the competent authority closest to the location of the incident. • a written statement from a companion or a third party and/or a medical certificate if the damage occurs at the same time as the Insured suffers a Bodily accident, <p>When the Covered item is repairable:</p> <ul style="list-style-type: none"> • the original invoice for the repair to the damaged Covered item together with a copy of the purchase invoice for that Covered item. <p>When the Covered item is irreparable:</p> <ul style="list-style-type: none"> • a certificate issued by a qualified professional stating that the damaged Covered item cannot be repaired, together with the original purchase invoice for this Covered item. 				

TRAVEL ASSISTANCE

ADVICE TO TRAVELLERS

- **Before the Trip:**
 - check that this policy covers the selected destination and the duration of the planned Trip;
 - obtain information about the required identity documents for entry to the country being visited (identity card, passport, visa) and the health conditions;
 - obtain and carry the necessary documents (vaccination booklet and medical insurance document);
 - obtain the documents needed to be carried from the Health Insurance Association to certify they are responsible for medical expenses during the Trip: European Health Insurance Card or specific form, depending on the country.
 - if the Insured is undergoing treatment, they should take with them a sufficient supply of medicines, over and above the amount required for the Trip period, to allow for the eventuality of their return being delayed.
- **During the Trip:**
 - keep medication and prescriptions in your hand luggage so as to avoid interrupting treatment if the baggage you check with the transportation company is delayed or lost;
 - keep separate copies of both sides of identity papers and means of payment. These photocopies will be useful, in the event of loss or theft.



IMPORTANT NOTE

- **Minor children**

Some types of holiday and certain destinations are not suitable for very young children. Given the risks of disease related to travel time or conditions, the health situation and the climate it is advisable to consult your attending physician or paediatrician when planning the Trip.

All underage minors traveling abroad alone or accompanied must carry, in addition to the currently valid identity documents, an authorization to leave the territory drawn up by one of its legal representatives.

In all cases, when a minor child is repatriated, Allianz Travel cannot be held responsible for any delay caused by the need to correct the administrative situation.

- **Pregnant women**

Because of risks that could endanger the health of women at an advanced stage of pregnancy, the various airlines apply different restrictions, and these are liable to change without advance notice: medical examination a maximum of 48 hours before departure or presentation of a medical certificate, request for the medical approval of the company, etc.

In the event of an emergency and if their contract allows, assistance companies organise and pay the cost of air transport on the express condition that doctors and/or the airlines have no objections.

1. ASSISTANCE SERVICES

ASSISTANCE DURING THE TRIP

Decisions concerning the nature, opportunity and organization of measures to be taken for organizing assistance are exclusively up to Allianz Travel.

- ▶ **Assistance in the event of Illness, Bodily accident or the death of the Insured**

1.1. Repatriation Assistance

If the Insured's state of health requires them to be repatriated, Allianz Travel will assist as follows:

- **Organization and covering of the cost for the Insured to return Home or for transport to the hospital which is closest to the home and/or is the most suitable** to provide the care required by the person's state of health.

In the latter case, Allianz Travel then organizes the return Home of the Insured, as soon as his or her state of health permits.

- **Organising and paying the cost for a covered travel companion to return home**

When the Insured is repatriated more than twenty-four (24) hours before their originally planned return date, Allianz Travel will organise and pay the cost for the Insured persons who were travelling with the Insured to return Home provided that the original means of returning home can no longer be used or cannot be altered.



IMPORTANT NOTE

Decisions are only taken in consideration of the medical interests of the Insured and are the exclusive responsibility of the Allianz Travel doctors in agreement with the local medical practitioners.

Allianz Travel doctors contact the local medical teams and, if required, the Insured's usual medical practitioner, to gather the information that will enable the most appropriate decisions to be taken in respect of the Insured's state of health.

The Insured's repatriation is decided on and managed by medical staff who hold qualifications that are legally recognised in the country in which they usually practice their professional activity.

The Insured's medical interests and compliance with health regulations in force are the only matters taken into consideration when determining the transport, the selected means of transport to be used and the choice of the place of hospitalisation.

Transport by air depends on obtaining the authorizations to be granted by the airline. Allianz Travel cannot be held responsible for any delay or prevention in the performance of the assistance services because of any restriction by an airline.

If the Insured refuses to comply with the decisions taken by the Allianz Travel medical department, this discharges Allianz Travel of all liability in relation to the consequences of such an initiative and especially if the person returns by their own means or in the event of a deterioration of their state of health and the Insured loses all rights to services and compensation from Allianz Travel .

Moreover, under no circumstances can Allianz Travel carry out the role of local emergency services organisations, nor can the company pay the cost of expenses thus incurred, with the exception of the costs insured under «Search and/or rescue costs» cover.

In the event of an emergency, the beneficiary the Insured or his/her close relatives/friends must contact the local emergency services directly and as a priority.

1.2. Assistance to minor children of the Insured or his/her adult disabled children

- **Organising and paying the cost for the Insured's minor children under his/her care or the Insured's adult disabled children to return Home**

If the Insured's state of health requires him/her to be repatriated, once the Medical Department has agreed to this, Allianz Travel also organises and pays the transport costs to enable the minor children or disabled adult children who were travelling with the Insured and no other adult member of the family was present at the holiday location with them to return Home.

- **Organising and paying the round trip transport costs of a person to escort the Insured's minor children or disabled adult children on their return journey**

If the Insured is hospitalised on the spot when accompanied by at least one minor child or adult disabled child and no other adult member of the family was present with them, Allianz Travel will pay for the outward and return Journey of a person of their choosing who lives in Europe to come out to accompany them.

The costs of accommodation, meals and drinks of the person selected to accompany the children mentioned above are payable by the Insured.

1.3. Visit of a Close relative/friend if the Insured is hospitalised locally

If the Insured is hospitalised locally **for more than three (3) days, or more than forty-eight (48) hours if he/she is a minor or disabled and was not accompanied by another adult member of the family during the Stay:**

- Allianz Travel pays the cost of an outward and return journey for a Member of your family staying in Europe to enable them to get to the hospital;
- On presentation of supporting documents, Allianz Travel will reimburse the cost of that person's accommodation, up to the amount limit stated in the Table of cover **until the Insured is eventually repatriated or leaves hospital if he/she is able to continue the Trip.**

This service cannot be accumulated with the «Organising and paying the transport costs for the return of an insured travel companion» cover as described in article 4.3.1.1 and «Organising and paying the return Trip costs of an escort for the return of the non-emancipated minor children or major handicapped children of the Insured» cover as described in Article 4.3.1.2.

1.4. Emergency hospitalisation expenses abroad

- **If the Insured is a member of a basic health insurance scheme or an insurance or provident organisation:**

In the event all the Emergency Hospitalization of the Insured abroad, Allianz Travel can make a direct payment of the unforeseen emergency hospital expenses after approval by the medical department and up to the limits stated in the Table of Cover.

In this case, the Insured must take all the necessary steps to have these costs reimbursed by his/her basic health insurance organisation, mutual insurance scheme or any insurance or provident organisation and then **immediately transfer back any sum received to Allianz Travel.** Otherwise, Allianz Travel will be entitled to claim legal interest.

This service ceases on the day on which Allianz Travel considers that it is possible for the Insured to be repatriated.

• **If the Insured is not a member of a basic health insurance scheme or an insurance or provident organisation scheme:**

In the event of the Emergency Hospitalization of the Insured abroad, Allianz Travel can advance the unforeseen emergency hospital expenses of the prescribed care after approval by the Medical Department and up to the limits stated in the Table of Cover.

In this case, the Insured undertakes to reimburse the advance to Allianz Travel within three (3) months commencing from the date on which he/she returns from the Trip. After this deadline, Allianz Travel will be entitled to claim the advance amount expenses and legal interest.

This advance is subject to a formal recognition of the debt being drawn up.

This service ceases on the day on which Allianz Travel considers that it is possible for the Insured to be repatriated.

1.5. Emergency medical expenses paid by the Insured when Abroad



IMPORTANT NOTE

If the Insured has paid Emergency medical expenses when Abroad, Allianz Travel will reimburse these Expenses up to the limit stated in the Table of Cover and depending on how its medical department assesses the emergency.

To receive this type of refund, the Insured must belong to a primary health insurance scheme which covers his/her medical expenses Abroad for the whole period of this Policy.

The Insured must be able to provide Allianz Travel with the original statements or refusal letters from the schemes to which he/she belongs.

Up to the amount limits stated in the Table of Cover, less the Excess stated in the same table:

• **Reimbursement of emergency medical expenses still charged to the Insured (excluding emergency dental care)** after the action of its basic social organization, its mutual provident insurance or any other insurance or provident organization.

1.6. Additional costs locally

• **Immobilisation in situ**

If the Insured is immobilised or hospitalised locally and his/her condition does not require him/her to be repatriated or if it is not immediately necessary, Allianz Travel will organise and pay for the Insured's additional accommodation costs and for those of the insured members of his/her family or an insured person accompanying him/her, provided that they stay with the Insured and payment is limited to the amounts stated in the Table of Cover.

This cover only applies if there was no accommodation booked originally and it cannot be provided in addition to cover under 4.3.1.3 «Visit of a close relative/friend in the event of the Insured's hospitalisation».

• **Extension of the Trip:**

If repatriation of the Insured takes place after the originally planned end date of the insured Trip, Allianz Travel will organise and pay for the Insured's additional accommodation costs and for those of the insured members of his/her family or an insured person accompanying him/her, provided that they stay with the Insured.

• **Continuing the curtailed Trip:**

If the Insured is immobilized or hospitalized in an emergency on the spot and his/her state of health does not require repatriation, and if the Trip is not complete, Allianz Travel organizes and covers or reimburses the Insured the traveling expenses incurred by him/her and the family members insured or the insured person accompanying him/her to resume the interrupted Trip, within the limits of the sums that Allianz Travel would have engaged for their return Home in France.

1.7. Search and/or rescue costs

On receipt of the original bill paid by the Insured, Allianz Travel will reimburse the Insured for the Search and/or Rescue costs corresponding to operations organised when the Insured is lost or has a Bodily accident, up to the ceiling limit stated in the Table of Cover.

In connection with carrying out a sports activity, Allianz Travel will reimburse the Insured for the Search and/or Rescue costs on **presentation of the substantiating documents**, corresponding to operations organised when the Insured is lost or has a Bodily accident, up to the ceiling limit stated in the Table of cover.

1.8. Assistance in the event of the death of the Insured.

In the event of the death of the Insured, Allianz Travel organizes and handles the following, within the ceiling limits referred to in the Table of Cover;

• **Transportation of the body** from the place of death to the premises of the funeral director, the place of burial or cremation in Europe,

• **Funeral Expenses**, up to the limit stated in the Cover Table,

• **Additional expenses for the transport of the insured Members of the deceased person's family or an insured person**, travelling with the deceased person, insofar as their originally planned means of returning to Europe can no longer be used.

- **Costs that enable a Member of the Insured's family to get to the deceased Insured when he or she was located.**
 - alone at the place of stay and when the presence of a Member of the family on the spot is needed to deal with the required administrative formalities,
 - accompanied by minor children,

Allianz Travel:

- pays the cost of an outward and return journey for a Member of the deceased person's family staying in Europe to enable them to accompany the body;
- on presentation of justifying documents, reimburses the accommodation Expenses of this person **up to the day of retrieval of the body.**

This service is not cumulated with the service of «Organising and paying the round trip transport costs of a person to escort the Insured's minor children on their return journey» contained in Article 4.1.3.2.

1.9. Providing a driver to return the Insured's vehicle

If, as the result of a covered Illness or Bodily accident, the Insured's state of health means that they are unable to drive their vehicle to return to their Home in Europe and if no other passenger travelling with them is able to replace them, Allianz Travel provides a driver to return the vehicle, to the Insured's Home by the fastest route.

The parking or superintendence expenses for the vehicle pending the arrival of a driver and the Insured's hotel and meal expenses and the cost of fuel, tolls and parking are payable by the Insured.

The Insured is provided with this cover if the car is in good working order, complies with international and national highway codes and meets mandatory motor vehicle roadworthiness standards.

► Legal protection costs

1.10. Legal protection costs

• Reimbursement of lawyer's fees

When a legal action is commenced against the Insured as the result of an Accident that occurred during the Trip, Allianz Travel will reimburse the lawyer's fees, on presentation of receipts and up to the ceiling limit stated in the Table of Cover, **provided that:**

- **the lawsuit is not related to the Insured's professional activity,**
- **the lawsuit does not relate to using or keeping a terrestrial motor vehicle,**
- **the actions with which the Insured is charged are not, under the legislation of the country in which he/she is staying, subject to criminal penalties.**

• Advance for bail

If the Insured is imprisoned or threatened with imprisonment, **provided that the proceedings in which the Insured is involved are not motivated by:**

- **trafficking of drugs or narcotics,**
- **the Insured's participation in political movements,**
- **any wilful infringement of the laws of the country in which the Insured is staying,**

Allianz Travel will advance the legally required amount of bail, up to the limit stated in the Table of Cover

In this case, the Insured has three (3) months from the date on which the sum was provided to repay this advance to Allianz Travel. After this deadline, Allianz Travel will be entitled to claim the advance amount expenses and legal interest.

This advance is subject to a formal recognition of the debt being drawn up.

► Assistance for other events disrupting the Insured's Trip:

1.11. Early return assistance

Allianz Travel will organise and pay the costs, if the originally planned means for the Insured's return journey to Europe can no longer be used:

- either for the Insured to return Home and, accompanied if necessary, by a family member who was travelling with him/her who is also insured under this policy.
- or for a round trip for one of the persons insured under this policy and shown on the same Trip sales contract.

The Insured can receive this service in the following cases:

- **in the event of Illness or a Bodily accident, resulting in Emergency hospitalisation commencing during the Insured's Stay** and which, in the opinion of the Allianz Travel medical department, is of a life-threatening nature to the life of his/her spouse, Established partner or civil partner under a P.A.C.S. agreement, of a direct line ascendant or descendant, a brother, sister, the legal guardian or a person under his/her guardianship who was not taking part in the Trip;
- **in order to attend the funeral after the death of his/her spouse**, Established partner or civil partner under a P.A.C.S. agreement, of a direct line ascendant or descendant or those of his/her spouse, Established partner or civil partner under a P.A.C.S. agreement, a brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, parent-in-law, the legal guardian

- or a person under his/her guardianship who was not taking part in the Trip and lived in Europe;
- **in the event of damage to property** as a result of a burglary with a Break-in, fire, water damage or natural event, making the Insured's presence at the location essential to implement conservation measures and administrative actions, and affecting his/her main or second residence.
 - his/her main or secondary residence,
 - his/her farming business,
 - his/her business premises, if the Insured is a tradesperson, trader, company manager or if he/she is in a liberal profession.

1.12. Supplying medicines prescribed before Departure

If, as the result of lost, stolen or delayed baggage or, if the holiday is extended as agreed with Allianz Travel, the Insured who is staying Abroad needs medicines:

- prescribed before his/her Departure;
- that are essential to a curative treatment in progress;
- and cannot be found at the place of stay,

Allianz Travel will assist as follows:

- either, Allianz Travel will search for and provide the Insured with equivalent medicines, subject to the agreement of the prescribing attending physician if this is required,
- or, Allianz Travel will provide some method of enabling the Insured to continue the treatment he/she needs.

Allianz Travel can not, however, be held liable for delays attributable to the carrier companies used for the despatch of medicines or for the potential unavailability of the medicines.

The costs of purchasing medicines and/or following medical treatment remain payable by the Insured.

If Allianz Travel advances the purchase costs of the medicines, the Insured agrees to reimburse these costs to Allianz Travel within three (3) months after their receipt. After this time, Allianz Travel will be entitled to claim expenses and legal interest at the statutory rate in addition.

1.13. Theft of the Insured Person's identity papers, means of payment, travel tickets

If the Insured's identity papers, means of payment and/or travel tickets are stolen, Allianz Travel can:

- advise the Insured on the steps to take;
- if the Insured no longer has any means of payment,
 - grant a funds advance for an amount not exceeding the ceiling stated in the Table of Cover,
 - arrange for the Insured to return or continue the Trip; **the expenses incurred will be payable by the Insured.**

In this case, the Insured has three (3) months from the date on which the funds were made available or his/her return date to repay Allianz Travel for this advance or the expenses incurred by it on behalf of the Insured.

After this time, Allianz Travel will be entitled to claim expenses and legal interest in addition.

This advance is subject to a formal recognition of the debt being drawn up.

ASSISTANCE AFTER THE TRIP

1.14. Additional personal assistance

During the Trip, if the Insured suffers an Illness or a Bodily accident, requiring him/her to be repatriated and is then Immobilised at Home for more than forty-eight (48) hours, Allianz Travel will provide the Insured with additional services, provided that these are requested within fifteen (15) days after his/her return Home.



IMPORTANT NOTE

These services are provided only in Metropolitan France and operate from 8 am to 7 pm on Mondays to Saturdays (except public holidays). Unless otherwise specified, it may take at least twenty-four (24) hours to set up assistance services at Home.

The services which are offered to the Insured are as follows:

• Home nurse

Allianz Travel appoints and covers the cost of sending in a home nurse to his/her bedside, up to the price defined in the Table of Cover.

The home nurse is not a replacement for a health professional such as a qualified nurse or doctor who provides medical care.

• Domestic help

If the Insured cannot carry out the usual household tasks, Allianz Travel will find, contract and pay for housework support, subject to local availability, within the time limits stated in the Cover Table, over four (4) weeks.

Each housework support service will last at least two (2) hours.

2. COVER EXCLUSIONS

In addition to the “General Exclusions” appearing in Article 5 and any exclusions stated within the definitions, the following exclusions exist:

• For all assistance cover:

- 2.1. expenses incurred without the prior approval of the Allianz Travel Assistance Department;
- 2.2. the consequences of any air transport incident that occurs to transport booked by the Insured, if it is operated by a company listed in the European Commission blacklist, regardless of the departure or destination location;
- 2.3. the consequences of illnesses or injuries that were pre-existing, had been diagnosed and/or treated, as well as surgical «comfort» operations resulting in a hospital stay, day patient or outpatient treatment, in the six (6) months prior to the assistance request;
- 2.4. the consequences of an unconsolidated ailment being treated and from which the Insured is still convalescing, as well as any ailments occurring during a trip taken for the purpose of diagnosis and/or treatment;
- 2.5. the eventual results (check-up, additional treatment, recurrence) from an ailment which previously gave rise to a repatriation in the six (6) months prior to the assistance request;
- 2.6. organising and paying for the transport referred to in Article 4.3.1.1.1 «Repatriation assistance» for ailments or minor injuries which can be treated on the spot and do not prevent the Insured from continuing the Trip;
- 2.7. voluntary termination of pregnancy, childbirth, in vitro fertilisation and their consequences, in addition to a pregnancy which has resulted in hospitalisation within the six (6) months prior to the assistance request;
- 2.8. the Insured's participation in any sport practised in an official competition or as a professional or under a paid contract, in addition to preparatory training;
- 2.9. the failure of the Insured to comply with official prohibitions and safety rules related to the practice of a sports activity;
- 2.10. the consequences of an Accident occurring during the practising of hunting as well as any of the following sports, whether individually or as part of an activity under the aegis of a sporting association: surf-kiting, skeleton, bobsleigh, ski jumps, competition sleighing, any off-piste sliding sport, mountain climbing at more than 3,000m, rock climbing, caving, delta-plane, sailplane, paragliding, any parachuting activity and any sport carried out from ultralight motorized aircraft under the terms of the civil aviation code;
- 2.11. the consequences of an Accident that occurred when the Insured was bungee jumping, doing SCUBA diving if the activity is not organised by a qualified professional;
- 2.12. expenses not expressly mentioned as giving rise to a refund, in addition to any expenses for which the Insured is unable to produce a receipt.
 - In addition, under cover for «Emergency hospital costs Abroad» all “Emergency Medical expenses paid by the Insured when Abroad», are also excluded:
- 2.13. the cost of thermal spa treatment, heliotherapy, slimming treatments, all kinds of «comfort» or beauty treatments, physiotherapist's cost, the cost of treatment or care not resulting from a medical emergency;
- 2.14. the cost of implants, internal, optical, dental, hearing, functional or other prostheses and the cost of fitting them;
- 2.15. vaccination expenses;
- 2.16. re-education expenses;
- 2.17. the cost of treatment or care, the therapeutic nature of which is not recognised by French legislation;
- 2.18. costs charged by local emergency services except for costs covered within «Search and/or rescue costs»;
- 2.19. medical expenses incurred Abroad if the Insured, who is unemployed, has not received prior authorisation to travel Abroad from his primary health care insurance scheme.

3. ASSISTANCE SERVICE AND LIABILITY LIMITS

Allianz Travel acts in compliance with national and international laws and regulations.

The company's services are subject to obtaining the necessary approval from the competent authorities.

Moreover, Allianz Travel cannot be held liable for delays or hindrance to the performance of the agreed services as a result of a case of force majeure or events such as strikes, riots, popular movements, restrictions on free circulation of persons or property, sabotage, terrorism, Civil or Foreign Wars, evidence political instability, reprisals, embargoes, economic sanctions (Summary of restrictive measures by country available on the website of the Foreign Affairs and Finances Ministry): <https://www.tresor.economie.gouv.fr/Ressources/sanctions-financieres-internationales>), popular movements, restrictions on free circulation of persons or property, sabotage, terrorism, Civil or Foreign Wars,

consequences of the effects of a radioactive core, Natural disasters or any other fortuitous case.

The company will, however, take all measures to provide the Insured with assistance.

Information for each country is also available in the "Advice to Travelers" section of the website of the French Ministry for Foreign Affairs and International Development <http://www.diplomatie.gouv.fr/fr/conseils-aux-voyageurs/conseils-par-pays/>

If the Insured or his companions arrange one of the assistance services offered by this cover, it will only give rise to a refund if Allianz Travel has been previously notified and has given its express agreement.

The costs incurred will be refunded on presentation of the original receipts up to the limit of those that Allianz Travel would have committed to arrange the service.

Services which have not been requested in advance and which have not been organised by Allianz Travel do not provide entitlement to a refund or a compensation payment.

The liability of Allianz Travel concerns only the services it provides in performing the Policy. It cannot be held liable for:

- acts by service providers operating with respect to the Insured in their own name and their own liability;
- failure or malfeasance in the performance of their contractual commitments following a case of force majeure.



IMPORTANT NOTE

Allianz Travel organizes and pays for the Insured's covered transport up to the limit of travel by train in first class and/or economy class air travel or a specialist medical vehicle.

In all cases, Allianz Travel becomes the owner of the Insured's unused travel tickets. The latter undertakes to return them to Allianz Travel or refund to Allianz Travel the reimbursement obtained from the Trip's Approved Organisation or Intermediary.

4. SUPPORTING DOCUMENTS TO BE PROVIDED

Depending on the assistance services provided, AWP France SAS will inform the Insured of the documents that need to be supplied in support of the assistance request:

INSURED SERVICES	SUPPORTING DOCUMENTS TO BE PROVIDED
Travel assistance	<ul style="list-style-type: none">• the original used travel tickets (boarding cards for air travel) and unused tickets,• if relevant, the death certificate,• if relevant, a copy of an official administrative document proving the relationship with the Insured,• any other supporting document requested by AWP France SAS
Reimbursement of medical expenses	<ul style="list-style-type: none">• R.I.B. (bank account identification),• a copy of the Trip booking form,• copies of the invoice or invoices for medical expenses paid by the Insured• a copy of the Social Security reimbursement slip.• a copy of the mutual insurance reimbursement slip• after the file has been reviewed, any other supporting document requested by AWP France SAS.
Reimbursement of Search costs/ Rescue costs	<ul style="list-style-type: none">• an R.I.B. (bank account identification),• a copy of the Trip enrolment statement• the original paid bill for the Search costs/Rescue costs.• any other supporting document requested by AWP France SAS.
Reimbursement of lawyer's fees	<ul style="list-style-type: none">• Bill of fees
Reimbursement of accommodation Expenses	<ul style="list-style-type: none">• bill of accommodation Expenses

CURTAILMENT OF A SNOW SPORTS OR LEISURE ACTIVITY

DEFINITIONS SPECIFIC TO THIS COVER

EXTRAORDINARY CLIMATIC EVENTS: climatic and meteorological events consisting in an unexpected change in the following atmospheric conditions: temperature, sunshine, precipitation, humidity, wind speed; featuring a drought, flood, heatwave, storm, thunderstorm, cold and hot front, torrential rain, snowfall or hail, the intensity of which is such that this event destroys or deteriorates several well-constructed buildings or access road in the destination area of the insured service.

CURTAILMENT OF A SNOW SPORTS OR LEISURE ACTIVITY: premature curtailment of any sport or leisure activity following a covered event.

Definitions of terms that are common to all types of cover are contained in the «Common Definitions for all types of cover» section, at the start of this policy.

1. PURPOSE OF THE COVER

The Insurer covers, up to the limits shown in the Cover Table, the payment of an indemnity proportional to the number of unused days of the Snow Sport or Leisure and Activity package, when the Insured Person has to curtail the carrying out of the insured Sport or Leisure and Snow Activity package under this policy owing to one of the following events:

- **medical repatriation** of the Insured, organised by Allianz Travel or another assistance company,
- an **Illness or Accidental Bodily Injury of the Insured** preventing him from practising the insured Snow Sports and Leisure and Activity,
- one of the following **exceptional climatic events**; storms, hurricanes or cyclones preventing the Insured Person from practising the activity planned during the stay provided that the curtailment to the activity is longer than 3 consecutive days,
- **Lack or excess of snow cover** when it occurs in resorts located at an altitude of over 1500 metres, between the 3rd Saturday of December and the 2nd Saturday of April, and entails the closure of a minimum of 2/3 of the ski slopes normally in service on the location of your stay in the five days before your departure.
- **Exceptional climatic event** which entails the closing of more than 2/3 of the skiable slopes when it occurs in resorts located at an altitude of over 1500 metres normally in service on the location of your stay between the 3rd Saturday of December and the 2nd Saturday of April, for at least 2 consecutive days during your insured stay.

2. AMOUNT OF THE GUARANTEE AND COMPENSATION METHOD

The indemnity is proportional to the number of the unused days of the snow sports or leisure activities package.

It is due from the day after total stoppage of the activities that are covered.

It is calculated on the basis of the total price per person of the snow sport or leisure and snow Activity package, up to the limit stated in the Cover Table.

In terms of the practice of snow-related activities, ski passes, ski lessons and the ski equipment rental are considered a single activity. The compensation conditions are as follows:

- **For ski lift passes:**

The Insurer reimburses the ski pass up to the limits stated in the Cover Table, on a pro rata basis.

- **For skiing lessons:**

The Insurer reimburses the insured, unused ski lessons, up to the limits set out in the Cover and Amounts Table, from the same day as one of the events covered in article 1. "Purpose of the Cover".

Administration charges, tips and the insurance premium will be deducted from the compensation.

Deductions shall be made from the indemnity for expenses for administration, insurance, tips and reimbursements or compensation paid by the approved Organisation or Intermediary from which the Insured Person purchased his Snow Sports or Leisure Activity package.

3. COVER EXCLUSIONS

In addition to the exclusions that are common to all types of cover, the consequences of the following circumstances and events are also excluded: all events not stipulated in Chapter 1. "Purpose of the Cover»;

4. WHAT THE INSURED MUST DO IN THE EVENT OF A CLAIM

The Insured must declare the claim to the Insurer within five (5) working days of his/her knowledge of it, except in the event of exceptional circumstances or force majeure:



To make declaration easier and claim handling more efficient, you are advised to declare the claim via the following website: <https://indemnisat.alianz-travel.fr>

The Insured may follow developments concerning the file on a 24-hour basis by connecting to this Internet website.

The Insured may also call the Insurer on the phone from Monday to Friday, between 9 am and 6 pm (Metropolitan France time zone):

- No. 01 42 99 03 95 (no extra charge) if you speak French
- No. 01 42 99 03 97 (no extra charge) for non-French speaking Insured persons



IMPORTANT NOTE

In the event of a sport or leisure Activity that is curtailed as the result of an Illness, a Bodily accident or one of the covered exceptional climate events, the Insured must call Allianz Travel to obtain prior approval for the reimbursement by calling:

From France on 01 42 99 02 02 (call not surcharged) or
If outside France No. 00 33 1 42 99 02 02
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5. SUPPORTING DOCUMENTS TO BE PROVIDED

The Insurer will provide the Insured with the information needed to submit the Claim and the Insured will be required to supply the Insurer with any documents and information in proof of the claim that will allow the amount of loss to be determined, in particular:

COVERED EVENTS

IN ALL CASES

SUPPORTING DOCUMENTS TO BE PROVIDED

- The receipt of the insured trip
 - The receipt of the Snow Sports or Leisure Activity (including, for snow: lessons, ski passes and ski equipment rental),
 - an R.I.B.,
 - the claim file reference under which the Insured received approval from Allianz Travel to curtail the stay,
 - the local medical declaration of the inability to continue the Snow Sports or Leisure Activity
- or
- the intervention statement from another assistance company, indicating the reason for their intervention,
 - after the file has been reviewed, any other supporting document requested by the Insurer.

SPORT OR LEISURE THIRD PARTY LIABILITY

1. PURPOSE OF THE COVER

The Insurer covers the financial consequences of the third-party civil liability that the Insured may incur when engaged in a Sports or leisure activity, in the form of:

- Bodily injury damages
- Damage to property
- Non-pecuniary damage consequential from the covered bodily injury or property Damage,

resulting from an Accident that occurred during the Sports or leisure activities and caused to a Third party by:

- his/her own fault,
- the act of things or animals in the Insured's care.

2. SUBSIDIARITY OF THE COVER

Cover is provided to the Insured when they are participating in their Sports or leisure activity, provided that this Activity is not covered by another insurance policy.

3. COVER AMOUNT

Cover is provided up to the ceiling limits stated in the Table of Cover, on the assumption that:

- The Per event limit (designated by*) constitutes the maximum amount of coverage for a single Generating event for all the damages considered together bodily injury, property damage and directly consequential loss,
- an Excess per Claim will be payable by the Insured in all cases.

In any case, the compensation due is estimated by direct negotiation and will never exceed the total cost of the damage sustained.

4. COVER EXCLUSIONS

In addition to the "General Exclusions" appearing in Article 5 and any exclusions stated within the definitions, the following exclusions exist:

- 4.1. harm caused by the Insured to his/her ascendants, descendants, collateral relatives up to the second degree, and any person appearing on the same sale contract for the Trip as the Insured;
- 4.2. damage caused to pets or objects belonging to the Insured or which have been rented, loaned or entrusted to him/her;
- 4.3. damage caused by:
 - any terrestrial motor vehicle that meets the definition contained in Article L 211-1 of the French Insurance Code,
 - any terrestrial vehicle that has been designed for the purposes of hitching to a terrestrial motor vehicle,
 - any air, sea or river navigation device;
- 4.4. the damages of an Accident occurring during the Insured's practising of hunting, any mechanical sports with a terrestrial engine-driven vehicle, as well as any of the following sports, whether individually or as part of an activity under the aegis of a sporting association: surf-kiting, skeleton, bobsleigh, ski jumps, competition sleighing, any off-piste sliding sport, mountain climbing at more than 3,000m, rock climbing, caving, delta-plane, sailplane, paragliding, any parachuting activity and any sport carried out from ultralight motorized aircraft under the terms of the civil aviation code;
- 4.5. damage which results from the organisation, preparation or participation in a competition organised under the aegis of a sports federation, subject to official approval or is under a legal insurance obligation;
- 4.6. damage caused in the performance of the Insured's professional activity (including during professional courses) or when he/she is participating in an activity organised by a non-profit association (1901 act), an institution or community;

- 4.7. the Insured's contractual liability;
- 4.8. the liability the Insured could incur due to a fire, explosion, implosion or water damage.

In addition, the following exclusions apply:

- 4.9. fines and all monetary penalties, pronounced as penalties, which do not constitute the direct repair of a Bodily injury or Property damage and/or directly Consequential loss are never covered.

5. TIME-RELATED APPLICATION

The time period for operation of the cover is stated in Law No. 2003-706 of 1 August 2003.

Cover that is triggered by the Generating event covers the Insured for the monetary consequences of his/her Civil liability when the said Generating event occurs between the original effective date of the cover and its cancellation or expiry, irrespective of the date of the other elements constituting the Claim.

6. WHAT THE INSURED MUST DO IN THE EVENT OF A CLAIM



IMPORTANT NOTE

The Insured must not make any acknowledgement of liability, nor have any dealings without the agreement of the Insurer. Admission of a material fact or acting simply from a duty of assistance does not constitute admission of liability.

The Insured must declare the claim to the Insurer **within five (5) working days of his/her knowledge of it**, except in the event of exceptional circumstances or force majeure:



- either by e-mail to: responsabilite.civile@votreassistance.fr
- or by mail to the address given in article 9 «Address for sending supporting documents to be provided in the event of a claim» of the "Administrative Provisions".

If this deadline is not met, if the Insurer incurs a loss because of late notification, the indemnification may be reduced to the cost of the loss.

In the event of court proceedings against the Insured, he/she grants the Insurer all powers to manage the case and exercise any method of recourse in relation to the civil jurisdictions or to associate with the Insured's defence and exercise any method of recourse for civil interests in relation to the criminal jurisdictions.

On receipt, the Insured must send the Insurer any notification, summons, served document and proceedings-related document that is sent to him/her or which has been served on him/her.

In the event of a delay in sending these documents, the Insurer can claim compensation from the Insured that is proportionate to the harm suffered by the Insurer (Article L 113-11 of the French Insurance Code).

If the Insured fails in his/her obligations subsequent to the Claim incident, the Insurer will compensate the Third parties whose rights have been infringed or their entitled Beneficiaries, but the Insurer may bring proceedings against the Insured to recover the sums paid out.

7. MEASURES IN THE EVENT OF INCOME BEING GRANTED TO A VICTIM BY A COURT RULING

If an order is made for the purchase of securities as a guarantee for payment of income, the Insurer will establish this security guarantee up to the amount of its responsibility.

If no order has been made in respect of security, the capital value of the income is calculated using the rules that apply to the calculation of the actuarial reserves for this income. If this value is below the amount of the cover, the Insurer is responsible for the total income. If it is higher, only the income that corresponds to the amount of the Insurer's cover, is the responsibility of the Insurer.

GENERAL EXCLUSIONS

In addition to the specific exclusions stated for each type of cover, and any exclusions stated in the Definitions section, we never insure the consequences of the following circumstances and events:

1. damage of any kind that is intentionally caused or provoked by the Insured or with his/her complicity, or which arises from the Insured's wilful misconduct or fraudulent fault (Article L113-1 Paragraph 2 of the French Insurance Code) except in a case of self-defence or assistance to a person in danger;
2. criminal proceedings against the Insured;
3. suicide or attempted suicide of the Insured;
4. damage resulting from the Insured's consumption of alcohol and/or the Insured's absorption of medicines, drugs or narcotics, that have not been medically prescribed;
5. unless stated otherwise in the policy cover, damage resulting from civil or foreign war, acts of terrorism, riots, popular movements, coups d'état, hostage taking, strikes;
6. civil or military application of nuclear reaction, i.e. transformation of the nucleus of atoms, transporting and processing radioactive waste, use of a radioactive source or body, exposure to ionising radiation, contamination of the environment by radioactive agents, an accident or malfunction taking place on a site that transforms the nucleus of atoms;
7. events for which liability may fall either on your Trip organiser by application of Title 1 of Law No. 2009-888 of 22 July 2009 on the development and modernisation of tourism services, or on the carrier, unless stated otherwise in the policy;
8. the Insured's failure to comply with the safety rules imposed by the carrier or with any regulation issued by the local authorities;
9. the Insured's failure to comply with any bans imposed by local authorities;
10. restriction on the free movement of persons or property, airport closure, border closures,

In addition, the following exclusions also apply:

11. any event or damage occurring before the Policy was taken out;
12. the consequences:
 - of infectious risk situations in an epidemic scenario,
 - exposure to infectious biological agents, chemical agents of a combat gas type, incapacitating agents, radioactive agents or to neurotoxic agents or agents with residual neurotoxic effects, requiring a quarantine period or specific preventive or monitoring measures or recommendations by the international health authorities or the local health authorities,
 - regarding natural and/or human pollution.

APPLICABLE TEXTS AND LOCATION OF SUBSCRIPTIONS

This policy is governed by the French Insurance Code and the General Terms and Conditions. The Contract consists of the present General Conditions as well as the Special Conditions, reproduced on your travel registration form.

The policy is written in French.

In respect of transactions which are carried out on the Internet, the virtual space constituted by the www.laplagneresort.com website pages is considered to be located in French territory and policies taken out via this site are therefore located in France, without prejudice to the protection provided to the consumer by the Law of the country in which he/she is usually resident.

WAIVER POWER

The Insured may have a waiver power after taking out an insurance policy.

1. CASE OF RENUNCIATION

• Multi-Insurance

Under the provisions of **ARTICLE L112-10** of the French Insurance Code, the Insured who takes out, for non-professional purposes, an insurance policy constituting a supplement to a service sold by an intermediary, if they provide proof of prior cover for one of the risks covered by this policy, may waive the said policy, at no cost or penalty, whilst it has not been executed in full or whilst the Insured Person has not claimed any cover. This waiver must occur within **fourteen (14) calendar days** as from conclusion of this policy.

• Telesales

Under **ARTICLE L112-2-1** of the French Insurance Code, a right of renunciation applies to insurance policies taken out by telesales, in particular sold online, without the simultaneous physical presence of the parties to the contract, canvassing or outside the seller's usual place of business.

This right of renunciation one's mind does not apply to travel and baggage insurance policies or similar short-term insurance policies of less than one (1) month's duration. The term of the insurance policy corresponds to the time elapsed in between the date of its subscription and the date on which all the cover/annual due dates cease.

2. PROCEDURES FOR WITHDRAWING FROM THE POLICY

If the insurance policy is eligible for cooling-off under the conditions specified above, the Insured may exercise this right by returning to the company that sold it the insurance policy, a duly completed, dated and signed cancellation letter before the expiry of the fourteen (14) calendar day period from the date on which this policy was taken out to the following e-mail address: renonciation@laplagneresort.com

The Insured may, if he/she wishes, use the template waiver letter below:

"I, the undersigned, Last name, first name, date and place of birth – wish to cancel the insurance cover in policy No. ... which I took out with AWP P&C on ... (Date).

Drawn up at... (Place). On ... (Date) and Signature....".

In connection with a cancellation by virtue of multi-insurance, the Insured must support his/her claim with proof of the existence of a current insurance policy which covers similar risks to those in this policy.

If the Insured uses this right, the policy will be cancelled from its effective date. The corresponding premium will be reimbursed to the Insured within thirty (30) days, at the latest, after the date on which the renunciation request was received.

The right of renunciation the insurance cannot be exercised if the Insured person has used cover in this policy in connection with a claim that was declared within the fourteen (14) calendar days period; and consequently, a premium reimbursement will not be made.

PENALTIES APPLICABLE IF YOU MAKE A FALSE STATEMENT WHEN TAKING OUT THE POLICY

- Any non-disclosure or intentional false statement by the Insured Person in the declaration of risk is punishable by the voiding of the Policy under the provisions of Article L113-8 of the Insurance Code.
- Any non-disclosure or false statement by the Insured Person, if bad faith has not been established, is punished under the provisions of Article L113-9 of the Insurance Code:
 - if this is observed before any claim: the Insurer is entitled to maintain the policy by increasing the premium or may cancel the policy within ten (10) days by registered letter and refunding the extra premium amount.
 - if this is only observed after a claim: the Insurer may reduce the compensation, proportionate to the premium paid in relation to the premium which would have been due if the risk had been fully and accurately declared.

PENALTIES APPLICABLE IF THE INSURED MAKES AN INTENTIONALLY FALSE STATEMENT AT THE TIME OF THE CLAIM

Any fraud, non-disclosure or intentional false statement by the Insured about the circumstances or consequences of a claim will result in the loss of all entitlement to services or compensation for this claim.

ADDRESS TO WHICH SUPPORTING DOCUMENTS MUST BE SENT IN THE EVENT OF A CLAIM



IMPORTANT NOTE

It is up to the Insured to prove that all the conditions required for the implementation of cover are provided in support of the substantiating documents required by the Insurer when a claim is declared, or during the management of the file.

If the documentation provided does not prove the materiality of the Covered Event, the Insurer will be entitled to reject the Insured's claim for compensation.

If the substantiating material is medical, the Insured may, if wished, send the medical details in an envelope marked «Confidential» for the attention of the Insurer's medical expert.

For the «Optimum Cancellation or Amendment», «Accidental damage and theft of ski equipment», «Curtailed ski activity» coverages, it is provided for:

AWP France SAS
Service Indemnisation Assurances (Insurance Compensation Department)
DOP01– DOP01
7, rue Dora Maar
CS 60001
93488 SAINT-OUEN Cedex

For "Third Party Civil Liability sport or leisure activity" cover, supporting documents must be sent to:

AWP France SAS
Service Juridique (Legal Department) - Responsabilité Civile et Contentieux - DT03
7, rue Dora Maar
CS 60001
93488 SAINT-OUEN Cedex

For «Travel assistance» cover, supporting documents must be sent to:

AWP France SAS
Service Relations Clientèle - RELAC01
7, rue Dora Maar
CS 60001
93488 SAINT-OUEN Cedex

LOSS ASSESSMENT

The causes and consequences of the claim are assessed by mutual agreement and failing this, by jointly agreed loss assessment, subject to the respective rights of the Insurer and the Insured. The expert's fees are shared between the parties.

If the parties are unable to agree on the selection of the third-party expert, the expert shall be appointed by the presiding judge of the Tribunal de Grande Instance of the place of Domicile of the Policyholder.

This appointment shall be made on a written request signed by the Insurer or by just one party, the other party having been summoned by registered letter.

SETTLEMENT OF CLAIMS

- **Calculation of the compensation amount**

Where the invoices supplied are not in euro, the amount of the allowance shall consider the exchange rate applicable on the day on which the allowance is calculated.

- **Lead Time**

As soon as the Insured's case is complete, compensation will be paid within ten (10) days following the agreement between the Insurer and the Insured or an enforceable court ruling.

CUMULATIVE INSURANCE

If the Insured is covered for the same risks with other insurance companies, he/she must inform the Insurer and provide the Insurer with their details and the scope of their cover, in accordance with Article L121-4 of the French Insurance Code.

The Insured can obtain compensation for his/her damage by contacting the insurance company of their choice.

These provisions do not concern assistance services.

SUBROGATION IN THE INSURED'S RIGHTS AND ACTIONS

In consideration for the payment of the indemnity and, up to its limit amount, the Insurer becomes a beneficiary of the rights and actions that the Insured Person had against anyone liable for the Claim, pursuant to Article L121-12 of the French Insurance Code.

If the Insurer is no longer able to perform this action by the Insured's act, the Insurer can be discharged of all or part of its obligations towards the Insured.

These provisions do not concern assistance services.

TIME LIMITATION

Any legal action arising from an insurance policy is subject to a time limitation period of two (2) years from the event which gives rise to it, under the conditions established by Article L114-1 of the French Insurance Code.

The provisions relating to the time limitation period for actions arising from an insurance policy are set out in Articles L114-1 to L114-3 of the French Insurance Code, which are reproduced below:

- Article L.114-1 of the French Insurance Code

"All legal actions arising from an insurance contract shall be barred for two years from the event that gave rise thereto.

However, this time limitation period only commences:

1° In the event of concealment, omission, misrepresentation or inaccurate representation regarding the risk involved, from the day on which the insurer has knowledge of it;

2° In the event of a claim, from the day on which those concerned became aware of it, if they can prove that they had no prior knowledge until that time.

If the cause of the action brought by the insured against the insurer is for a third party's recovery, the time limitation period only runs from the day on which such third party brings a legal action against the insured or has been compensated by the latter.

The time limitation period extends to ten years for life insurance policies where the beneficiary is a person other than the person who took out the policy and, for personal accident insurance policies where the beneficiaries are the legal beneficiaries of the deceased insured person.

For life insurance policies, notwithstanding the provisions of 2°, the time limitation for actions by the beneficiary is a maximum of thirty years after the death of the insured person.»

- Article L.114-2 of the French Insurance Code

"The time limitation period is suspended by one of the standard causes for suspending the time limitation period and by the appointment of experts as the result of a claim. The time limitation period may also be suspended as the result of a registered letter with acknowledgement of receipt being sent by the insurer to the insured relating to legal action for payment of the premium or being sent by the insured to the insurer relating to payment of compensation.»

- Article L.114-3 of the French Insurance Code

“Contrary to Article 2254 of the French Civil Code, the parties to an insurance policy may not, even by mutual agreement, either modify the length of the time limitation period or add causes for its suspension or curtailment.”

Additional information:

The standard grounds for suspension of the time limitation period are stated in Articles 2240 et seq. of the French Civil Code, and these specifically include:

- Article 2240 of the French Civil Code

«the debtor’s recognition of the rights of the person against which it prescribes interrupts the prescription time. “

- Article 2241 of the French Code of Civil Procedure

“a legal request, even in appeal, interrupts the prescription time and the foreclosure delay.

The same applies even when it is brought before a court considered to be incompetent or when the active referral to the court is cancelled by the effect of a procedural vice. “

- Article 2242 of the French Code of Civil Procedure

“The interruption caused by a request for justice continues to be effective until the extinction of the instance. “

- Article 2243 of the French Code of Civil Procedure

“The interruption is void if the applicant withdraws his/her application or allows the instance to lapse, or if his/her request is rejected definitively. “

- Article 2244 of the French Code of Civil Procedure

“The period of prescription or the foreclosure delay is also interrupted by a conservatory measure taken in application of the Code of Civil Procedures of execution or an act of forced execution. “

With regard to «Civil liability - holiday accommodation» cover, the period only starts to run from the day on which a Third Party informs the Insured of his/her intention to obtain compensation from the Insured, subject to his/her action not having a stated time limitation under Article 2226 of the French Civil Code.

COMPLAINTS HANDLING PROCEDURES

If an Insured person is not satisfied with the handling of their claim, they must first of all inform their usual contact to allow them to understand the nature of the problem and seek solutions to it.

In the event of a dispute, the Insured may send a complaint to the following email address: reclamation@votreassistance.fr

or by post to the following address: **AWP FRANCE SAS, Service Traitement des Réclamations, TSA 70002 - TSA 70002 TSA 70002.**

The Insured will receive an acknowledgement of receipt within ten (10) working days (excluding Sundays and public holidays) from receipt of the complaint, unless the response to the complaint has already been sent to the insured within that time period.

Claims referring to policies taken out by private customers via the Internet, may be submitted to the European Online Dispute Resolution platform, accessible at the following address: <https://webgate.ec.europa.eu/odr>

A response will be sent to the Insured within two (2) months after the date of receipt of the complaint, unless there are specific circumstances, which the Insurer will inform the Insured of.

If the Insured is still dissatisfied, after receiving the response from the Insurer, who has completed a final review of the complaint and exhausted internal methods of appeal, the Insured may then contact the independent mediator whose address is:

La Médiation de l'Assurance (LMA)

<http://www.mediation-assurance.org>

La Médiation de l'Assurance (LMA)

TSA 50110

75441 Paris Cedex 09

Insurance companies that are members of the FFA have implemented a facility to provide Insured persons and third parties with a mediation procedure for the settlement of disputes. This facility is governed by the FFA Insurance Mediation Charter.

JURISDICTION

AWP P&C elects domicile at the registered office of its subsidiary: 7, rue Dora Maar, 93400 SAINT-OUEN.

Any disputes raised against AWP P&C concerning this Policy, shall be exclusively submitted to the competent French courts and all notices should be sent by registered mail with receipt to the address indicated below:

PROTECTION OF PERSONAL DATA

The processing of personal data is governed by the «Data Protection Act», of 6 January 1978 and by the EU regulation 2016/679 of 27 April 2016 concerning the protection of physical persons from the processing of personal data and the free circulation of such data.

AWP P&C and AWP France SAS are responsible for the processing of personal data gathered for the implementation, management and execution of the contracts.

This data will be preserved for the time required to carry out the contract and in compliance with the provisions relative to prescription. It is reserved for assistance service managers and/or insurance cover and is liable to be passed on to subcontractors situated inside or outside the European Union.

In compliance with the legislation and the regulations applicable to the protection of data, the Insured is entitled to the right of access to the data concerning him and to correct it by contacting: informations-personnelles@votreassistance.fr.

For more information, consult the Declaration of confidentiality explaining in particular how and why personal data is gathered. The latest version is submitted to the Insured on subscription to the policy.

As part of its policy of controlling risks and of its fight against fraud, AWP France reserves the right to check information as it deems fit, and if necessary, to refer to the competent authorities in accordance with the applicable legislation

REGULATORY AUTHORITY

The body responsible for the regulation of AWP P&C is the Autorité de Contrôle Prudentiel et de Résolution (French banking and insurance industry regulatory authority, 4 Place de Budapest, CS92459, 75436 Paris Cedex 09 - www.acpr.banque-france.fr).

DECLARATION OF CONFIDENTIALITY

The security of your personal data matters to us.

AWP P&C, a company owned by Allianz Partners SAS, is an insurance company, approved by the **Autorité de Contrôle Prudentiel et de Résolution (ACPR)**, which offers insurance products and services. Protecting your private life is an absolute priority for us. This declaration of confidentiality explains how we collect personal data, which type of data we collect and why, with whom we share it and to whom we disclose it. Please read this declaration carefully.

1. WHO IS THE DATA PROCESSOR?

The data processor is the person or corporate entity that controls and is responsible for the preservation and use of personal data, in paper or electronic format. **AWP P&C** («We», «Our») is the data processor, as defined by the applicable data protection laws and regulations.

2. WHICH PERSONAL DATA IS COLLECTED?

We will collect and process various different types of personal data relating to you, as described below:

- Data relating to persons who are parties to or interested in or who intervene in the contract and
- Any other data that may be necessary to the creation and/or performance of the contract.

In that respect we may have to collect and process «sensitive personal data» relating to you.



By signing this contract, you agree to disclose the information specified in this declaration of confidentiality to any third party for whom any personal data may be transmitted to us (e.g. other insured parties, beneficiaries, third parties involved in a claim, persons who should be informed in case of emergency, etc.), and not otherwise to disclose the same.

3. HOW IS YOUR PERSONAL DATA COLLECTED AND PROCESSED?

We will collect and process the personal data you send us and that which we receive from third parties (as explained below) for a number of purposes and subject to your express consent, unless that consent is not required by the applicable laws and regulations, as indicated below:

PURPOSE	IS YOUR EXPRESS CONSENT NECESSARY?
<ul style="list-style-type: none"> • Cost estimate and signature of insurance contract 	<ul style="list-style-type: none"> • No, in so far as these measures or activities are necessary to perform the contract of insurance to which you are a party and to take the necessary measures before entering into this contract.
<ul style="list-style-type: none"> • Administration of the insurance contract (e.g.: dealing with the necessary claims, investigations and estimates to determine the existence of the insured event and the amount of compensation payable or the type of assistance to be provided, etc.) 	<ul style="list-style-type: none"> • Yes, if necessary. Nevertheless, in cases where we have to process your data when dealing with your claim, we will not ask for your express consent.
<ul style="list-style-type: none"> • To investigate the quality of services provided, in order to evaluate your level of satisfaction and improve it. 	<ul style="list-style-type: none"> • No. We have a legitimate interest in contacting you after dealing with an application or providing a service, to ensure that we have performed our contractual obligations in a satisfactory manner. You are, however, entitled to object by contacting us as explained in section 9 below.
<ul style="list-style-type: none"> • To satisfy any legal obligations (e.g. those arising from the laws on insurance contracts and business and the regulations on tax, accounting and administrative obligations) 	<ul style="list-style-type: none"> • No, provided that the said processing activities are expressly authorised by law
<ul style="list-style-type: none"> • For purposes of verification, in order to conform to legal obligations or internal procedures. 	<ul style="list-style-type: none"> • No. We are authorised to process your data in the course of any internal or external audits required by law or by our internal procedures. We will not seek your consent to such processing if they are justified by current regulations or our legitimate interests. We will, however, ensure that only such data as is strictly necessary will be used and that it will be kept strictly confidential during processing. Internal audits are usually carried out by our parent company, Allianz Partners SAS (7 Rue Dora Maar, 93400 Saint-Ouen, France).
<ul style="list-style-type: none"> • To carry out statistical and qualitative analyses on the basis of the data and number of claims for compensation 	<ul style="list-style-type: none"> • If we carry out one of these processing activities, we will keep personal data anonymous. The anonymous data will therefore no longer be considered "personal data" and your consent is no longer required.
<ul style="list-style-type: none"> • Debt collection management 	<ul style="list-style-type: none"> • No, even in the case of sensitive types of personal data, if the processing of your data is found to be necessary to establish, exercise and defend our rights in legal proceedings, which we may also plead in defence of our legitimate interests.
<ul style="list-style-type: none"> • Prevention of fraud and money-laundering and observance of the regulations on economic sanctions, including, if applicable, comparing your information with that contained in previous applications, or checking current claim declaration systems. 	<ul style="list-style-type: none"> • No, it is considered that the prevention of fraud and money-laundering and the observance of the regulations on economic sanctions constitute a legitimate interest of the Data Processor. We are therefore legally entitled to process your data for that purpose without needing to obtain your consent.

PURPOSE	IS YOUR EXPRESS CONSENT NECESSARY?
<ul style="list-style-type: none"> Transfer of risks by reinsurance and coinsurance 	<ul style="list-style-type: none"> We may process and share your personal data with other insurance or reinsurance companies, with whom we have signed or will sign coinsurance or reinsurance agreements. Coinsurance is cover of the risk by a number of insurance companies under a single contract, with each of them assuming a percentage of the risk or sharing the cover among themselves. Reinsurance is the "sub-contracting" of the cover for part of a risk to a third-party reinsurer. This, however, is an internal agreement between us and the reinsurer and you have no contractual relationship with the latter. Such transfers of risks are effected in the legitimate interests of the insurance companies, and, generally speaking, are actually expressly authorised by the law (including the sharing of such personal data as is strictly necessary for that purpose).

As we have previously explained, for the purposes listed above we will process the personal data relating to you which we receive from our business partner **La Plagne Resort**.

With regard to the purposes mentioned above, for which we have indicated that your express consent is not required, or in cases where we need your personal data for the purposes of underwriting your insurance and/or dealing with your claim, we will process your personal data on the basis of our legitimate interests and/or in accordance with our legal obligations.

Your personal data will be necessary whenever you purchase our products and services. If you do not wish to provide us with that data, we will not be able to guarantee that you will have access to the products and services you ask for, or those which may be of interest to you, or to offer you products or services that match your specific requirements.

4. WHO IS ABLE TO ACCESS YOUR PERSONAL DATA?

We will ensure that your personal data is processed only for the purposes indicated above.

For those purposes, your personal data may be disclosed to the following persons as third-party processors:

- public-sector bodies, other companies in the Allianz Group, other insurers, reinsurers.

For those purposes, your personal data may be disclosed to the following persons as processing agents, operating under our responsibility:

- other companies in the Allianz Group (including AWP France SAS), technical consultants, surveyors, lawyers, claims adjusters, repairers, service suppliers, doctors and delegated service companies for our operations (complaints, information technology, postal services, document management, etc).

In summary, we may need to share your personal data in the following cases:

- in cases of proposed or actual reorganisation, fusion, sale, joint venture, assignment, transfer or any other disposal of all or part of our business, assets or securities (particularly in the event of insolvency or other similar proceedings); and
- in order to conform to any legal obligation, including those arising from the mediator's decisions should you make a complaint concerning one of our products or services.

5. WHERE IS YOUR PERSONAL DATA PROCESSED?

Your personal data may be processed either inside or outside the European Union (EU) by the persons specified in section 4, subject always to contractual restrictions relating to confidentiality and security, in accordance with the applicable laws and regulations on personal data protection. We will not disclose your personal data to persons not authorised to process it.

Every transfer of your personal data for processing outside the EU by another company in the Allianz Group will be effected on the basis of internal company rules approved by our Group's Regulatory Authority, laying down adequate rules for the protection of personal data and legally binding all the companies in the Allianz group. Allianz's corporate rules and a list of companies in the group that are bound by them are accessible here: https://www.allianz-partners.com/en_US/allianz-partners--binding-corporate-rules. Where those Allianz corporate rules do not apply, we will take measures to ensure that transfers of your data outside the EU will be effected to an adequate standard of protection, just as we would if they were being transferred within the EU. You can acquaint yourself with the protective measures we are implementing for that type of transfer (standard contractual clauses, for example) by contacting us as indicated in section 9.

6. WHAT ARE YOUR RIGHTS RELATING TO YOUR PERSONAL DATA?

Where the current laws or regulations permit, you have the right:

- to access your personal data and know where it has been obtained from, the objectives and purposes of processing that data, to obtain information concerning the processor(s), processing agents and final recipients of the data potentially disclosed;
- to withdraw your consent at any time, in those cases where it is required for the processing of your personal data;
- to update or rectify your personal data to ensure that it is always correct;
- to delete your personal data from our systems if it is no longer needed for the purposes previously indicated;
- to restrict the processing of your personal data in certain circumstances –if, for example, you have queried the accuracy of your personal data – for such period as may be necessary for our office to check its accuracy;
- to obtain your personal data in electronic format, for your personal use or that of your new insurer; and
- to submit a complaint to our company and/or the competent data protection authority - Commission Nationale de l'Informatique et des Libertés [National Commission for Information Technology and Civil Liberties] (CNIL).

You may exercise these rights by contacting us as indicated in section 9.

7. HOW CAN YOU OBJECT TO THE PROCESSING OF YOUR PERSONAL DATA?

Where the current laws or regulations permit, you have the right to object to the processing of your personal data by our offices, or to request our company to stop processing that data (including for direct marketing purposes). Once your request has been sent, we will no longer process your personal data, unless we are allowed to do so by the applicable laws or regulations.

You may exercise this right in the same way as the other rights defined in section 6.

8. HOW LONG WILL WE KEEP YOUR PERSONAL DATA?

We will only keep your personal data for the time that is necessary for the purposes indicated in this declaration of confidentiality. It will then be deleted or rendered anonymous once it is no longer necessary. We set out below some of the periods of preservation that apply to the purposes indicated in section 3 above.

- For a period of two (2) years from the date of expiry of the contract of insurance.
- In the event of a claim – two (2) years from the date of settlement of the claim.
- In the event of a personal injury claim – ten (10) years from the date of the claim.
- For any information on complaints – two (2) years from the date of receipt of the complaint.
- For any information on the contract – two (2) years from the date of expiry, termination or cancellation.

You should note, however, that specific additional obligations or events may sometimes cancel or vary these periods, such as legal actions or ongoing regulatory investigations, which may replace or suspend these periods until the case is closed and the applicable time limit for examination or appeal has expired. In particular, in the event of Court proceedings periods of preservation based on statutory limitation of action periods may be suspended and resumed later.

9. HOW CAN YOU CONTACT US?

For any question relating to the use we make of your personal data, you can contact us by e-mail or post:

AWP France SAS

Département Protection des Données Personnelles

7 rue Dora Maar - 93400 Saint-Ouen

E-mail: informations-personnelles@votreassistance.fr

10. HOW OFTEN DO WE UPDATE THIS DECLARATION OF CONFIDENTIALITY?

We review this declaration of confidentiality regularly.

AWP France SAS - 7, rue Dora Maar - 93400 Saint-Ouen Cedex - Société par Actions Simplifiée au capital de 7 584 076,86 € - 490 381 753 RCS Bobigny - Siret 490 381 753 00055 - Société de courtage d'assurances immatriculée à l'ORIAS (www.orias.fr) sous le n° 07 026 669 - Autorité de Contrôle Prudentiel et de Résolution sise 4 Place de Budapest, CS92459, 75436 Paris Cedex 09 - www.acpr.banque-france.fr

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