

INCOMING
GENERAL TERMS AND CONDITIONS
No. 4.089.008

CONTENTS

1. PURPOSE OF THE POLICY
2. SUMMARY OF COVERS
3. COMMON DEFINITIONS
4. EFFECTIVE DATE AND TERM OF COVERS UNDER THE POLICY
5. COVER FOR MEDICAL EXPENSES ABROAD
6. ASSISTANCE AND REPATRIATION COVER
7. CIVIL LIABILITY COVER
8. POLICY EXCLUSIONS
9. PROCEDURE IN CASE OF AN INSURED EVENT
10. MISCELLANEOUS

1 - PURPOSE OF THE POLICY

AVA has taken out with the Insurer, AIG Europe Limited, travel insurance and assistance policy No.
4.089.008

Within the limits and subject to the conditions set out elsewhere in the policy, this insurance policy covers AVA's customers during Trips they take abroad.

It provides the following covers and benefits:

- Medical expenses
- Assistance and Repatriation
- Civil liability abroad

It is agreed that these covers and benefits cannot be taken out separately.

Enrolment in this policy is for a firm and non-renewable term.

The corresponding premium is non-refundable.

Only these contractual terms and conditions and the information stated in the Insured's Application Form will apply in case of an insured event or dispute between the parties.

2 - SUMMARY OF COVERS

For information on the conditions under which the covers listed in this table apply, please refer to the sections that follow.

COVERS	AMOUNTS AND LIMITS
Medical expenses Abroad In case of hospitalisation (the assistance centre must be informed) Outpatient medical expenses Physician, pharmacy, laboratory analyses Emergency dental care Emergency dental prostheses Optical expenses	European Union maximum € 30,000 Covered in full up to 90 % of expenses incurred, up to € 5,000 100 % of expenses incurred, up to € 30,000 75 % of expenses incurred reimbursed, with no excess. Maximum per quarter : € 750 Maximum per quarter: € 150 Maximum per event : € 250 Maximum per quarter : € 25
Assistance and Repatriation Transporting the Insured to a medical facility Repatriation of the Insured to his/her home Repatriation of the Insured's body to his/her home country in the event of death	Actual expenses Actual expenses Actual expenses
Civil liability abroad	Excess per insured event € 50 Maximum for bodily injury : € 50,000 Maximum for property damage : €50,000

3 - COMMON DEFINITIONS

For the purposes of this policy, the following terms have the meanings given thereto below.

Policyholder

AVA, acting both on its own behalf and on behalf of its clients.

Insured

AVA's customers who reside outside the Schengen Area, whose first and last names are listed on the application form, who have paid the corresponding premium, who are no more than 70 years old on the day they enrol in this policy, and who are temporary residents of the Schengen Area or European Union.

Insurer

AIG Europe Limited, a company registered in England and Wales under number 01486260.

Registered office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom

Branch in France: Tour CB21, 16 place de l'Iris, 92400 Courbevoie.

Postal address: Tour CB21, 16 Place de l'Iris, 92040 Paris La Défense Cedex. Nanterre Trade and Companies

Register No. 752 862 540

Telephone: +33 1.49.02.42.22 - Fax: +33 1.49.02.44.04.

Enrolments and Premiums Management Centre

AVA, appointed by the Insurer.

Claims Reporting and Handling Centre, except assistance and medical and hospitalisation expenses

AVA, appointed by the Insurer.

Assistance Company

AVA Assistance, appointed by the Insurer.

Spouse

The husband, wife or domestic partner of the Insured.

Relative

The Insured's spouse, and the father, mother, grandparents, children, grandchildren, sons-in-law, daughters-in-law, sisters and brothers of the Insured and/or of his/her Spouse.

Child

A legitimate, natural or adopted child of the Insured and/or of his/her Spouse.

Beneficiary

For all covers, the beneficiary is the Insured himself/herself, unless otherwise stated in the policy.

Application Form

A document duly completed and signed by the Insured which states his/her first and last names, address, travel dates, country of destination, cover period, the option chosen, if applicable, the date the document was prepared and the amount of the corresponding insurance premium.

In case of an Insured Event, the Insurer will only take into consideration enrolments for which the corresponding premium has been paid.

Cover Certificate

A document to be printed by the Insured or his/her representative, which states his/her first and last names, the starting and ending dates of the Trip, his/her identification number, and the telephone numbers of the assistance platforms.

Trip

A trip taken Abroad by the Insured, the dates and destination of which are shown on the Application Form.

Geographical scope

Mainland France, Corsica, the French overseas departments and territories (DOM-TOM), the Principalities of Andorra and Monaco, and the countries of the European Union and the Schengen Area, **to the exclusion of your home country.**

Home

The place where the Insured has his/her customary residence on the date of his/her enrolment. In the event of a dispute, the address of the Insured's tax residence will be considered to be his/her Home.

Abroad

A country other than the country where the Insured resides.

Accident

Any bodily injury caused unintentionally by the Insured due to the sudden and unforeseeable action of an external cause of which the Insured is the victim.

Illness

Any change in a person's health or any bodily injury certified by an authorised medical practitioner while the policy is in force.

Serious Accident

Any bodily injury caused unintentionally by the victim due to the sudden and unforeseeable action of an external cause, which is certified by an authorised medical practitioner and which prevents the victim from moving under his/her own power.

Serious Illness

Any sudden change in a person's health, which is certified by an authorised medical practitioner, which requires the person to cease all business or other activities, and which carries a guarded prognosis or long development period requiring intensive medical treatment, generally involving hospitalisation for tests and care

Pre-existing Accident or Illness

Any temporary or permanent harm to the Insured's physical integrity which is certified by an authorised medical practitioner prior to his/her enrolment for the trip.

Hospitalisation

The act of receiving care in a hospital, requiring a minimum stay of 24 consecutive hours. The term "hospital" means any hospital or clinic authorised to perform procedures or provide treatment to persons who are ill or have suffered accidents, and which has the local government authorisations allowing such practices, as well as the necessary staff.

Elective Surgery and Treatment

Elective Surgery and Treatment include, but are not limited to, surgery or treatments performed with respect to acne, allergies, including allergy tests, any periodic check-up or test and periodic contraceptive check-ups, aesthetic surgery of

any type that is not performed as a consequence of an insured Accident, circumcision, corns on the feet or bunions, cosmetic treatments of any type that are not performed as a consequence of an insured Accident, operations and treatments of congenital malformations, health check-ups, fertility tests and infertility treatments (men and women), hormone treatments, incontinence, the treatment of warts, cysts, obesity treatments, pre-marital examinations, preventive treatments or vaccinations that are not the consequence of an insured event, insomnia treatments, tubal ligation, vasectomy, weight-loss treatments, all medical procedures or treatments that are for research or experimental purposes or that are not generally recognised as ordinary medical practices.

Reasonable Ordinary Expenses

Ordinary medical expenses deemed reasonable in the area where the Insured travels, i.e. the expenses and charges generally applied in the area or region for medical services the Insured may require for his/her treatment, compared to similar cases of the same severity or of the same type.

Accordingly, the Insurer will not cover any medical expenses that it deems to be unreasonable based on the foregoing.

Insured Event

The occurrence of an event covered by the policy. All claims concerning the same event shall constitute a single insured event.

Excess

An agreed sum specified in the policy for which the Insured will be liable if he/she is compensated for an Insured Event. The Excess may also be expressed in hours, days or as a percentage. In such case, the relevant cover will take effect upon the expiry of the specified period or above the specified percentage.

Quarter

A period of 90 consecutive days from the starting date of the trip specified in the Application Form and on the Insured's Assistance Card.

Maximum per Event

If the cover applies to more than one Insured who are the victims of the same event, the Insurer's cover will in all circumstances be limited to the maximum amount specified for that cover regardless of the number of victims. Therefore, the compensation will be reduced and paid in proportion to the number of victims.

Civil War

Armed confrontation between two or more parties from the same country, in which the combatants are of different ethnic groups, religions or ideologies. Civil War includes armed rebellions, revolutions, sedition, insurrections, coups d'état, the consequences of martial law and border closures ordered by a government or local authorities. The Insurer has the burden of proving that a claim is based on any of these civil war events.

Foreign War

Armed confrontation, whether or not declared, between two countries. Foreign War also includes invasions and sieges. If an accident occurs, the Insured will have the burden of proving that a claim was caused by an event other than a foreign war event.

4 - EFFECTIVE DATE AND TERM OF COVERS UNDER THE POLICY

The covers under the policy will take effect at the earliest at 00.00 (midnight) on the departure date specified in the Application Form, and will expire when the Insured returns to his/her Home or, at the latest, at 00.00 (midnight) on the return date specified in his/her Application Form.

The Insured will be covered 24 hours a day during the entire duration of his/her Trip, in accordance with the dates and countries.

5 - COVER FOR MEDICAL EXPENSES

PURPOSE OF THE COVER

The policy will reimburse medical expenses (medical care, hospitalisation expenses, the cost of drugs, professional fees, ambulance expenses) that the Insured incurs, up to the maximum amount state in the "Summary of Covers".

These expenses must be required to be incurred exclusively by a medical practitioner who holds the qualifications or licences required in the country where he/she practices and who is legally authorised to exercise his/her profession.

This cover is limited to the reimbursement of actual expenses incurred by the Insured.

In the case of Insureds who hold French nationality, who reside in the French overseas departments and territories (DOM-TOM) and who are traveling in mainland France, Corsica or the Principality of Monaco, the Insurer's cover will supplement reimbursements made by French Social Security or any other organisation that makes payments or reimbursements.

SPECIFIC MEASURES TO TAKE IN THE EVENT OF HOSPITALISATION

In the event the Insured suffers an Accident or Illness requiring his/her Hospitalisation, unless prevented by a force majeure event, the Insured (or his/her legal representative) must first contact the Assistance Company, which will provide him/her with the full contact details of the approved hospital closest to the Insured.

If, due to his/her condition, the Insured (or his/her legal representative) is unable to make such contact before his/her Hospitalisation, he/she must contact the Assistance Company as soon as he/she is able to do so.

If the hospital refuses to accept the direct payment of expenses by the Assistance Company, the Insured must advance these expenses and will be reimbursed up to the maximum per person and per claim stated in the "Summary of Covers".

FURTHER INFORMATION ON COVER LIMITS

- **Outpatient medical expenses** : 75 % of actual expenses, up to the limit per person and per claim stated in the "Summary of Covers" and not exceeding Reasonable Ordinary Expenses, less the excess per claim stated in the "Summary of Covers".
- **Hospitalisation medical expenses** : between 90% and 100 % of actual expenses, up to the limit per person and per claim stated in the "Summary of Covers" and not exceeding Reasonable Ordinary Expenses.
- **Emergency dental care** : 75 % of actual expenses, up to the maximum per person and per year stated in the "Summary of Covers", and not exceeding Reasonable Ordinary Expenses, less the Excess per claim stated in the "Summary of Covers", for expenses incurred for emergency dental services (that cannot be postponed as a consequence of the Insured's pathological condition) provided for the following types of care: temporary fillings, permanent fillings, pulpectomy or extraction.
- **Dental prostheses required due to an accident** : 75 % of actual expenses, up to the maximum per person and per year stated in the "Summary of Covers", less the Excess per claim stated in the "Summary of Covers", if as a result of an insured accident you must undergo care requiring a dental prosthesis.
- **Optical expenses** : 75 % of the actual cost of an ocular prosthesis, up to the maximum per person and per year stated in the "Summary of Covers".

EXPIRY OF COVER FOR MEDICAL EXPENSES

The cover will expire at the end of the Insured's trip, in accordance with the date stated on his/her Application Form and Assistance Card.

6 - ASSISTANCE AND REPATRIATION COVER

CONDITIONS OF SERVICE

For all services, the Insured or his/her representative must first contact the Assistance Company. The Assistance Company's contact details are provided in the section entitled "PROCEDURE IN CASE OF AN INSURED EVENT" and on the Assistance Card.

Regardless of circumstances, only the Assistance Company's medical practitioners will be authorised to decide on repatriation, the means of transport to be used and the place of hospitalisation, and will, if necessary, contact the local treating physician and/or the Insured's family physician.

Reservations will be made by the Assistance Company, which shall be entitled to request that the Insured surrender any unused travel tickets. The Assistance Company is required to pay only the expenses in addition to those the Insured should have ordinarily paid for his/her return.

TYPES OF SERVICES AND COVERS

Transporting the Insured to a medical facility

The Assistance Company will arrange and pay for the Insured to be transported to the most appropriate or best equipped hospital.

Depending on the severity of the situation and the circumstances, the Insured will be transported in the first-class section of a train in a seat, couchette or sleeping car, by ambulance or other emergency vehicle, by airplane on a scheduled flight, either seated or on a stretcher, or by private air ambulance.

Repatriation of the Insured to his/her Home

The Assistance Company will repatriate the Insured to his/her Home when he/she is able to leave the hospital. The repatriation and the most appropriate means of repatriation will be decided and chosen by the Assistance Company under the above conditions.

Repatriation of the Insured's body in the event of death

In the event of the Insured's death during the Trip, the Assistance Company will pay and arrange for the Insured's body to be transported to his/her Home.

This policy does not cover the expenses of burial, embalming, coffins and funerals, unless they are required by local law.

7 - CIVIL LIABILITY ABROAD COVER

For the purposes of this cover, the following terms have the meanings given thereto below.

Bodily Injury

Any physical harm suffered by an individual.

Property Damage

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

Third Party

Any individual or legal entity, **excluding the Insured himself/herself, his/her Relatives, ascendants and descendants, as well as his/her companions and agents, whether or not salaried employees of the Insured, in the performance of their duties.**

Civil Liability Insured Event

Any amicable or judicial claim made against the Insured. All claims made in relation to the same triggering event shall constitute a single Insured Event.

PURPOSE OF THE COVER

The Insurer will cover the financial consequences of the civil liability the Insured may incur during a Trip Abroad, in accordance with applicable legislation or case law, on the grounds of bodily injury and property damage caused to third parties, up to the limit of the amounts and subject to the Excess stated in the "Summary of Covers".

If a policy covering the Insured's civil liability has been or is taken out before or simultaneously with this policy, this cover will apply after the cover provided under the policy previously or simultaneously taken out has been exhausted.

8 - POLICY EXCLUSIONS

EXCLUSIONS COMMON TO ALL COVERS

The following are excluded from all covers under the policy :

- Any trip (or travel*) to, in or through the following countries: Afghanistan, Cuba, Liberia or Sudan.
- Any Insured or Beneficiary who is listed in any official, governmental or police database of persons known or presumed to be terrorists, and any Insured or Beneficiary who is a member of a terrorist organisation, a drug trafficker or who is involved as a supplier in the illegal trade in nuclear, chemical or biological weapons.
- Accidents intentionally caused or brought about by the Insured or the policy beneficiary.
- The consequences of the Insured's suicide or attempted suicide.
- The ingestion of illegal drugs, narcotics, similar substances, and medication that has not been prescribed by an authorised medical practitioner, and the consequences thereof.
- The consequences of the Insured's inebriation, manifested by the presence in the Insured's blood of a level of pure alcohol equal to or higher than that allowable under French road traffic laws.
- Nervous disorders or mental illnesses, unless otherwise provided in this policy.

Accidents that occur under the following circumstances are also excluded:

- If the Insured practices a sport professionally, or engages or takes part in an amateur race requiring the use of a motorised land, air or water vehicle.
- If the Insured uses a ULM, hang-glider, sail-wing, parachute or para-glider as a pilot or passenger.
- If the Insured is involved in a fight (other than for purposes of self-defence), crime or bet of any kind.

EXCLUSIONS SPECIFIC TO THE COVERS FOR MEDICAL EXPENSES AND ASSISTANCE AND REPATRIATION

In addition to the common exclusions, the policy does not cover the following:

- Benign infections or lesions that can be treated locally (for the Assistance cover, repatriation only).
- Recurrences of pre-existing illnesses with a risk of non-stabilised, sudden deterioration in the near future.
- The expenses of burial, embalming and funerals, unless they are required by local law.
- Expenses incurred by the Insured without the Assistance Company's prior agreement.
- The costs of meals, hotels, road travel, tolls, fuel, taxis or customs duties, except those covered under the policy.
- Acts that may be subject to criminal penalties under the laws of the country in which the Insured is located.
- Medical expenses incurred in the Insured's home country, except in the cases specified under the cover.
- The consequences or recurrence of a pre-existing accident or illness and the medical expenses incurred to diagnose or treat a physiological condition (pregnancy) that was already known before the effective date of the cover.
- Pregnancy, maternity-related expenses, elective abortions and the consequences thereof, except in cases of recognised medical necessity or as the result of an insured Accident or Illness, infertility treatments.
- Medical expenses in connection with cases of dorsalgia, lumbar pain, lumbago-sciatica, herniated disc, parietal, intervertebral, crural, scrotal, or inguinal hernias, hernias through the linea alba and umbilical hernias.
- Thermal cures, physiotherapy, the cost of eye-glasses, contact lenses, prostheses of any kind, routine examinations and tests or health check-ups, preventative tests or treatment, check-up examinations and tests other than due to an insured accident or illness.
- The expenses of organ transplants not required due to an insured Accident or Illness.
- The cost of aesthetic or reconstructive Elective Surgery and Treatment as defined in this policy.
- The cost of vaccinations, acupuncture sessions, physiotherapy or chiropractic or osteopathic treatment that are not the consequence of an insured Accident or Illness.
- Expenses and treatments not prescribed by an authorised medical practitioner.
- Means of contraception.

EXCLUSIONS SPECIFIC TO THE CIVIL LIABILITY ABROAD COVER

In addition to the common exclusions, the policy does not cover the following:

- Professional civil liability and financial losses sustained other than as a consequence of bodily injury or property damage insured under the professional civil liability cover.
- Damage intentionally caused or brought about by or with the assistance of the Insured or by the Insured's corporate officers in the case of a legal entity.
- Accidents caused by and to the Insured, his/her ascendants, descendants or any person living with the Insured, which occurs during the use of a car or motorised vehicle, sailing boat, motorboat, aircraft or riding animal which the Insured or any person for whom the Insured is liable at civil law owns, operates or has in his/her custody, or due to the Insured's participation as a competitor in a competition sport.
- The practice of skiing, ice-skating or sledging as a professional in a competition.
- The practice of dangerous sports, mountaineering, potholing, boxing, polo, karate, American football, parachuting, piloting, gliding, hang-gliding, ULM and diving using self-contained apparatus.
- Property damage caused by a fire or an explosion pursuant to Article 1384 of the French Civil Code, which will not be covered under any circumstances if it occurs in the premises owned or occupied by the Insured.
- Damage caused in the Insured's country of residence.

9 - PROCEDURE IN CASE OF AN INSURED EVENT

A REPORTING A CLAIM

1 FOR ASSISTANCE SERVICES AND DIRECT PAYMENT OF HOSPITALISATION EXPENSES

Before receiving any services, the Insured must first contact the Assistance Company exclusively.

Policy 4.089.008

He/she must provide the number of this insurance policy and the Insured's identification number, which is shown on the Assistance Card.

- o After verifying this information, the Assistance Company will issue a payment number.
- o The Assistance Company will pay the relevant costs directly to the hospital.

Assistance Company's contact details: (also shown on the Assistance Card)

For assistance services and payment of hospitalisation medical expenses only:

AVA ASSISTANCE

Telephone: 01.49.02.42.11 from France
33.1.49.02.42.11 from anywhere else in the world
Fax: 01.55.92.40.69 from France 33.1.55.92.40.69
from Abroad

2 - FOR ALL OTHER COVERS UNDER THE POLICY

To be compensated quickly, the Insured or his/her legal representative must, on pain of forfeiture, report any claim that may be covered under the policy in a letter sent recorded delivery upon becoming aware thereof, and no later than 15 business days thereafter.

ALL CLAIMS MUST BE SENT TO THE CLAIMS OFFICE AT THE FOLLOWING ADDRESS:

AVA Assurance Voyages 25
rue de Maubeuge
75009 Paris, France
Telephone: From France: 01.53.20.44.23
From abroad: 33.1.53.20.44.23
Fax: From France: 01.42.85.33.69
From abroad: 33.1.42.85.33.69

Claims that are not reported or are reported late will not be covered if the Insurer proves that it was prejudiced by such delay, unless the Insured proves that it was impossible to report the claim within the allotted time period due to an unforeseeable or force majeure event (Article L 113-2 of the French Insurance Code (Code des assurances)).

B - DOCUMENTS REQUIRED TO SETTLE CLAIMS

IN ALL CASES THE INSURER WILL REQUIRE THE FOLLOWING INFORMATION TO OPEN A CLAIM FILE:

The Insured's identification number and the policy number (shown on the Assistance Card)
A copy of the Application Form for this policy
(For faster and more efficient processing, detach, complete and attach the "claim report form" to the claim report.)

In addition, depending on the circumstances, the Insurer may also need the following documents: FOR

THE OUTPATIENT MEDICAL EXPENSES COVER:

The original receipts.

FOR THE CIVIL LIABILITY COVER:

A formal declaration containing details of the circumstances and consequences.
All correspondence, documents, summons and court correspondence relating to the claim.
Notice must also be given of any proceedings and inquiries involving the Insured which relate to the claim reported.

The Insured must not propose any agreement, undertaking, offer, payment or compensation without the Insurer's written consent.

Should any additional medical documents or other supporting documents be required (depending on the relevant cover) in order to settle the claim, the Insured will be personally informed by the Claims Office or the Insurer.

C - COMPENSATION FOR AN INSURED EVENT

No payment will be made until a complete file has been submitted together with all documents requested by the Claims Office.

After the parties reach agreement, compensation will be payable, without interest, within 15 days from the date on which such compensation is agreed.

If an examination by experts is necessary to settle the claim and the Insured or his/her legal representative refuses to undergo such examination without a valid reason, and if, after having been given 48 hours prior notice by letter sent recorded delivery, he/she continues to refuse, the Insurer will be obliged to refuse all rights to compensation for the relevant Insured Event.

Deterioration of the Insured's condition unrelated to the accident or pathology

Whenever the aftereffects of an accident or illness deteriorate as a result of empirical treatment or the Insured's negligence or refusal to seek the medical treatment required by his/her condition, compensation will be calculated not on the basis of the actual aftereffects of the case, but on the basis of what they would have been for a person in normal health who sought rational and appropriate medical treatment.

Expert assessment

The loss sustained will be determined by mutual agreement or, failing that, by an out-of-court expert assessment, subject to the respective rights of the parties. Each party shall choose an expert. If the two experts appointed by the parties cannot reach agreement, they will appoint a third expert. The three experts will decide by mutual agreement and by a majority of votes. If one of the parties fails to appoint an expert or if the two experts fail to agree on the choice of the third expert, a third expert will be appointed by the Commercial Court in whose territorial jurisdiction the insured event occurred. A third expert will be appointed further to a petition filed by either party at least 15 days after formal notice to perform has been given to the other party by letter sent recorded delivery.

Each party will pay the fees and expenses of its expert and, if applicable, half of the fees of the third expert and the costs of his/her appointment.

Subrogation or remedy against those liable for the insured event

For the Medical Expenses cover, where compensation has been paid, the Insurer will be subrogated to all the Insured's rights and remedies against any person liable for the damage up to the amount of such compensation. These provisions do not apply to the Insured's children, descendants, ascendants or agents, or to any person who ordinarily lives with the Insured, except in the event of malicious damage.

10 - MISCELLANEOUS

DECLARATION OF RISK

In accordance with the law, the terms of this policy are based on the Insured's declarations. Therefore, the Insured must answer the questions the Insurer asks on the Application Form, which enable it to assess the risks it agrees to insure (Article L 113-2 of the French Insurance Code).

PENALTIES FOR FALSE DECLARATIONS

1- Penalty for an intentionally false declaration

Any intentional inaccuracy, omission, non-disclosure or misrepresentation by the Policyholder or Insured concerning facts relevant to the risk, when applying for the policy or during the term of the policy, will invalidate the policy even if it has no effect on the Insured Event (Article L.113-8 of the French Insurance Code).

2- Penalty for an unintentionally false declaration

In the event of an unintentional omission, non-disclosure or misrepresentation in the declaration of risk that is discovered before any claim, the Insurer will be entitled to cancel the policy ten days after having given notice by letter sent recorded delivery, and returning the portion of the premium paid for the period no longer covered by the insurance.

In the event of an unintentional omission, non-disclosure or misrepresentation that is discovered after a claim, the compensation will be reduced in proportion to the premium paid compared to the premium that would have been owed if the risks had been fully and accurately declared.

STATUTE OF LIMITATIONS

In accordance with Article L.114-1 *et seq.* of the French Insurance Code, all legal action in connection with an insurance policy is time-barred two years after the event which gives rise to the cause of action.

However, this period will begin to run:

1. In the event of a non-disclosure, omission or false or inaccurate declaration about the risk incurred only as from the date on which the Insurer becomes aware thereof;
2. In the event of an Insured Event, only as from the date on which the interested parties become aware thereof, if they prove that they were unaware thereof before such time. If the grounds for the Insured's action against the Insurer is legal recourse by a third party, the statute of limitations runs only from the date on which such third party initiates legal action against the Insured or was compensated by the Insured.

The statute of limitations is extended to ten years for life insurance policies if the Beneficiary is a person other than the policyholder and, in the case of insurance policies that cover Accidents suffered by persons, if the Beneficiaries are the successors of a deceased Insured.

The statute of limitations is suspended by any of the ordinary causes that suspend statutes of limitations and, in particular, by :

- any court summons, including in summary proceedings, or any court order to pay or seizure, notice of which is served on a party to prevent it from asserting the expiry of the statute of limitations;
- any unequivocal acknowledgment by the Insurer of the Insured's right to the insurance cover, or any acknowledgment of debt by the Insured in favour of the Insurer; as well as in the following other cases provided for under Article L114-2 of the French Insurance Code:
- the appointment of an expert following an Insured Event;
- a letter sent recorded delivery by:
 - the Insurer to the Insured for non-payment of the premium;
 - the Insured to the Insurer for payment of insurance compensation.

As an exception to Article 2254 of the French Civil Code (*Code civil*), the parties to an insurance policy may not, even by mutual agreement, change the duration of the statute of limitations or add to the grounds for the suspension or interruption thereof.

INSURANCE REGULATOR

AIG Europe Limited is authorised and regulated by the Financial Services Authority, 25 The North Colonnade, Canary Wharf, London E14 5HS, United Kingdom. The sale of insurance policies in France by the French branch of AIG Europe Limited is subject to applicable French laws.

COMPLAINTS, OMBUDSMAN

In the event of a complaint in relation to the conclusion or performance of this policy, the Insured or the Beneficiary may contact the Insurer through his/her usual contact or by writing to the "customer service" department at the following address:

AIG
Tour CB 21
92040 Paris La Défense Cedex

The complaint must state the policy number and the subject matter of the complaint. The Insurer's customer satisfaction policy is available on its website at the following address: <http://www.aig.com>

If the disagreement continues after all internal avenues of recourse have been exhausted following receipt of the Insurer's response, the interested party may submit the matter to the Ombudsman of the *Fédération Française des Sociétés d'Assurances* (the French Insurers' Association) at the following address: BP 290, 75425 Paris Cedex 09.

ADDRESS FOR NOTICES

The Insurer and its representatives choose the address of the Insurer's branch in France as their address for notices: AIG, Tour CB, 21-16 place de l'Iris, 92400 Courbevoie.

SUBROGATION

In accordance with Article L.121-12 of the French Insurance Code, if the Insurer compensates a claim in full or in part it will be automatically subrogated to all rights and remedies of the Insured, up to the amount of compensation paid.

GOVERNING LAW AND APPLICABLE LANGUAGES

This group policy is governed by French law. French is the applicable language.

DECLARATION OF OTHER INSURANCE POLICIES

If during the term of this policy, the Policyholder takes out other insurance policies covering the same risks, it must declare such policies to the Insurer, subject to the penalties specified in Article L.113-8 (invalidity of the policy) and Article L.113-9 (reduction in compensation) of the French Insurance Code.

REQUESTS FOR INFORMATION

The Insurer reserves the right to ask the Policyholder, at any time, to provide any information enabling it to accurately assess the value of any changes to the risk covered by the policy.

AGGRAVATION OF RISK

If the risk is aggravated as a result of any change (except changes to a person's state of health) such that, had the new circumstances existed at the time the policy was taken out, the Insurer would not have entered into the contract or would have done so only in consideration for a higher premium, the Insurer may propose a new premium.

If the Policyholder does not accept the new premium within 30 days of the proposal, the Insurer may terminate the policy at the end of this period, provided it informs the Insured of this right by means of conspicuous characters in the letter proposing the new premium.

DELIVERY OF THE INFORMATION NOTICE

In accordance with Article L 141-4 of the French Insurance Code, the Policyholder undertakes to deliver the information notice drafted for this policy to all Insureds who enrol under this policy.

MULTIPLE INSURANCE POLICIES

The Insured may under no circumstances be covered by more than one enrolment under this policy, even if he/she pays more than one premium. If the Insured nevertheless does so, the Insurer's obligations will invariably be limited to the covers and cover limits corresponding to one enrolment under this policy.

CORRESPONDENCE

All request for information or additional explanations and all claims should be sent to the following address:

Tour CB 21, 16 Place de l'Iris, 92040 Paris La Défense Cedex

All correspondence must be sent in the forms prescribed by applicable laws.

If the Insured provides his/her e-mail address and/or mobile telephone number, AIG reserves the right to send him/her information by e-mail and/or SMS (unless the Insured exercises his/her right to oppose such use).

DATA PROTECTION ACT (Act No. 7801 of 6 January 1978)

Personal data collected by the Insurer will be used for the purpose of underwriting as well as for policy and claims handling by the Insurer. Such data may be provided to the Insurer's representatives, partners, service providers and subcontractors for the same purposes, and may be transferred outside the European Union. To ensure the security and adequate protection of personal data, such transfers have received the prior authorisation of the French Data Protection Agency (CNIL) and are protected by guarantees, in particular the standard contractual clauses of the European Commission. Moreover, in the case of assistance services, to ensure the quality of service as well as to provide said services, telephone conversations between Insureds and the Assistance Company may be recorded. Personal data collected during such calls is required to provide assistance services. This data is intended solely for the internal use of the Assistance Company and of the persons involved in claims handling in the performance of the policy, within the limits of their respective remits.

In accordance with Act No. 78-17 of 6 January 1978, as amended, data subjects may exercise their rights to access, rectify and oppose, on legitimate grounds, the use of data about them by contacting the Insurer at the following address: AIG Service Clients, Tour CB 21, 16 Place de l'Iris, 92040 Paris La Défense Cedex, and including the file reference and a copy of their identity document. By sending a letter to the above address by ordinary post, they may also object to their personal data being used for marketing purposes. The Insurer's personal data protection policy is available on its website at the following address: <http://www.aig.com/fr-protection-des-donnees-personnelles>.

GOVERNING LAW AND JURISDICTION

This policy is a group insurance policy governed by French law and, in particular, by the French Insurance Code. The French courts shall have exclusive jurisdiction over any dispute that may arise concerning its interpretation, performance or non-performance.