

AMAURY SPORT ORGANISATION

Individuelle Accident information

Insurance policy no. AU565412 offered by ASO acting in the capacity of Mandataire d'Intermédiaire d'Assurances of Marsh, registered with the ORIAS under number 24005109, and stipulating both on its own behalf and on behalf of third parties involved in the organization of events.

GENERAL PROVISIONS

PURPOSE OF WARRANTY

The purpose of this contract is to guarantee the compensation and assistance benefits defined in the Table of Benefits, to INSUREDs who are victims of bodily injury or medical emergencies during the period of validity of the contract.

INSURER

The Insurer of the insurance cover is GENERALI Iard, SA with capital of 94 630 300 euros - Company governed by the French Insurance Code, registered with the Paris Trade and Companies Register under number 552 062 663 and having its registered office at 89 rue Taitbout - 75009 Paris, Company belonging to the Generali Group registered with the Italian Insurance Companies Register under number 026.

INSURED

Any person under 75 years of age on the day of the event who has subscribed to this policy for participation in a sporting event organized by A.S.O. or one of its subsidiaries within the European Union or when A.S.O stipulates on behalf of third-party organizers within the European Union.

SCOPE OF COVER

Coverage under the present contract is effective worldwide solely and strictly in the context of the INSURED's participation in a sporting event declared to the insurer, with the exception of any sporting event requiring the use of motor vehicles or engines.

Coverage begins as soon as the INSURED leaves his or her place of residence or accommodation on the day of the event and ends, at the end of the event, when he or she returns to his or her place of residence or accommodation and/or no later than 11:59 p.m. on the day the event ends.

Please note that for events involving more than one event, a single membership is required for cover to apply to all events. Cover is therefore only provided on the days of the sporting events.

Coverage is extended to non-paying activities and entertainment offered by the event organizer as part of the event. If the accident occurs outside the event day, cover is only and exclusively acquired during the activity and entertainment.

Coverage is extended to training sessions organized in the weeks preceding the event by the event organizer. In this case, cover applies solely and exclusively to training sessions for which the INSURED has registered in advance.

DEFINITIONS

Accident

Any unintentional bodily injury caused by the INSURED and resulting from the sudden action of an external cause.

By extension of this definition, pathological manifestations that are the direct consequence of this bodily injury are covered.

Accidents include

- injuries caused by fire, steam, acids and corrosives, lightning and electric current,
- asphyxiation by immersion and asphyxiation by absorption of noxious gases or vapors,
- the consequences of animal bites,
- the consequences of poisoning, food poisoning and bodily injury caused by the unintentional absorption of toxic or corrosive substances,
- congestion and freezing caused by shipwrecks, forced landings, collapses, avalanches, floods or other accidental events,
- sunstroke, hypothermia, hyperthermia and/or dehydration,
- the direct consequences of insect bites, excluding diseases (such as malaria and sleeping sickness) whose primary origin can be traced back to such bites,
- bodily injuries resulting from assaults or attacks of which the INSURED is a victim, unless it is proven that he/she took an active part as author or instigator of these events,
- the physiological consequences of surgical operations, provided they are required as a result of an accident covered by the policy,

- bodily injury resulting from the INSURED's intervention to save persons or property in distress,
- bodily injury resulting from the use of a motor vehicle, with or without driving, including two-wheeled motor vehicles,
- bodily injury resulting from strikes, riots, insurrections, seditions, rebellions, popular movements or holdups, regardless of how they occur, provided the INSURED does not take an active part,
- bodily injury resulting from aircraft hijacking,
- bodily injury sustained while travelling by any means of land or sea transport, or as a passenger on board aircraft belonging to companies licensed to provide public transport services, cab planes, charter planes, private planes and helicopters, public aircraft of the country hosting the rally, when these carry a certificate of airworthiness and are piloted by a person holding the corresponding valid license (it being specified that if the good faith of the INSURED has been discovered, the Insurer may not invoke any forfeiture).

Assault

Any bodily injury, unintentional on the part of the INSURED and affecting the INSURED, resulting from a voluntary, sudden and brutal action by another person or group of people.

Attack

Any act of violence, constituting a criminal or illegal attack against persons and/or property, aimed at seriously disturbing public order through intimidation and terror, and covered by the media.

This Attentat will have to be registered by the French Ministry of Europe and Foreign Affairs and/or the French Ministry of the Interior.

Beneficiaries

The beneficiaries of the capital sum in the event of death are :

- The spouse of the INSURED who is not legally or de facto separated, or the person living in a marital relationship with him/her, or his/her partner in a Civil Solidarity Pact (PACS),
- Failing that, the INSURED's children born or to be born, living or represented, in equal shares between them,
- Failing that, the INSURED's heirs.

Spouse

Spouse, PACS partner or common-law partner of the INSURED, usually living under the same roof, when accompanying the latter on a Trip paid for by the Subscriber.

Consolidation date

Following the covered accident, the date from which the INSURED's state of health is recognized by the Insurer as no longer being able to be improved by treatment in the light of scientific and medical knowledge.

Moving

Travel made by the INSURED to take part in the event organized by ASO or one of its European Subsidiaries, or a co-insured organizer for which the insurance is taken out on their behalf, from the INSURED's departure from his/her place of residence or accommodation on the day of the event until his/her return to his/her place of residence or accommodation and/or no later than 11:59 p.m. on the day the event ends.

Home

The INSURED's main and usual place of residence, as shown on his/her income tax return or tax residence certificate.

Bodily injury

Any bodily injury suffered by an individual and the resulting damage.

Prior condition

A patient's previous medical, surgical or traumatic history, as well as any vulnerability or risk factors that may be identified.



Foreign

Worldwide, excluding the country of domicile and countries covered by an exclusion as described in "Territorial exclusions" and "International sanctions".

Event

Any situation likely to trigger the benefits provided for in this assistance agreement.

Funeral and burial expenses

Funeral and burial expenses for the INSURED paid by the victim's next of kin following his death and for which an invoice has been issued.

France

Metropolitan France and the Principality of Monaco.

Deductible

Sum to be paid by the INSURED. It may be absolute or relative and may be expressed in euros, as a percentage or in days.

Hospitalization

Any admission of an INSURED to a hospital (hospital or clinic) prescribed by a doctor, following an illness or accident and involving at least one night's stay.

Total temporary disability

The condition of the victim of an insured accident, resulting in the temporary total medical impossibility of exercising his/her professional activity or any activity generating income.

If the INSURED does not have a professional or income-generating activity, the period during which he/she is hospitalized will be taken into account.

Total or partial permanent disability

Disability is said to be "permanent" when the physical and/or psychological impairment caused by an insured accident results in a definitive (after consolidation), medically verifiable reduction in physical, psychosensory and/or intellectual potential, resulting from the impairment of anatomical-physiological integrity, to which are added permanent physical and psychological suffering, loss of quality of life and disturbances in day-to-day living conditions (personal, family and social).

Disease

A pathological condition duly certified by a medical doctor, requiring medical care and presenting a sudden and unforeseeable character.

Claims

The claim is made up of all the damages resulting from the same insured event.

INSURANCE COVERAGE

ACCIDENT COVERAGE

Accidental death

The insurer guarantees the payment of a lump sum in the event of the INSURED's death when the insured accident results in his death within a period of two years from the date of the accident.

The capital is paid to the beneficiaries.

If death is the result of an accident that gave rise to the payment of a lump-sum benefit under the "Permanent disability following accident" benefit, the Insurer will pay the beneficiaries, if death occurs less than two years after the accident, the additional amount that may be due, up to the amount of the lump-sum benefit guaranteed in the event of death.

The disappearance of the INSURED without any news of him/her may be assimilated to death at the end of a period of 12 months following the declaration of his/her disappearance to the competent authorities, upon judicial declaration of the presumption of absence.

Funeral and/or burial expenses

An additional payment to cover funeral and burial expenses, up to a maximum of **€5,000**, up to the amount of expenses actually incurred, after deduction of payments received from other organizations. The beneficiary of this benefit is the individual or individuals who have paid the funeral expenses. Reimbursement will be made on presentation of supporting invoices.

Permanent total or partial disability due to accident

The insurer guarantees the payment of a lump sum when the insured accident results in the permanent total or partial disability of the INSURED. This payment is made after the date of consolidation. The capital sum is determined by multiplying the coverage limit of the chosen option by the permanent total or partial disability rate determined in accordance with the "indicative scale for evaluating permanent disability rates of the Concours Médical" and its conditions of application.

Processing costs in country of domicile

In the event of an accident or medical emergency occurring during the policy period, the Insurer guarantees the INSURED reimbursement of medical, surgical, pharmaceutical, hospital and clinic, transportation and dental expenses incurred in his/her country of residence.

If the INSURED benefits from Social Security or any other provident scheme covering the same risks, the Company will pay, in addition to the sums paid under these guarantees, the benefits insured by it, without the insured person being able to receive a total amount greater than that of his actual outlays.

Medical, surgical and hospitalization expenses incurred abroad

In the event of an accident or medical emergency occurring during the coverage period, the insurer covers the INSURED for medical fees, surgical expenses, the cost of medication prescribed by a doctor or surgeon, hospitalization expenses, transportation expenses and dental expenses incurred abroad.

If the insured person is covered by Social Security or any other welfare scheme covering the same risks, the Company will pay the benefits it has insured in addition to the sums paid under these guarantees, without the insured person being able to receive a total amount greater than that of his or her actual outlays.

Medical expenses incurred in the country of residence of the INSURED remain entirely at his expense.

SPECIFIC ADDITIONAL EXCLUSIONS :

In addition to the general exclusions below, the following exclusions do not give rise to reimbursement:

- TREATMENT (CONSULTATION, PHARMACY, HOSPITALIZATION) FOR PSYCHOTHERAPY, PSYCHIATRY, PSYCHOANALYSIS, MENTAL, DEPRESSIVE OR NERVOUS ILLNESSES,
- THE COST OF PROSTHESES AND APPLIANCES OTHER THAN THOSE MENTIONED IN THE "ADDITIONAL REIMBURSEMENT OF MEDICAL EXPENSES" ARTICLE,
- MEDICAL AND SURGICAL EXPENSES INCURRED FOR AESTHETIC PURPOSES,
- MEDICAL EXPENSES RELATING TO EXPERIMENTAL TREATMENTS OR TREATMENTS WHOSE EFFECTIVENESS IS NOT RECOGNIZED BY THE MEDICAL PROFESSION.
- DAMAGE RESULTING FROM THEFT, DISAPPEARANCE OR LOSS.
- SUNGLASSES OR SUNGLASSES FOR PLEASURE.
- REPETITIVE TRANSPORT COSTS RELATED TO A CHRONIC CONDITION.
- REHABILITATION TREATMENTS THAT ARE NEITHER FUNCTIONAL NOR MOTOR.
- COSTS INCURRED MORE THAN TWO YEARS AFTER THE ACCIDENT
- MAINTENANCE AND REPLACEMENT OF PROSTHETIC APPLIANCES.

Daily benefits

The insurer guarantees payment of the daily benefits specified in the Table of Benefits, depending on the option chosen, when the insured accident results in total temporary disability.

The daily indemnity will be paid to the INSURED for the duration of the Temporary Total Disability after a deductible period of ten consecutive days. However, this payment may not exceed 365 days for each accident, nor the date of consolidation of the INSURED's condition in the case of permanent total or partial disability.

Resumption, even partial, of professional or income-generating activities by the INSURED interrupts payment of the daily allowance.

If the insured accident results in hospitalization of more than three days, daily benefits will be guaranteed from the 1st day of hospitalization.

Daily benefits in the event of coma

If, as a result of an accident and subject to the exclusions provided for, an INSURED is in a coma for an uninterrupted period of more than 15 days, the insurer will pay the beneficiary(ies), at the end of this period, an advance on the capital provided for in DEATH or DISABILITY. This is an indemnity starting on the 16th day of coma and for a maximum period of 365 days, equal to the amount indicated in the above table of coverage.

In the event of the INSURED's subsequent death as a result of this accident, the Insurer will pay the balance of the capital sum to the beneficiary(ies).

In the event of the INSURED's survival, this advance shall be forfeited.

In the event of total or partial disability resulting from this accident, the Insurer will pay the insured the balance of the benefit.

A coma is any state characterized by the loss of related functions (consciousness, mobility, sensitivity) with preservation of vegetative life (breathing, spontaneous blood circulation) declared by a medical authority authorized to exercise its functions.

To activate the guarantee, the beneficiary(ies) must send the company, within 15 days, a medical certificate attesting to the INSURED's uninterrupted state of coma.

Search, rescue and salvage costs

The insurer guarantees reimbursement of search, rescue and salvage and transportation costs incurred, following an accident, by public or private organizations (or individual rescuers) if the INSURED is reported missing, in peril or in a medical emergency.

However, in the event that the INSURED has not been involved in an accident, but has nevertheless been reported missing or in peril in circumstances where search, rescue or salvage costs would have been covered had he/she been the victim of an accident, these costs will be reimbursed up to half the amount set out in the Table of Coverage.

Home and/or vehicle layout

In the event of the INSURED's permanent partial disability exceeding 20% as a result of an accident covered by the policy and requiring the adaptation of his/her home and/or vehicle, the Insurer will pay these expenses upon presentation of proof and up to the limit indicated in the chosen option in the Table of Benefits.

Presence with hospitalized insured

If indicated in the chosen option of the Table of Benefits, in the event of hospitalization of the INSURED for more than 5 days, the Insurer will pay for the return trip from home by first-class train or economy-class airplane of a person of its choice to attend the INSURED's bedside. The Insurer will also cover the cost of accommodation for this person for a maximum of 10 nights, up to a maximum of 200 euros per night.

Repatriation assistance

Following a Bodily Injury or Illness suffered by the INSURED while traveling in France or abroad, our medical team contacts the local physician who treated the INSURED following the Event.

The information gathered from the local doctor, and possibly from the usual attending physician, enables us, after the decision of our doctors, to initiate and organize, based solely on medical requirements :

- or the return of the INSURED to his/her Home ;
- or its transport, **if necessary under medical supervision**, to an appropriate hospital close to its Home,

by light medical vehicle, ambulance, sleeper, 1st class train (sleeper or seat), economy class airplane or medical airplane.

Similarly, depending solely on medical requirements and on the decision of our doctors, we may, in certain cases, initiate and organize an initial transport to a local care center, before considering a return to a facility close to the INSURED's Home.

Only the INSURED's medical situation and compliance with current health regulations are taken into consideration when deciding on transport, the means of transport and the potential place of hospitalization.

IMPORTANT:

In this respect, it is expressly agreed that the final decision to be implemented rests with our doctors, in order to avoid any conflicts of medical authority.

Furthermore, in the event that the INSURED refuses to follow the decision considered to be the most appropriate by our medical team, his/her refusal releases us from any liability for the financial, operational or medical consequences of his/her decision, and by way of example, in the event of return by his/her own means and/or worsening of his/her state of health.

Body transport in the event of death

In the event of the death of an INSURED while traveling, we organize and pay for transportation of the deceased INSURED to the place of burial in his or her country of residence.

We cover the full cost of preparatory care and specific transport arrangements exclusively.

The cost of a coffin or urn will be covered up to a **maximum of €3,000 (inc. VAT)** if the family of the deceased or the funeral provider requests us to repatriate the body.

An estimate will be drawn up by the funeral service provider, who may have been chosen by the family, and will be validated and accepted by GENERALI ASSISTANCE so that the costs can be paid.

The amount exceeding the ceiling allocated for this service, as well as other expenses (notably ceremonies, local convoys, burial, administrative procedures), remain the responsibility of the family.

We also organize and pay for transportation of the deceased Beneficiary to the place of burial in his or her country of residence.

Advance payment of bail and legal fees

If the INSURED, while traveling abroad, is the subject of legal proceedings as a **result of an accident, to the exclusion of any other cause**, we will reimburse the legal fees incurred locally **up to a maximum of €20,000 (incl. VAT)**, provided that the offenses in question are not punishable under the law of the country concerned.

Requests for reimbursement must be accompanied by the final, enforceable court decision.

This benefit does not cover legal action taken in the country of residence following a road accident abroad.

If the INSURED, while traveling abroad, is prosecuted **as a result of a traffic accident, to the exclusion of any other cause**, we will advance criminal bail **up to a maximum of €60,000 including tax**, subject to prior communication of an indictment and/or any document issued by the local judicial authorities attesting to the existence of legal proceedings against him/her.

The INSURED undertakes to reimburse us for this advance within 30 days of receipt of our invoice, or as soon as the penal deposit has been returned to him by the authorities if the return takes place before the expiry of this period.

The INSURED undertakes to reimburse GENERALI ASSISTANCE, at the latter's first request, for any advance of penal security made for the benefit of an INSURED under the conditions described in the present article and which has not been reimbursed to GENERALI ASSISTANCE.

This guarantee applies in the absence of any other guarantee subscribed to elsewhere and likely to cover the INSURED for the same risk.

Extension to acts of terrorism, attacks, riots and civil unrest

Coverage under this contract is extended to accidents resulting from acts of terrorism, attacks, assaults, riots, mobs and civil commotion, provided the INSURED does not take an active part, except in cases of self-defense.

Extension of death cover to include "cardiac accident".

Provided that all the conditions set out below are met, a "CARDIAC ACCIDENT" will be deemed to be an event triggering the application of the "DEATH" cover provided under this contract, when an INSURED suffers his or her very first heart attack, (i.e. when a heart attack of a totally unforeseeable nature occurs for the very first time, and the INSURED has never had the slightest warning of this type before, or has never had the need or medical necessity to seek treatment for this type of condition beforehand).

This specific benefit, usually covered by "SICKNESS" insurance, will be taken into account under this contract, provided it can be medically proven, or at least advanced with virtual certainty by doctors:

- a) the 1st heart attack is presumably due to an external phenomenon independent of the INSURED's state of health (e.g. an intense psychological or emotional cause, or a major climatic event, etc....).
- b) it has resulted in the immediate death of the INSURED, or at the latest within three months of its first medical determination.

Extension of death and disability cover to include "ruptured aneurysm".

Provided that all the conditions set out below are met, "BREACH OF ANEURISM" will be considered as an event likely to trigger the application of the "DEATH" or "DISABILITY" cover provided under this policy:

- The INSURED must be under 65 years of age at the time of the event,
- The INSURED has no history of vascular lesions (arteriosclerosis).

PERSONAL LIABILITY COVERAGE

SPECIFIC WARRANTY DEFINITIONS

Notwithstanding the general definitions above, the following definitions apply to the implementation of the present warranty insofar as they differ from or complement them:

Material damage

Any deterioration or destruction of a thing or substance. Any physical injury to an animal.

Consecutive immaterial damage

Any pecuniary loss resulting from total or partial deprivation of enjoyment of property or rights, loss of profit, loss of clientele, interruption of a service or activity, and which is the direct consequence of covered bodily injury or material damage.

Harmful event

Fact that constitutes the cause of the damage.

Accidental pollution

The emission, dispersion, release or deposit of any solid, liquid or gaseous substance, diffused by the atmosphere, soil or water, which results from a sudden and unforeseen event and which does not occur slowly, gradually or progressively.

Claim

Any claim for amicable or contentious compensation, made by the victim of an injury or his/her beneficiaries and addressed to the INSURER or the Insurer.

Civil liability

The legal obligation incumbent on all persons to repair the damage they have caused to others.

Claims

Any damage or set of damages caused to third parties, involving the INSURER's liability, resulting from a harmful event and having given rise to one or more claims. The damaging event is that which constitutes the cause of the damage. A series of damaging events with the same technical cause is treated as a single damaging event.

Third parties

Any person other than the INSURED.

Land motor vehicle

Self-propelled (propelled by its own motive power) vehicle that moves on the ground (i.e. other than aerial or naval), without being connected to a track, and is used to transport people (even if only the driver is involved) or things.

PURPOSE OF WARRANTY

The Insurer guarantees the INSURED against the pecuniary consequences of any civil liability he may incur for bodily injury, property damage or consequential loss caused to third parties during his participation in the event for which he is registered.

The guarantee applies in the absence of coverage by any other Civil Liability Insurance contract likely to cover Civil Liability subscribed by the INSURED.

WARRANTY PERIOD

Coverage under this contract is triggered by the harmful event and covers the INSURED against the financial consequences of claims, if the harmful event occurs between the initial effective date of coverage and its cancellation or expiry date, regardless of the date of the other elements constituting the claim (article L. 124-5 of the French Insurance Code).

EXCLUSIONS

EXCLUDED :

- CONSEQUENCES OF THE INSURED'S INTENTIONAL FAULT.

- DAMAGE CAUSED BY DECLARED OR UNDECLARED CIVIL OR FOREIGN WAR, RIOTS AND CIVIL COMMOTION, ACTS OF TERRORISM, TERRORIST ATTACKS OR SABOTAGE.
- DAMAGE CAUSED BY VOLCANIC ERUPTIONS, EARTHQUAKES, STORMS, HURRICANES, CYCLONES, FLOODS, LANDSLIDES AND OTHER DISASTERS.
- DAMAGE MADE UNAVOIDABLE BY THE WILFUL ACT OF THE INSURED AND WHICH CAUSES THE INSURANCE CONTRACT TO LOSE ITS CHARACTER AS AN ALEATORY CONTRACT GUARANTEEING UNCERTAIN EVENTS (ARTICLE 1964 OF THE CIVIL CODE).
- FINES AND OTHER PENALTIES PERSONALLY IMPOSED ON THE INSURED.
- DAMAGE OR WORSENING OF DAMAGE CAUSED:
 - BY WEAPONS OR DEVICES DESIGNED TO EXPLODE BY MODIFYING THE STRUCTURE OF THE ATOMIC NUCLEUS,
 - BY ANY NUCLEAR FUEL, RADIOACTIVE PRODUCT OR WASTE,
 - ANY SOURCE OF IONIZING RADIATION (IN PARTICULAR ANY RADIOISOTOPE).
- THE CONSEQUENCES OF THE PRESENCE OF ASBESTOS OR LEAD IN BUILDINGS OR STRUCTURES OWNED OR OCCUPIED BY THE INSURED, OF WORK TO SEARCH FOR, DESTROY OR NEUTRALIZE ASBESTOS OR LEAD, OR OF THE USE OF PRODUCTS CONTAINING ASBESTOS OR LEAD.
- IN THE UNITED STATES OF AMERICA AND CANADA :
 - PUNITIVE DAMAGES OR EXEMPLARY DAMAGES,
 - POLLUTION DAMAGE.
- THE CONSEQUENCES OF CONTRACTUAL COMMITMENTS ACCEPTED BY THE INSURED WHICH HAVE THE EFFECT OF AGGRAVATING THE LIABILITY WHICH WOULD HAVE BEEN INCUMBENT ON HIM IN THE ABSENCE OF THE SAID COMMITMENTS.
- DAMAGE OF THE KIND REFERRED TO IN ARTICLE L. 211-1 OF THE INSURANCE CODE CONCERNING COMPULSORY MOTOR INSURANCE AND CAUSED BY MOTORIZED LAND VEHICLES, THEIR TRAILERS OR SEMI-TRAILERS OWNED, KEPT OR USED BY THE INSURED (INCLUDING DAMAGE CAUSED BY OR RESULTING FROM THE FALL OF ACCESSORIES AND PRODUCTS USED IN THE VEHICLE, AND OBJECTS AND SUBSTANCES TRANSPORTED BY THE VEHICLE).
- CONSEQUENTIAL MATERIAL AND IMMATERIAL DAMAGE CAUSED BY FIRE, EXPLOSION OR WATER DAMAGE IN BUILDINGS OWNED, RENTED OR OCCUPIED BY THE INSURED.
- THEFT COMMITTED IN THE BUILDINGS LISTED IN THE PREVIOUS EXCLUSION.
- CONSEQUENTIAL DAMAGE TO PROPERTY (OTHER THAN THAT REFERRED TO IN THE PREVIOUS TWO EXCLUSIONS) AND NON-MATERIAL DAMAGE TO PROPERTY IN THE CARE, USE OR CUSTODY OF THE INSURED PERSON.
- THE CONSEQUENCES OF AIR, SEA, RIVER OR LAKE NAVIGATION USING EQUIPMENT OWNED, KEPT OR USED BY THE INSURED.
- DAMAGE CAUSED BY WEAPONS AND AMMUNITION THE POSSESSION OF WHICH IS PROHIBITED AND WHICH THE INSURED POSSESSES OR HOLDS WITHOUT PREFECTORAL AUTHORIZATION.
- DAMAGE RESULTING FROM HUNTING THAT IS COVERED BY COMPULSORY INSURANCE.
- DAMAGE CAUSED BY ANIMALS OTHER THAN PETS.
- DAMAGE CAUSED BY FIRST CATEGORY DOGS (ATTACK DOGS) AND SECOND CATEGORY DOGS (GUARD AND DEFENSE DOGS), AS DEFINED IN ARTICLE 211-1 OF THE RURAL CODE, AND BY TAME OR CAPTIVE WILD ANIMALS, AS MENTIONED IN ARTICLE 212-1 OF THE RURAL CODE, WHETHER STRAY OR NOT, OF WHICH THE INSURED IS THE OWNER OR KEEPER (LAW NO. 99-5 OF JANUARY 6, 1999 ON DANGEROUS AND STRAY ANIMALS AND ANIMAL PROTECTION).
- CONSEQUENCES :
 - ORGANIZATION OF SPORTING COMPETITIONS;
 - AIR OR WATER SPORTS.

EXCLUSIONS

1. ACCIDENTS CAUSED OR PROVOKED INTENTIONALLY BY THE INSURED, THE CONSEQUENCES OF SUICIDE CONSUMED OR ATTEMPTED, AS WELL AS ACCIDENTS CAUSED BY THE USE OF DRUGS OR NARCOTICS NOT MEDICALLY PRESCRIBED.

2. ACCIDENTS OCCURRING WHEN THE INSURED IS THE DRIVER OF A VEHICLE AND HIS ALCOHOL LEVEL EXCEEDS THE LEGAL LIMIT SET BY THE LAW GOVERNING MOTOR VEHICLE TRAFFIC.
3. ACCIDENTS RESULTING FROM THE INSURED'S PARTICIPATION IN A BRAWL (EXCEPT IN CASES OF SELF-DEFENSE OR ASSISTANCE TO A PERSON IN DANGER), A DUEL, A MISDEMEANOR OR A CRIMINAL ACT.
4. ACCIDENTS ARISING OUT OF THE USE AS A PILOT OR CREW MEMBER OF ANY AIRCRAFT USED FOR AIR TRAVEL, OR OUT OF THE PRACTICE OF ANY SPORT CARRIED OUT WITH OR FROM SUCH AIRCRAFT.
5. ACCIDENTS CAUSED BY THE PRACTICE, EVEN ON AN AMATEUR BASIS, OF ANY SPORT REQUIRING THE USE OF MOTORIZED MECHANICAL EQUIPMENT, WHETHER AS PILOT OR PASSENGER. PRACTICE OF A SPORT MEANS TRAINING, TRIALS AND PARTICIPATION IN SPORTING EVENTS OR COMPETITIONS.
6. ACCIDENTS DUE TO IONIZING RADIATION EMITTED BY NUCLEAR FUELS OR BY RADIOACTIVE PRODUCTS OR WASTE, OR CAUSED BY WEAPONS OR DEVICES INTENDED TO EXPLODE BY MODIFICATION OF THE STRUCTURE OF THE ATOMIC NUCLEUS.
7. ANY PERSON WHO INTENTIONALLY CAUSES OR PROVOKES THE LOSS IS ALSO EXCLUDED FROM COVERAGE.
8. CONSEQUENCES OF ACCIDENTS OCCURRING PRIOR TO THE INSURED'S DATE OF INSURANCE.
9. INTENTIONAL ACT OF THE INSURED OR BENEFICIARY.
10. COSMETIC TREATMENTS AND OPERATIONS NOT RESULTING FROM AN INSURED ACCIDENT, AS WELL AS THEIR CONSEQUENCES.
11. ACCIDENTS RESULTING FROM THE PRACTICE OF THE FOLLOWING ACTIVITIES: AEROBATICS, PARACHUTING, MICROLIGHTING, HANG-GLIDING, PARAGLIDING OR SIMILAR DEVICES, TRIALS, TRAINING OR PARTICIPATION IN EVENTS OR COMPETITIONS INVOLVING THE USE OF MOTORBOATS, COMBAT SPORTS, RUGBY OR 13-A-SIDE RUGBY, ICE HOCKEY, BUNGEE JUMPING, SKELETON, BOBSLEIGH, SPELEOLOGY, MOUNTAINEERING, SCUBA DIVING, MOTORBOATING, JET SKIS, SNOWMOBILES.
12. DEATH, PERMANENT OR PARTIAL DISABILITY, DAILY ALLOWANCES FOLLOWING ILLNESSES OF ANY KIND, PROVIDED THEY ARE NOT INCLUDED IN THE DEFINITION OF AN ACCIDENT.

International sanctions

The insurer shall not be bound by any guarantee, provide any service or pay any sum under this contract if the implementation of such a guarantee, the provision of such a service or such a payment would expose it to a sanction, prohibition or restriction resulting from a resolution of the United Nations Organization, and/or to the economic or commercial sanctions provided for by the laws and/or regulations enacted by the European Union, France, the United Kingdom and the United States of America or by any other national law.

FORMALITIES AND OBLIGATIONS OF THE INSURER IN THE EVENT OF A CLAIM

Claims notification deadlines

In the event of a claim, the INSURED or the beneficiary must file a claim via the dedicated platform provided by MARSH or by any other means.

IMPORTANT: Claims must be notified to MARSH at the following address:

<https://timeto.sam-assurance.com>

within 21 days of the INSURED or the beneficiary becoming aware of the event giving rise to the claim.

If these deadlines are not respected, except in the case of fortuitous events or force majeure, the guarantee will not be acquired, as the delay will have caused prejudice to the Insurer.

How is it done?

In the event of a bodily injury involving the benefits of this contract, the beneficiary or the INSURED may contact:

- In writing, to the address: timeto.sam-assurance.com mentioning:
 - o Policy number
 - o The policyholder
 - o First and last name of the claimant.

Information to be sent to the Insurer

The INSURED must provide the Insurer with all information concerning the date, place, causes and circumstances of the accident, as well as its known or presumed consequences:

- the surname, first name, date of birth and address of the INSURED,
- names and addresses of witnesses, or of the person who caused the accident, if applicable,
- all documents such as medical certificates, work stoppages, etc. required to assess the claim and calculate the sums that the Insurer may have to pay, in a confidential envelope for the attention of the Insurer's medical department,
- police or gendarmerie report, if applicable, as well as any other documents required to investigate the case.

In the event of death, the beneficiary(ies) must send the Insurer the death certificate, a photocopy of the family record book, a medical certificate specifying the cause of death and, if necessary, the origin of this cause, and a copy of the police or gendarmerie report.

If the INSURED or the beneficiaries fail to comply with all or part of the above obligations, except in the case of fortuitous event or force majeure, the Insurer shall be entitled to claim compensation equal to the loss resulting therefrom.

Medical expertise and control

Examination and control

The Insurer reserves the right, at its own expense and by a physician of its choice, to have the INSURED examined.

Unless there is justified opposition, the INSURED agrees to undergo this medical examination and to provide the Insurer with all the information required to assess his case. If the INSURED so desires, he/she may be accompanied by a physician of his/her choice.

Medical expertise

In the event of a medical dispute, the matter is submitted to an amicable expert appraisal, before any recourse to the courts.

Each party chooses a medical expert to settle the dispute. In the event of disagreement, a third expert is appointed, and all three work together by majority vote. Each party pays its own expert's fees. The fees of the third doctor are borne equally by both parties.

In the appraisal process, the Insurer assumes that the victim has undergone normal medical treatment. If this were not the case, the conclusions would be established on the basis of the consequences that the loss would have had on a person who had undergone medical treatment adapted to his or her pathology.

UNDER ACCIDENT COVERAGE :

Determining compensation

Death

Proof of death is provided by a death certificate.

In the event of the INSURED's disappearance, proof of disappearance is provided by the production of a declaration of death. The Death benefit will then correspond to the amount shown in the table of benefits below, depending on the option chosen.

In the latter case, if it turns out, at any time after payment of the Death benefit to the beneficiaries, that the INSURED is still alive, any sum paid under the Death benefit must be reimbursed in full to the Insurer.

Additional payment for funeral and burial expenses: this is paid to the person who has paid, or to the persons who have paid, the expenses allocated exclusively to the financing of funeral services and which justify it.

Total or partial permanent disability

The capital cannot be paid before the date of consolidation.

If consolidation has not taken place one year after the accident and if the foreseeable disability is equal to or greater than 66%, the Insurer will pay a deposit equal to half of the indemnity, which will remain the property of the INSURED.

The rate of total or partial Permanent Disability is determined in accordance with the Conditions of Application of the "barème indicatif d'évaluation des taux d'incapacité permanente du Concours Médical".

The indemnity will be calculated solely on the basis of the consequences of the accident, to the exclusion of those linked to the previous condition.

If the benefit includes a relative disability deductible, this is shown in the table of benefits below, depending on the option chosen, and will be applied by the Insurer.

Treatment costs in the INSURED's country of residence

The Insurer reimburses the INSURED the amount of medical expenses **remaining at his/her expense after reimbursement by the Social Security, the mutual insurance company and/or any other provident organization from which the INSURED benefits in his/her country of residence**, without however the INSURED being able to receive an amount greater than his/her actual expenses.

The INSURED undertakes to provide the Insurer with the following documents:

- Original statements from social security and/or provident organizations justifying reimbursements obtained,
- Original hospital bills,
- Photocopies of treatment notes justifying expenses incurred.

Failing this, the Insurer will not be able to reimburse.

In the event that the organizations to which the INSURED contributes do not cover the medical expenses incurred, the Insurer will reimburse the said expenses to the INSURED, **provided that the latter first provides the Insurer with the original invoices and/or copies of the medical expenses and the certificate of non-reimbursement issued by the aforementioned organizations.**

Cumulative insurance :

If the Expenses covered by the contract are or come to be covered by another insurance, the INSURED must inform the Insurer in accordance with article L 121-4 of the Code des Assurances. When several insurances against the same risk are contracted in a fraudulent or deceitful manner, the penalties stipulated in article L 121-3, first paragraph, of the French Insurance Code shall apply.

When they are contracted without fraud, each of them produces its effects within the limits of the contract's guarantees and in compliance with the provisions of article L 121-1 of the Code des Assurances, whatever the date on which the insurance was taken out. Within these limits, the Beneficiary of the contract may obtain compensation for damage by contacting the Insurer of his choice.

Home and/or vehicle layout

The Insurer reserves the right to request the services of an expert to establish the validity of the accommodations made with regard to the nature of the INSURED's permanent total or partial disability.

Payment is made on presentation of supporting invoices.

Temporary total disability

Where applicable, daily benefits are paid after a deductible period, expressed as a number of consecutive days.

Relapse

If, within three months of the end of a temporary total incapacity, the INSURED were to interrupt his activity due to the consequences of the same accident, the Insurer would consider this new temporary total incapacity as a continuation of the first: the duration of this new temporary total incapacity would be added to the previous one, without application of the deductible and without the total number of days giving rise to the payment of benefits exceeding the duration of payment set out in the Table of Benefits.

On the other hand, if after a period of more than 3 months, the same accident results in total temporary incapacity, this will be considered as a new total temporary incapacity.

Likewise, the Insurer will consider a second temporary total disability due to a new accident as a new temporary total disability, regardless of the period between the two temporary disabilities.

In both of the above cases, the deductible will be reapplied and the maximum payment period will be the period specified in the Table of Benefits.

Hospitalization

Relapse

If, within three months of the end of a hospitalization, the INSURED were to undergo a new hospitalization due to the consequences of the same accident, the Insurer would

consider this new hospitalization as a continuation of the first: the duration of this new hospitalization would be added to the previous one, without application of the deductible and without the total number of days giving rise to the payment of benefits exceeding the maximum payment period guaranteed at the time of the accident.

However, if the same accident leads to hospitalization after a period of more than 3 months, this will be treated as a new hospitalization.

In the event of disagreement

In the event of disagreement with the conclusions of the medical expert appointed by the Insurer, the dispute is submitted to an amicable expert appraisal before any recourse to legal proceedings.

The INSURER and the Insurer each choose a medical expert to settle the dispute. In the absence of agreement between them, they appoint a third expert, who acts jointly and by majority vote.

Failing the appointment of an expert by the INSURED or the Insurer within 15 days of formal notice by the other party, or failing agreement between the expert doctors on the name of the third-party expert, the appointment is made by the President of the Tribunal de Grande Instance of the victim's place of residence.

This appointment is made by simple request signed by both parties or by one party only, the other party having been summoned by registered letter.

The three doctors operate jointly and by majority vote.

Each party pays the costs and fees of its representative.

The third-party expert's fees are shared equally by both parties.

Payment

Time limit for payment of compensation

The Insurer undertakes to pay the indemnity due within thirty days of its amicable agreement or an enforceable court decision.

Advance payments

Temporary total disability :

For any temporary total disability exceeding 30 days, the Insurer may, at the INSURER's request, make advance payments.

Hospitalization coverage :

For any hospitalization exceeding 30 days, the Insurer may, at the Insured's request, make advance payments.

Subrogation

In accordance with the applicable regulations , the Insurer is subrogated, up to the amount of the indemnities paid, in the rights and actions of the INSURED or the beneficiaries against any person responsible for the accident and his Insurer up to the amount of the sums paid by the Insurer under the present contract.

Coverage will no longer apply in favor of the INSURED or the beneficiaries if, as a result of their actions, the Insurer is no longer able to exercise the following rights

FOR ASSISTANCE SERVICES :

In the event of an emergency, contact the emergency services for any problems falling within their remit.

To enable Us to intervene, We recommend that the INSURED or the Beneficiary prepare their call.

We will ask them for the following information:

- the surname(s) and first name(s) of the INSURED,
- the exact location of the INSURED, the address and telephone number where he can be reached,
- your policy number and the relevant Group policy number GENERALI ASSISTANCE PROTECTION CORPORELLE : **58 225 191**

If the Beneficiary requires assistance, the INSURED or the Beneficiary must:

- Call us right away at phone number :
 - from France: **01 41 85 91 47**
 - from abroad: **33 1 41 85 91 47**
- **obtain our prior agreement before taking any initiative or incurring any expenditure,**
- comply with the solutions We recommend,
- Provide us with all the details of the contract you have taken out,
- Provide us with all supporting documents relating to the request for assistance, as well as proof of the expenses for which reimbursement is requested.

PERSONAL LIABILITY COVERAGE:

Direction of the trial

For damage falling within the scope of the "Civil Liability for Private Life" cover and within the limits of the latter, the Insurer alone assumes the management of the lawsuit brought against the INSURED and has the free exercise of all means of recourse.

The Insurer will bear the costs and fees of investigations, inquiries, expert reports, lawyers' fees and court costs. These costs and fees are deducted from the applicable coverage amount.

The Insurer's assumption of responsibility for the Insured's defense does not constitute a waiver of the Insurer's right to invoke any exception to coverage of which he was unaware at the time he assumed responsibility.

In the event of criminal proceedings in which civil interests are or will be sought in the context of these or any other proceedings at a later date, the INSURED undertakes to associate the Insurer with his defense without this commitment modifying the scope of coverage under the present contract.

Under penalty of forfeiture, the INSURED must not interfere in the management of the lawsuit when the subject of the lawsuit falls within the scope of the "Civil Liability - Private Life" coverage.

Transaction

The Insurer alone has the right, within the limits of its coverage, to settle with injured parties.

The Insurer cannot be held liable for any transaction or acknowledgement of liability outside the Insurer.

However, admission of a material fact is not considered an admission of responsibility, nor is the mere fact of having provided the victim with urgent help, when this is an act of assistance that every person has a moral duty to perform.

Claim documentation and reporting procedures

As soon as he becomes aware of an event likely to engage the guarantee of the present contract and at the latest within **Five Days**, the INSURED must, under penalty of forfeiture, except in the case of fortuitous event or force majeure, notify the Insurer in writing or verbally against receipt.

It must also :

- Inform the Insurer as soon as possible of the circumstances of the loss, its known or presumed causes, and the nature and approximate amount of the damage.
- Take all appropriate measures to limit the extent of damage already known and to prevent further damage.
- Transmit to the Insurer, as soon as possible, all notices, summonses, writs of summons, extrajudicial documents and procedural documents addressed, delivered or served to it.

Should the INSURED fail to comply with the obligations listed in the three preceding paragraphs, the Insurer shall be entitled to compensation proportional to the damage that this failure may cause.

MISCELLANEOUS PROVISIONS

PRESCRIPTION

In accordance with the French Insurance Code:

Article L114-1

All actions deriving from an insurance contract are time-barred two years after the event giving rise to them.

However, this period does not run:

1. In the event of concealment, omission, false or inaccurate declaration concerning the risk incurred, from the day the Insurer becomes aware of the same;
2. In the event of a claim, only from the date on which the interested parties became aware of it, if they can prove that they were unaware of it until then.

When the INSURED's action against the Insurer is based on the recourse of a third party, the prescription period only runs from the day on which this third party has taken legal action against the INSURED or has been compensated by the latter.

The limitation period is extended to ten years in life insurance contracts when the beneficiary is a person other than the policyholder and, in personal accident insurance contracts, when the beneficiaries are the rightful claimants of the deceased INSURED.

For life insurance contracts, notwithstanding the provisions of 2, the beneficiary's actions are prescribed at the latest thirty years after the INSURED's death.

Article L114-2

Prescription is interrupted by one of the ordinary causes of interruption of prescription and by the appointment of experts following a claim. The interruption of prescription of the action may also result from the sending of a registered letter, or an electronic registered letter, with acknowledgement of receipt, addressed by the Insurer to the INSURED with regard to the action for payment of the premium and by the INSURED to the Insurer with regard to the settlement of the indemnity.

Article L114-3

Notwithstanding article 2254 of the French Civil Code, the parties to the insurance contract may not, even by mutual agreement, modify the duration of the limitation period, nor add to the causes of its suspension or interruption".

In accordance with the Civil Code :

Section 3: Causes of interruption of prescription.

Article 2240

Recognition by the debtor of the right against which he was prescribing interrupts the prescription period.

Article 2241

Legal action, even in summary proceedings, interrupts the limitation period and the time limit.

The same applies when the claim is brought before an incompetent court, or when the act of bringing the claim before the court is annulled due to a procedural defect.

Article 2242

The interruption resulting from the legal action has effect until the proceedings are terminated.

Article 2243

The interruption is null and void if the claimant withdraws or allows the proceedings to lapse, or if the claim is definitively rejected.

Article 2244

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

Article 2245

The interpellation made to one of the joint and several debtors by a legal demand or by an act of forced execution, or the recognition by the debtor of the right of the person against whom he was prescribing, interrupts the prescription period against all the others, even against their heirs.

On the other hand, the interpellation of one of the heirs of a joint and several debtor, or the acknowledgement of this heir, does not interrupt the limitation period with regard to the other co-heirs, even in the case of a mortgage claim, if the obligation is divisible. This interpellation or acknowledgement only interrupts the limitation period, with regard to the other co-debtors, for the share for which this heir is liable.

To interrupt the limitation period for the whole, with regard to the other co-debtors, a summons must be made to all the heirs of the deceased debtor, or the recognition of all these heirs.

Article 2246

The interpellation of the principal debtor or his acknowledgement interrupts the limitation period against the surety.

APPLICABLE LAW - COMPETENT COURTS

Pre-contractual and contractual relations are governed by French law.

Any legal action relating to this contract shall be subject to the exclusive jurisdiction of the French Courts.

LANGUAGE USED

The language used in contractual and pre-contractual relations is French.

ENTIRE CONTRACT

The fact that the Insured avails himself/herself of the present contract, in particular by making declarations relating to the insured risk, by declaring a claim or by providing another person with the references of the contract to justify insurance, constitutes irrevocable acceptance of all the stipulations thereof, which constitute an indivisible whole.

CUMULATIVE INSURANCE

When several insurances for the same interest, against the same risk, are taken out without fraud, each of them produces its effects within the limits of the contract's guarantees, regardless of the date on which it was taken out, without the indemnity thus due exceeding the loss suffered. Within these limits, and as stipulated in Chapter "The Claim" in Article "6.2 Assessment of compensable losses - 6.2.2 Determination of compensation - **Non-cumulation of benefits**", you may contact the Insurer of your choice.

When they are contracted fraudulently or intentionally, the penalties set out in article L121-3 of the French Insurance Code (nullity of the contract and damages) apply.

EXAMINATION OF CLAIMS

For any claim relating to the management of his policy, premiums or claims, the INSURED must first contact his usual contact person, who will be able to provide him with all information and explanations.

If he/she does not receive a satisfactory response, the INSURED may send his/her written claim (mentioning the references of the file concerned and accompanied by a copy of any supporting documents) to :

Generali
Claims department
TSA 70100
75309 Paris Cedex 09
servicereclamations@generali.fr

Generali will acknowledge receipt of the request and reply as soon as possible.

If the INSURED has taken out his policy through an Intermediary and his claim falls within the latter's duty to advise and inform or concerns the conditions under which his policy is marketed, his claim must be addressed exclusively to this Intermediary.

The above procedure does not apply if the dispute has been referred to a court, either by the INSURED or by the Insurer.

MEDIATION

As a member of the Fédération Française de l'Assurance (French Insurance Federation), Generali applies the Federation's Mediation Charter.

At the request of our claims department, the INSURED may refer the matter to the FFA Mediation Department:

- or by writing to :

Insurance Mediation
TSA 50110
75441 Paris Cedex

- or by submitting a request online at :

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

The Insurer specifies, however, that the Mediator may only be contacted after the Claims Department has received and responded to the INSURED's request.

Referral to the Mediation officer is only possible if the INSURED's claim has not been submitted to a court of law.

Information on the processing of the INSURED's personal data - GENERALI IARD

Identification of the personal data controller

GENERALI IARD is responsible for processing.

GENERALI IARD,

Société anonyme with share capital of €94,630,300,

Entreprise régie par le code des assurances - 552 062 663 RCS Paris, Head office: 89 rue Taitbout - 75009 Paris - Telephone: 01 58 38 80 00.

Company belonging to the Generali Group, registered in the Italian insurance groups register under number 026.

Purposes of processing personal data

The purpose of the data processed is to satisfy the INSURED's request and to enable pre-contractual measures, underwriting, management and subsequent performance of the contract, including preventive measures in connection with this contract.

In this respect, it may be used for the purposes of collection, statistical and actuarial studies, exercising appeals, managing claims and litigation, examining, assessing, controlling and monitoring risk, and complying with legal, regulatory and administrative obligations. This information may also be used, as explained below, for commercial prospecting purposes, subject to the INSURED's consent or right to object, and to combat insurance fraud.

The legal bases for the processing corresponding to these purposes are as follows:

Legal basis	Processing purposes
Execution of contract/membership or pre-contractual measures Consent for health data collected in connection with the underwriting of specific benefits	1. Pre-contractual measures such as the obligation to provide information, advice, estimates, etc.
	2. Performing acts of subscription/registration, management and subsequent performance of the contract
	3. Recovery
	4. Exercising recourse
	5. Claims and litigation management
	6. Automated decision-making, including profiling in connection with subscription/membership or the performance of the contract/membership. Certain data may lead to decisions concerning subscription/membership and the execution of the contract/membership, in particular pricing, adjustment of cover, etc.
	7. Risk review, assessment, control and monitoring
Legal obligations	8. Combating money laundering and the financing of terrorism
	9. Compliance with all legal, regulatory and/or administrative requirements
Legitimate interest	10. Fighting fraud, if necessary by means of targeting and profiling techniques, in order to protect the interests of all non-fraudulent parties to the contract/membership.
	11. Statistical and actuarial studies.
	12. Commercial canvassing and profiling related to commercial canvassing, including if your intermediary is a GENERALI general agent, in order to enable you to benefit from the most comprehensive insurance cover possible and to benefit from products or services contributing to your protection needs.
	13. Continuous improvement of offers.
	14. Continuous improvement of processes, in particular, the search for policyholders and beneficiaries, by means of data matching with a view to making our personal databases more reliable, and the strengthening of knowledge of high-risk customers at Generali Group level.
	15. Payment of benefits for the following contracts:
Health data processing for social protection purposes	16. Reimbursement of medical expenses
	17. Supplementary pension
	18. Supplementary pension

Additional information concerning the processing of personal data concerning the INSURED and not collected from him:

Category of data likely to be transmitted to the Insurer:

- Civil status, identity, identification data
- Location data (movements, GPS, GSM data, etc.)
- Economic and financial information (income, financial situation, tax situation, etc.)
- Unique national identification number

Source of personal data :

This data may come from professional bodies involved in the management of insurance contracts, from other insurance organizations and from any administrative authority.

Data used for commercial prospecting purposes may also be obtained as part of sponsorship operations or from authorized bodies.

Recipients or categories of recipients of personal data

The personal data concerning the INSURED may be communicated as necessary and with regard to the purposes mentioned above, to the entities of the GENERALI Group as well as to the partners, intermediaries, reinsurers and insurers concerned, professional bodies, social bodies of the persons concerned, subcontractors and service providers, within the limits necessary for the performance of the tasks incumbent upon them or entrusted to them. GENERALI IARD may also communicate personal data to legally authorized administrative and judicial authorities in order to comply with legal and regulatory obligations.

As part of the prevention of money laundering and the financing of terrorism, this data may also be shared between legal entities of the GENERALI Group that may be located within and outside the European Union, for the purposes of enriching their local filtering processes and implementing a common approach to customer risk classification throughout the GENERALI Group.

Location of processing of the INSURED's personal data

The GENERALI France Group has adopted internal data protection and IT security standards in order to guarantee the protection and security of the INSURED's data.

Today, the GENERALI Group's data centers are located in France, Italy and Germany.

In the case of processing carried out outside the GENERALI France Group by external partners, particular attention is paid to the location of the processing, its level of security (operational and technical) and the level of protection of personal data in the recipient country, in order to guarantee an optimal level of protection.

The processing operations currently carried out outside the European Economic Area concern certain types of management operations, the occasional sending of e-mails or SMS messages, the supervision of infrastructures or the maintenance of certain applications. These processing operations carried out in third countries are subject to a legal framework that complies with regulations (Standard Contractual Clauses, Binding Company Rules).

These documents are available on written request from the Data Protection Officer of the GENERALI France Group, at the following address: droitdaces@generali.fr

Retention period

The INSURED's personal data is kept by GENERALI IARD according to the periods set by applicable laws, regulations and administrative authorities, as well as its operational constraints, including in particular the satisfaction of its accounting obligations, the relevant management of customer relations, the investigation of legal actions or requests from public bodies.

Exercising rights

Within the framework of the processing carried out by the Insurer, the INSURED has access to the following information, in accordance with the applicable regulations:

- **A right of access:** the right to be informed of any personal data concerning him/her held by the insurer, and to request that the insurer disclose all such data to him/her.
- **A right of rectification:** the right to request correction of personal data, particularly in the event of a change in circumstances.
- **A right of deletion:** the right to request the deletion of personal data, in particular when such data is no longer required, or when the user withdraws consent to the processing of certain data, unless there is another legal basis for such processing.
- **The right to define directives** concerning the fate of personal data in the event of death.

- **The right to limit processing:** the right to ask the Insurer to limit the processing of personal data.
- **A right to data portability:** the right to recover, in a structured format, the data he/she has provided to the Insurer when this data is necessary for the contract or when he/she has consented to the use of this data. This data may be transmitted directly to the data controller of the customer's choice, where technically possible.
- **A right of withdrawal:** the right to withdraw consent for processing on this basis. This withdrawal is valid for the future and does not call into question the lawfulness of processing already carried out. It may render performance of the contract impossible, but is not a cause for termination recognized by insurance law.
- **A right to object:** the right to object to the processing of personal data, in particular for commercial prospecting and, more generally, for processing purposes whose legal basis is legitimate interest.

The INSURED may exercise his rights by simple request to the following address:

GENERALI IARD
Compliance
Personal Data Protection Officer
TSA 70100
75309 Paris Cedex 09

Or by e-mail: droitdaces@generali.fr

The INSURED may be asked to prove his identity if the Insurer is unable to identify him with certainty.

Specific case of cold calling

If the Insured is a consumer and does not wish to be the subject of commercial canvassing by telephone, he/she can register free of charge on the telephone canvassing opposition list on the www.bloctel.gouv.fr website.

However, the Insurer may always contact the client, either directly or through a third party acting on his behalf, regarding his contract, or to offer him products or services related to or complementary to his contract, or likely to improve it.

Profiling and automated decision-making

As part of the underwriting and performance of the contract, the risks to be insured may, on the basis of information concerning the INSURED or his property, be assessed and quantified using automated processing or involving profiling elements concerning him. Such processing may have an impact on the pricing or adjustment of cover. The INSURED has the right to obtain human intervention from the data controller, to express his point of view and to contest the decision. The INSURED may exercise these rights at the address given for the exercise of his rights.

Right to lodge a complaint concerning the processing of the INSURED's personal data

In addition, the INSURED may lodge a complaint concerning the processing of his personal data with the :

Commission Nationale de l'Informatique et des Libertés (French Data Protection Authority)
3 Place de Fontenoy TSA 80715
75334 Paris Cedex 07

Prospecting

Certain data concerning the INSURED or concerning the risks to be insured are collected by the entities of the GENERALI Group and/or by the INSURED's general agent (if his intermediary intervenes in this capacity). This data can or may lead to automated decisions or decisions based on profiling, consisting in particular of sending the INSURED certain commercial offers: as part of commercial prospecting operations, and/or in order to enable the INSURED to benefit from the most comprehensive insurance cover possible and to benefit from products or services contributing to his insurance protection needs.

The INSURED has the right to object to receiving commercial offers, as well as the right to object to the profiling of his data in connection with canvassing, which he may exercise by contacting the Personal Data Protection Officer (Délégué à la Protection des Données Personnelles), whose contact details are given below.

Contact details for the Data Protection Officer



For any request, the INSURED may contact the Personal Data Protection Officer at the following address:

GENERALI IARD
Compliance
Personal Data Protection Officer
TSA 70100
75309 Paris Cedex 09

Or by e-mail: droitdaces@generali.fr



For more information on our cookie policy, please visit <https://www.generali.fr/cookies>.

CONTROL AUTHORITY

The supervisory authority is:

Autorité de Contrôle Prudentiel et de Résolution (French supervisory authority)

ACPR
4 place de Budapest
CS 92459
75436 Paris Cedex 09

Table of warranties and deductibles applicable in the event of a claim

OPTION 1: 6 € premium

INSURANCE COVERAGE		
Accident coverage	Warranty limits	Franchise
Deaths	15 000 €	None
Funeral and burial expenses	5 000 €	None
Total or partial permanent disability according to the enclosed company scale	30 000 €	None
Processing costs in country of domicile	5 000 €	None
Medical, surgical and hospitalization expenses incurred abroad	50 000 €	None
Daily benefits payable for 365 days	30 per day for up to 365 days	Absolute deductible: 10 consecutive days
Daily benefits in the event of coma	30 per day of coma for up to 365 days	Absolute deductible: 15 consecutive days of coma
Search, rescue and salvage costs	10 000 €	None
Home and/or vehicle layout	3 000 €	None

Assistance services included

Repatriation assistance	Actual costs	None
Repatriation or transport of the body in the event of death	5 000 €	None
Advance payment of bail and legal fees	10 000 €	None

OPTION 2: 15 € bonus

INSURANCE COVERAGE		
Accident coverage	Warranty limits	Franchise
Deaths	50 000 €	None
Funeral and burial expenses	5 000 €	None
Total or partial permanent disability according to the enclosed company scale	100 000 €	None
Processing costs in country of domicile	5 000 €	None
Medical, surgical and hospitalization expenses incurred abroad	100 000 €	None
Daily benefits payable for 365 days	50 € per day for up to 365 days	Absolute deductible: 10 consecutive days
Daily benefits in the event of coma	50 € per day of coma for up to 365 days	Absolute deductible: 15 consecutive days of coma
Search, rescue and salvage costs	20 000 €	None
Home and/or vehicle improvements	3 000 €	None
Personal liability	2 500 000 € (including 500 000 € for material and immaterial damage)	250 €

Assistance services included

Repatriation assistance	Actual costs	None
Repatriation or transport of the body in the event of death	5 000 €	None
Advance payment of bail and legal fees	10 000 €	None

OPTION 3: 35% bonus €

INSURANCE COVERAGE		
Accident coverage	Warranty limits	Franchise
Deaths	100 000 €	None
Funeral and burial expenses	5 000 €	None
Total or partial permanent disability according to the enclosed company scale	150 000 €	None
Processing costs in country of domicile	15 000 €	None
Medical, surgical and hospitalization expenses incurred abroad	200 000 €	None
Daily benefits payable for 365 days	75 € per day for up to 365 days	Absolute deductible 10 consecutive days
Daily benefits in the event of coma	75 € per day of coma for up to 365 days	Absolute deductible: 15 consecutive days of coma
Search, rescue and salvage costs	20 000 €	None
Home and/or vehicle improvements	5 000 €	None
Presence with the hospitalized Insured	1 500 €	None
Personal liability	4 500 000 € (including 500 000 € for material and immaterial damage)	250 €

Assistance services included

Repatriation assistance	Actual costs	None
Repatriation or transport of the body in the event of death	5 000 €	None
Advance payment of bail and legal fees	10 000 €	None

It is understood that larger sums may be granted by the insurer at the prior request of a participant and subject to formal conditions determined on a case-by-case basis by e mail to relationclient.aso@marsh.com