



INSURANCE COVER DOCUMENT

Policy n° 303 400

Allianz  **Assistance**

NOTICE OF INFORMATION DEEMED TO CONSTITUTE GENERAL TERMS AND CONDITIONS FOR POLICY NO. 303 400

Dear Customer,

Taking account of the type of service you are buying and the information you have sent us, we recommend that you take out this insurance policy. This policy comprises the General Terms and Conditions presented below, supplemented by the sales agreement for the insured service, which you receive when you take out this policy.

Before taking out this insurance policy, please read this Notice of Information and the General Terms and Conditions carefully. These specify your rights and obligations as well as those of the Insurer, and are likely to answer any questions that you may have.

WHO IS THE INSURER?

AWP P&C - SA [corporation] with a share capital of €17,287,285.00, RCS [Register of Companies] Bobigny under No. 519 490 080, registered office: 7 rue Dora Maar - 93400 Saint-Ouen

Private company governed by the French Insurance Code.

WHO IS THIS POLICY AIMED AT?

This policy is aimed at anyone who has booked SKI equipment hire on the website www.intersport.fr, and is subject to the terms and conditions below.

WHAT ARE THE CONDITIONS FOR BENEFITING FROM THIS POLICY?

You must live in Europe.

The policy must be taken out on the same day as the reservation of the service reserved.

WHAT IS THE DATE OF EFFECT AND TERM OF YOUR POLICY?

The cover applies to ski equipment hired from Intersport.

The policy is valid from the date of hire of the ski equipment from Intersport, with whom this policy is taken out.

The types of cover apply according to the terms and conditions provided for in the 'Administrative Provisions'.

WHICH TYPES OF COVER ARE PROVIDED FOR IN THE POLICY?

- The types of cover listed below are those corresponding to the option and which are shown in your sales agreement for the insured service and for which you have paid the corresponding premium.
- To find out the payment amounts, limits and excesses relating to the cover, please refer to the Cover Table. This table also includes a list of general exclusions, along with the exclusions specific to each type of cover.

KEY ELEMENTS

- You may or may not have a right of waiver after taking out this insurance policy. The terms and conditions for exercising this option are detailed in the 'Administrative Provisions' of the General Terms and Conditions in Article 3, 'Waiver option'.
- To avoid multi-insurance, in accordance with Article L112-10 of the French Insurance Code:

You are kindly requested to check that you do not already have cover protecting you for one of the risks provided for in the new policy. If you are already covered, you have the right to withdraw from this policy within fourteen (14) calendar days from signing the contract, without incurring any fees or penalties, provided that all of the following conditions are met:

- you have taken out this policy for non-professional purposes;
- this policy accompanies the purchase of goods or services sold by a supplier;
- you prove that you are already covered for one of the risks provided for in the new policy;
- the policy you wish to cancel has not been fully implemented;
- you have not declared any claim covered by this policy.

In this case, you can exercise your right to withdraw from this policy by letter or any other durable format addressed to the insurer of the new policy, with a document in attachment proving that you already have cover protecting you for one of the risks provided for in the new policy. The insurer is required to repay you the premium paid within thirty (30) days of your waiver.

If you wish to waive your policy but do not satisfy all of the conditions above, please check the terms and conditions of the waiver set out in your policy under Article 3 of the Administrative Provisions, «Waiver option».

- Service quality and customer satisfaction are a priority for us. If, however, our services have not been completely satisfactory, you can contact us according to the terms provided for in the 'Administrative Provisions' of the General Terms and Conditions in Article 12, 'Complaints procedures'.

Urgent need of medical attention

- ▶ **Contact us (24/day)**
On 00 33 (0)1 42 99 02 02 (standard rate call)
Deaf and hard-of-hearing access (24 hours)
<https://accessibilite.votreassistance.fr>
- ▶ **Please tell us:**
Your policy number
Who needs help?
Where? Why?
Who is looking after the sick person?
Where, when and how can the person be contacted?

Claim

- ▶ To register your claim immediately, go to:
<https://indemnisat.allianz-travel.fr>
- ▶ If you do not have Internet access, contact us (mainland France time):
On +33 (1) 42 99 03 95 (standard rate call) between 9.00 am and 6.00 pm, Monday to Friday

The policy is drawn up in French and subject to French law. The types of cover in this policy, **except for assistance cover**, are regulated by the French Insurance Code.

GENERAL TERMS AND CONDITIONS FOR POLICY NO. 303 400

TABLE OF CONTENTS

DEFINITIONS COMMON TO ALL TYPES OF COVER.....	3
TERRITORY OF THE POLICY	4
COVER TABLE	4
GENERAL EXCLUSIONS.....	6
TYPES OF COVER UNDER THE POLICY.....	7
CANCELLATION OR CHANGE - OPTION 1	7
TRAVELLER ASSISTANCE - OPTION 2	11
CURTAILMENT OF A SNOW ACTIVITY - OPTION 1	17
ADMINISTRATIVE PROVISIONS.....	19

DEFINITIONS COMMON TO ALL TYPES OF COVER

The terms starting with a capital letter in this policy are defined either in this chapter, or at the beginning of the description of each type of cover.

ABROAD: any country **except the country where the Insured Person resides and except Countries not covered.**

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

ACCIDENTAL BODILY INJURY: any unintentional bodily injury resulting from the sudden action of an external cause, certified by a Doctor.

APPROVED ORGANISATION OR INTERMEDIARY: travel agency, transport company or supplier of the insured service.

ASSAULT: any physical assault or threat of physical assault from a Third Party.

CIVIL WAR: armed combat, within the same country, in which different groups, identifiable by their ethnic, religious, community or ideological association, fight one another, or when at least one of such groups opposes the regular armed forces of the country.

COUNTRIES NOT COVERED: North Korea. An updated list of all Countries Not Covered is available on the Allianz Assistance website at the following address: <http://paysexclus.votreassistance.fr>

DE FACTO SPOUSES: two individuals who are neither married nor in a civil partnership but have documentation to prove that they reside in the same household (cohabitation certificate or, in its absence, council tax documentation, electricity/gas/water/insurance bill, rent receipt, etc.) and that they lived under the same roof from the date this policy was taken out to the time of the Insured Event.

DEPARTURE: the expected date and time for these reserved and insured services to take effect.

DISPUTE: conflict between the Insured Person and a Third Party resulting in enforcement of a right, fighting of a claim or defence before any court.

DOCTOR: any person who holds a medical qualification that is legally recognised in the country where they habitually carry out their professional activity.

ELIGIBILITY THRESHOLD: minimum duration, amount or percentage that triggers the liability of the Insurer or the implementation of the cover.

EUROPE: territories of the Member States of the European Union, located in geographical Europe, as well as the following territories and countries: Guadeloupe, Guyana, Martinique, Réunion, Saint-Barthélemy (French part), Liechtenstein, the Principalities of Monaco and Andorra, Saint-Martin (French part), Switzerland and the Vatican.

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

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

FOREIGN WAR: armed struggle, whether declared or not, of one country against one or more other countries or an external, irregular army, particularly motivated by a geographic, political, economic, racial, religious or environmental dispute.

FRANCE: Mainland France (including Corsica), Guadeloupe, Guyana, Martinique, Reunion, Saint-Martin (French part) and Saint Barthélemy.

ILLNESS: any change in the condition of a person's health as certified by a Doctor.

INSURANCE PERIOD: period of validity of this policy.

INSURED EVENT: any event giving entitlement to cover and provided for in each type of cover in this policy.

INSURED PERSON(S): the persons listed in the sales agreement for the insured service provided that their Place of Residence is in Europe.

INSURER: AWP P&C, hereinafter referred to by its trade name Allianz Assistance, i.e. the Insurer with whom this insurance policy has been taken out.

LIMIT PER INSURED EVENT: maximum amount covered for an event giving entitlement to cover, irrespective of the number of Insured Persons in this policy.

MAINLAND FRANCE: European territory belonging to France (including islands located in the Atlantic Ocean, the Channel and the Mediterranean), and **excluding all French overseas departments, regions, local authorities, territories and countries.**

NATURAL DISASTER: an event of natural origin caused by the abnormal intensity of a natural agent, and recognised as such by the authorities of the country in which it has occurred.

OFF-PISTE SPORTS: practising a snow sport or leisure activity in areas not marked out, monitored or prepared by the safety services department of the winter sports resorts.

PLACE OF RESIDENCE: usual place of residence in Europe which determines the Insured Person's exercise of their civil rights.

POLICYHOLDER: the signatory of the sales agreement for the insured service, who thereby undertakes to pay the corresponding insurance premium.

SERVICE CHARGES: charges levied by the approved Organisation or Intermediary when booking air travel.

SPORTS OR LEISURE ACTIVITY: the exercise of any amateur sports or leisure activity connected with the sports or leisure activity course or package/pass shown on the Trip booking form, and insured under this policy. **Competitions, whether amateur or professional, are not considered to be sports or leisure activities.**

STATUTE OF LIMITATIONS: period beyond which any claim or action is no longer admissible.

SUBROGATION: process by which the Insurer replaces the Insured Person in their rights and legal actions against any party liable for their damages in order to obtain repayment of the sums that the Insurer has paid the Insured Person following an Insured Event.

TANGIBLE LOSS: any accidental damage, destruction, or loss of an item of property, as well as any injury suffered by a pet.

The Azores, the Canary Islands and Madeira are not included in this definition.

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

TERRITORY OF THE POLICY

The policy cover applies to all ski equipment hired from Intersport at French ski resorts.

COVER TABLE

INSURED EVENTS	COVER AMOUNTS AND LIMITS	EXCESS AMOUNTS OR ELIGIBILITY THRESHOLDS
----------------	--------------------------	--

CANCELLATION OR CHANGE - OPTION 1

<ul style="list-style-type: none">• Following the occurrence of an Insured Event (other than those detailed below)	Reimbursement of cancellation fees according to the scale below: <ul style="list-style-type: none">• 100% of the amounts paid for the ski equipment booking up to the following limits:	N/A
<ul style="list-style-type: none">• Following cancellation or change to holiday dates made by the employer	in the event of Cancellation: <ul style="list-style-type: none">• €600 per claim in the event of Change <ul style="list-style-type: none">• €300 per claim	Excess per claim: 25% of the amount of the cancellation fees insured

TRAVELLER ASSISTANCE

ASSISTANCE DURING THE JOURNEY - OPTION 2

<ul style="list-style-type: none">• Repatriation Assistance<ul style="list-style-type: none">– Arrangement and payment for the repatriation of the Insured Person to their Home or transportation to a hospital	Actual costs	N/A
--	--------------	-----

INSURED EVENTS	COVER AMOUNTS AND LIMITS	EXCESS AMOUNTS OR ELIGIBILITY THRESHOLDS
<ul style="list-style-type: none"> • Assistance to the Insured Person's dependent minor children or disabled adult children <ul style="list-style-type: none"> – Arrangement and payment for the return of the Insured Person's dependent minor children or disabled adult children to their Home when the Insured Person is repatriated – Arrangement and payment of the return journey of a travel companion for the return of dependent minor children or disabled adult children when the Insured Person is hospitalised locally 	<p>Actual costs</p> <p>Actual costs</p>	<p>N/A</p>
<ul style="list-style-type: none"> • Local emergency hospitalisation expenses (*) <ul style="list-style-type: none"> – The Insured Person belongs to a basic social security scheme: <ul style="list-style-type: none"> • direct payment subject to reimbursement by the Insured Person of the amounts received from welfare agencies – the Insured Person does not belong to a basic social security scheme: <ul style="list-style-type: none"> • advance <p>(*) Non-cumulation of the maximum amounts provided for in the 'local emergency hospitalisation expenses' cover and the 'emergency medical expenses, paid locally by the Insured Person (including emergency dental care expenses)' cover.</p>	<p>Up to the following limits, per Insured Person and per insurance period:</p> <ul style="list-style-type: none"> • €15,000 • €15,000 	<p>N/A</p>
<ul style="list-style-type: none"> • Emergency medical expenses, paid locally by the Insured Person (*) <ul style="list-style-type: none"> – reimbursement of Emergency Medical Expenses payable by the Insured Person (excluding Emergency Dental Care Expenses) – reimbursement of emergency dental care expenses payable by the Insured Person <p>(*) Non-cumulation of the maximum amounts provided for in the 'emergency medical costs, paid locally by the Insured Person (including emergency dental care expenses)' cover and the 'local emergency hospitalisation expenses' cover.</p>	<p>Up to the following limits, per Insured Person and per insurance period:</p> <ul style="list-style-type: none"> • €15,000 • €300 	<p>Excess per insurance period: €46</p>
<ul style="list-style-type: none"> • Search and/or rescue expenses <ul style="list-style-type: none"> – Search expenses – Rescue expenses 	<p>Up to the following limits:</p> <ul style="list-style-type: none"> • per Insured Person and per insurance period: €15,000 • per Insured Person and per insurance period: €15,000 	<p>N/A</p>

INSURED EVENTS	COVER AMOUNTS AND LIMITS	EXCESS AMOUNTS OR ELIGIBILITY THRESHOLDS
<ul style="list-style-type: none"> • Assistance in the event of the death of the Insured Person <ul style="list-style-type: none"> – transporting the body – funeral expenses – additional costs of transporting insured members of the deceased person's family or an insured travel companion 	Actual costs Up to a limit of €1,525 per Insured Person Actual costs	N/A
<ul style="list-style-type: none"> • Provision of a driver for the return of the Insured Person's vehicle 	Driver's salary and travel costs	N/A
CURTAILMENT OF A SNOW ACTIVITY - OPTION 1		
<ul style="list-style-type: none"> • Curtailment of a snow activity 	Payment of compensation equal to the cost of unused 'snow activity' days for ski passes, lessons and equipment hire, up to a limit of €300 per Insured Person and per Insured Event	N/A

GENERAL EXCLUSIONS

In addition to the specific exclusions shown for each type of cover and any exclusions shown in the definitions, the consequences of the following circumstances and events are not insured:

1. damage of any kind decided, caused or instigated by the Insured Person or with their complicity, or following gross negligence or wilful misconduct by the Insured Person (Article L113-1(2) French Insurance Code), except in cases of self-defence or assistance to a person in danger;
2. the Insured Person's criminal convictions;
3. suicide or attempted suicide by the Insured Person;
4. damage following the consumption of alcohol by the Insured Person and/or ingestion by the Insured Person of non-medically prescribed medication, drugs or narcotics;
5. damage resulting from war, whether civil or foreign, acts of terrorism, riots, civil unrest, coups d'état, taking of hostages, or strikes, unless otherwise provided for in the cover;
6. civilian or military use of nuclear reactions, i.e. transformation of the nucleus of an atom, transportation and processing radioactive waste, use of a radioactive source or body, exposure to ionising radiation, contamination of the environment by radioactive agents, or an accident or malfunction taking place on a site that transforms the nucleus of atoms;
7. incidents for which liability may be incumbent on either the organiser of the Trip, pursuant to Title 1 of French law no. 2009-888 dated 22 July 2009 regarding the development and modernisation of tourist services, or the carrier, unless otherwise stated in the cover;
8. failure by the Insured Person to comply with the safety rules imposed by the carrier or any rule decreed by the local authorities;
9. failure by the Insured Person to comply with bans issued by the local authorities;
10. restriction of free movement of persons and goods, airport closures and border closures.

Also excluded are:

11. damage occurring before this policy was taken out;
12. the consequences of:
 - infectious risk situations in the context of an epidemic;
 - exposure to infectious biological agents, chemical agents such as poison gas, incapacitating agents, radioactive agents, neurotoxic agents or agents with residual neurotoxic effects, situations that are the subject of quarantine or specific preventive or monitoring measures or recommendations by the international or local health authorities;
 - natural and/or human pollution.

TYPES OF COVER UNDER THE POLICY

CANCELLATION or CHANGE - Option 1

DEFINITIONS SPECIFIC TO THIS COVER

CANCELLATION: firm and final withdrawal by the Insured Person from all the insured services submitted to the Approved Organisation or Intermediary.

CHANGE: postponement by the Insured Person of the dates of the insured service, subject to this postponement occurring before their Departure and concerning at least the outgoing Trip date.

MONITORING OF PROGRESS: a further medical consultation and/or completion of additional medical examinations.

Definitions of terms common to all types of cover are shown in the chapter 'Definitions common to all types of cover' at the beginning of this policy.

1. PURPOSE OF THE COVER

When the Insured Person cancels or changes their ski equipment booking, the Approved Organisation or Intermediary may charge the Insured Person for all or part of the amount of the booking, known as 'cancellation or change fees'; these fees increase as the start date of delivery of the Insured Service approaches. The fees are calculated using the scale shown in the Cover Table.

The Insurer reimburses to the Insured Person the total of cancellation or change charges billed, after deduction of the Excess amount shown in the Cover Table.

2. EVENTS COVERED IN THE EVENT OF CANCELLATION OR CHANGE

Cancellation or Change must be the result, after the insurance has been taken out, of one of the following Insured Events, which absolutely prevents the Departure of the Insured Person:

► Medical events:

2.1. **Illness, including illnesses associated with pregnancy, or Accidental Bodily Injury, as well as the consequences, after-effects, complications or aggravations of an illness or Accidental Bodily Injury diagnosed before the booking of the insured services,**

which must involve:

- either hospitalisation from the date of the cancellation/change up to the originally scheduled Departure date,
- or,
 - the cessation of all professional activity, or home care if the person does not work, from the day of Cancellation/Change to the originally scheduled Departure date,
- and**
 - a medical consultation and treatment from the day of the Cancellation/Change, or undergoing tests prescribed by a Doctor,

with, in all cases, the payment for all this treatment by one of the health insurance organisations with which the Insured Person is affiliated;

affecting:

- the Insured Person, their spouse, de facto spouse or civil partner, or direct ascendants or descendants, as well as those of their spouse, de facto spouse or civil partner,
- brothers, sisters, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, fathers-in-law, mothers-in-law, legal guardians, or wards.

► **Family events:**

2.2. The death of:

- the Insured Person, their spouse, de facto spouse or civil partner, or direct ascendants or descendants, as well as those of their spouse, de facto spouse or civil partner,
- their brothers, sisters, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, fathers-in-law, mothers-in-law, legal guardians, or wards,

provided that the home of the deceased person is not the destination of the insured service.

► **Professional or academic events:**

2.3. Redundancy of the Insured Person or his or her spouse, de facto spouse or civil partner, on condition that notice of a pre-redundancy interview was not received before the date on which the reservation was made for the insured service.

2.4. Obtaining salaried employment or remunerated training, taking effect before or during the dates of the insured service, while the Insured Person was registered as unemployed.

The cover also applies when the Insured Person already has a job under a fixed-term contract at the time of the booking of the insured service,

and provided that this contract is:

- reclassified as open-ended or
- renewed the day after the date of the end of the contract for a minimum period of three (3) consecutive months.

2.5. The cancellation or change by the Insured Person's employer of the date of the paid leave granted before the insured service was organised. The cover is provided to salaried employees, **excluding those for whom the approval of a superior is not required to set the date of, change and/or cancel their holidays (e.g.: a company's upper level managers, directors, legal representatives, etc.).**

The indemnity is paid after subtracting the specific Excess shown in the Cover Table.

This Excess also applies to persons booked on the insured service at the same time as the Insured Person who has cancelled or changed the insured service.

The cover does not apply if the Policyholder of this policy is the company that changed the holiday.

► **Property Damage Events:**

2.6. An unforeseen, mandatory and non-deferrable summons to appear in court as a witness or for jury service.

2.7. Serious property damage resulting from:

- burglary involving breaking and entering;
- fire;
- water damage;
- any climatic, meteorological or natural event, excluding Natural Disasters;

directly affecting the following real estate:

- the Insured Person's main or second home

and requiring the presence of the Insured Person on site on a date during the period of the insured service to carry out administrative procedures associated with the damage, or with the restoration of the damaged property.

2.8. Serious damage to the Insured Person's vehicle, requiring the assistance of a professional and occurring in the forty-eight (48) hours prior to their Departure, provided that the vehicle can no longer be used to take them to the destination of the insured service.

► **Other events:**

2.9. The notification of the Insured Person for an organ transplant during the insured service.

2.10. Lack of or excess snow, within the five (5) days prior to the Departure of the Insured Person, occurring:

- at resorts situated at an altitude of more than 1,500 metres and
- between the 3rd Saturday in December and the 2nd Saturday in April

and resulting in the closure:

- of a minimum of 2/3 of the ski lifts usually in use at the destination resort,
- for at least two (2) consecutive days.

2.11. Cancellation or Change to insured companions left alone or two persons travelling together as a result of the insured Cancellation/Change made by one of the Insured Persons, provided that they are all insured under this policy and are listed on the same sales agreement for the insured service.

However, all of the Insured Persons who are part of the same household for tax purposes, or who can prove that they are directly related, are insured under the 'Cancellation or Change' cover.

3. COVER AMOUNT

The Insurer will reimburse the Insured Person, up to the limits stated in the Cover Table, for the amount of the cancellation or change fees charged by the Organisation or Intermediary authorised for the hire of ski equipment.

Cancellation or change fees charged will be reimbursed up to the limits set out in the Cover Table, without exceeding the limit per claim and limit per Insured Event.

The Insurer's indemnity is limited to the costs that would have been charged to the Insured Person if they had informed the Approved Organisation or Intermediary on the day on which the Insured Event occurred.

Compensation from the Insurer may not under any circumstances exceed the cost of the insured service, declared when this policy was taken out.

The cost of tips, administration fees, visas and other expenses, excluding Service Charges, as well as the premium paid in return for taking out this policy, are non-refundable.

Service Charges are fully refundable, provided that they are part of the insured amount, declared when this policy was taken out.

In the event of any change as a result of the occurrence of any of the Insured Events, the Insurer will reimburse the Insured Person for the change fees up to the limit shown in the Cover Table. **If the Insured Person changes then cancels the insured service, their cancellation fees will be paid, after deduction of the change fees already reimbursed by the Insurer.**

4. COVER EXCLUSIONS

In addition to the 'General Exclusions' shown at the beginning of this policy and any exclusions shown in the definitions, the consequences of the following circumstances and events are also excluded:

- 4.1. Illnesses or Accidental Bodily Injuries that were diagnosed, treated, recurred, worsened or required a hospital stay between the date of reservation of the insured service and the date on which this policy was taken out;
- 4.2. Illnesses that were diagnosed, progressed or resulted in an additional examination or change in treatment within thirty (30) days before the reservation of the insured service;
- 4.3. Accidental Bodily Injuries that occurred or resulted in surgery, rehabilitation, an additional examination or change in treatment within thirty (30) days before the reservation of the insured service;
- 4.4. voluntary termination of pregnancy, in vitro fertilisation;
- 4.5. medical contraindications applying to the insured service that are not the result of an Illness, including those related to pregnancy, or Accidental Bodily Injury, according to the terms of Article 2.1 of this cover;
- 4.6. Natural Disasters;
- 4.7. any Insured Event occurring between the date the insured service was booked and the date this policy was taken out.

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

The Insured Person must inform the Organisation or Intermediary authorised for the hire of ski equipment of their cancellation or change as soon as an Insured Event preventing the scheduled Departure occurs.

The Insured Person must then make a claim to the Insurer **within five (5) working days** of the day on which they became aware of the event, except in the case of an act of God or force majeure:



To facilitate and optimise processing of the claim, we recommend reporting the event on the following website: <https://indemnisiation.allianz-assistance.fr>

The Insured Person can track the progress of their claim 24/7 by logging on to the website.

The Insured person can also contact the Insurer by telephone from 9.00 am to 6.00 pm, Monday to Friday (mainland France time);

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

- 01 42 99 03 95 for French speakers (standard rate call)
- 01 42 99 03 97 for non-French-speaking Insured Persons

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

- +33 (1) 42 99 03 95 for French speakers
- +33 (1) 42 99 03 97 for non-French-speaking Insured Persons

After this period, if the Insurer incurs a loss because of the Insured Person's late declaration, compensation may be reduced according to the loss incurred.

6. SUPPORTING DOCUMENTS TO BE PROVIDED



IMPORTANT

It is the Insured Person's responsibility to prove that all of the conditions required for the implementation of this 'cancellation or change' cover have been met, based on the supporting documents referred to below.

These documents and all information provided by the Insured Person will serve as proof of the reason for the cancellation or change and enable assessment of the amount of their compensation.

If the reason for the cancellation or change is medical, the Insured Person may, if they wish, send medical details in an envelope marked 'confidential' for the attention of the Insurer's medical advisor.

In the absence of supporting documents or if the supporting documents do not provide material proof of the Insured Event cited, the Insurer is entitled to refuse the Insured Person's claim.

INSURED EVENTS	SUPPORTING DOCUMENTS TO BE PROVIDED
IN ALL CASES	<ul style="list-style-type: none"> • booking confirmation for the insured services, • the invoice for the cancellation or change fees for the insured services, • an official document specifying the family relationship with the person making the cancellation or change (copy of the official family record book, cohabitation certificate, etc.), if applicable, • bank details, • any other supporting documents requested by the Insurer after assessment of the claim.
In the event of Illness, including those related to pregnancy, or Accidental Bodily Injury	<ul style="list-style-type: none"> • medical questionnaire to be completed by the patient's Doctor, • prescriptions for medical treatment, if applicable, • examination reports, if applicable, • a copy of the sick leave certificate, if applicable, • hospital report, if applicable, • at the request of the Insurer, after assessment of the claim: reimbursement claims from the health insurance organisation to which the Insured Person belongs.
In the event of death	<ul style="list-style-type: none"> • a copy of the death certificate, • contact information for the notary in charge of the deceased Insured Person's estate, if applicable.
In the event of redundancy	<ul style="list-style-type: none"> • a copy of the pre-redundancy interview notice, • a copy of the redundancy letter.
In the event of obtaining employment	<ul style="list-style-type: none"> • recent proof of seeking employment or of registering with an employment office, • a copy of the hiring letter or employment contract.
In the event of obtaining paid training	<ul style="list-style-type: none"> • recent proof of seeking employment or of registering with an employment office, • a copy of the agreement for the paid training.
In the event of a cancellation or change to paid holiday dates made by the employer	<ul style="list-style-type: none"> • a copy of the preliminary paid holiday agreement, • a copy of the pay slip showing a summary of the paid holidays in the month of the cancelled/changed service.
In the event of a court summons	<ul style="list-style-type: none"> • a copy of the official summons.
In the event of serious property damage	<ul style="list-style-type: none"> • the acknowledgement of receipt of the insurance claim with the insurer providing comprehensive home insurance, • in the event of burglary, a copy of the formal complaint filed with the police.
In the event of serious damage to a vehicle	<ul style="list-style-type: none"> • acknowledgement of receipt of the damage claim with the automobile insurance provider, • or a copy of the vehicle repair and/or towing bill.
In the event of being called for an organ transplant	<ul style="list-style-type: none"> • a copy of the notification.
In the event of lack of or excess snow	<ul style="list-style-type: none"> • a certificate of closure issued by the company managing the ski lifts of the resort in question.

TRAVELLER ASSISTANCE - OPTION 2

DEFINITIONS SPECIFIC TO THIS COVER

ACCOMMODATION EXPENSES: additional hotel expenses and costs of telephone calls to Allianz Assistance, **excluding food and drink costs.**

EMERGENCY DENTAL CARE EXPENSES: expenses for emergency dental care as defined by the Allianz Assistance Medical Department.

FUNERAL EXPENSES: expenses for initial preservation, handling and placement in coffin, specific transport arrangements, embalming required by law, preparation and the simplest coffin required for transportation in accordance with local legislation, **excluding burial (or cremation), embalming and ceremony costs.**

HOME CARE: requirement to stay at Home, hereinafter 'Home care', or at the place of residence during the trip, following a visit by a Doctor and the issue of a medical certificate.

JOURNEY: route taken from the place of departure to the destination indicated on the ticket, irrespective of the type or number of separate types of transport involved.

MEDICAL EXPENSES: medically prescribed pharmaceutical, surgical, consultation and hospitalisation expenses required for the diagnosis and treatment of an Illness.

RESCUE EXPENSES: cost of transportation following search operations (after the Insured Person is found) from the place where the Accident occurred to the closest medical facility.

SEARCH EXPENSES: costs of operations undertaken by civilian or military search and rescue organisations or specialist public or private organisations, who set out specially for the purpose of searching for the Insured Person in a place that has no organised rescue services in the vicinity.

Definitions of terms common to all types of cover are listed in the 'General Definitions' chapter at the beginning of this policy.

ADVICE TO TRAVELLERS

- **Before the trip:**
 - check that the policy covers the chosen destination and the length of the insured service planned;
 - find out which identity documents are required to enter the country visited (identity card, passport, visa) as well as health conditions;
 - take the necessary documentation (vaccination record, medical insurance);
 - obtain the documents you will need to take to cover medical expenses during the Trip from your health insurance fund: European Health Insurance Card or a specific form, depending on the country;
 - if undergoing treatment, take more medication that required for the duration of the Trip, especially in case of a delayed return.
- **During the trip:**
 - keep medication and prescriptions in your hand luggage so as to avoid interrupting treatment if the baggage you check in with the transportation company is delayed or lost;
 - keep separate photocopies of both sides of your identity documents and payment cards. These photocopies will be useful in the event of loss or theft.



IMPORTANT

• Minors

Certain types of stay or destination are inappropriate for very young children. In view of the risks of their being affected by the length and conditions of travel, health situation or even the climate, it is advisable to consult your family doctor or paediatrician when planning the Trip.

All minors, whether travelling alone or accompanied, must have valid identity documents and authorisation to leave the country by one of their legal representatives.

Allianz Assistance may not, under any circumstances, be held liable for any delay caused by the need to regularise a minor's administrative situation during repatriation.

• Pregnant women

Because of the risks that can endanger the health of women in an advanced state of pregnancy, airlines have restrictions that vary according to the company, and that are subject to change without notice: medical examination no more than forty-eight (48) hours before departure, presentation of a medical certificate, request for medical permission from the company, etc.

If necessary, and if provided for in their policy, assistance companies arrange and pay for air transportation on the express condition that the doctors and/or airlines do not preclude this.

1. ASSISTANCE SERVICES

ASSISTANCE DURING THE TRIP

As soon as the Insured Person calls on the assistance service of Allianz Assistance, decision regarding the nature, suitability and organisation of measures to be taken are the exclusive responsibility of Allianz Assistance.

► Assistance in the event of Illness, Accidental Bodily Injury or death of the Insured Person

1.1. Repatriation Assistance

If the health of the Insured Person requires repatriation, Allianz Assistance offers the following assistance:

• Arrangement and payment of the repatriation of the Insured Person to their Home or transportation to a hospital

Allianz Assistance organises and pays for the return of the Insured Person to their Home in Europe or transport to the nearest and/or most suitable hospital for the care they need.

In this case, if the Insured Person so wishes, Allianz Assistance may then organise return to their Home in Europe, as soon as their health allows.



IMPORTANT

Decisions are made purely in consideration of the medical interests of the Insured Person are exclusively by Allianz Assistance in agreement with local doctors.

Allianz Assistance doctors will consult with local medical institutions and, if necessary, the Insured Person's regular Doctor, to gather information enabling them to make the best decisions for their health.

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

Only the medical interests of the Insured Person and compliance with health laws in effect are taken into consideration when making decisions regarding transportation, methods of transportation and the place of any possible hospitalisation.

If the Insured Person refuses to comply with the decisions taken by the Allianz Assistance medical department, they absolve Allianz Assistance of any liability in relation to the consequences of this, particularly in case of return by their own means or deterioration of their health, and lose all rights to benefits and compensation from Allianz Assistance.

Moreover, Allianz Assistance may not, under any circumstances, replace local emergency services, or pay the costs incurred, except for those covered under 'search and/or rescue expenses'.

1.2. Assistance to the Insured Person's dependent minor children or their disabled adult children

- **Arrangement and payment of the return Home of the Insured Person's dependent minor children or disabled adult children**

When the Insured Person's health requires repatriation, Allianz Assistance, following the agreement of its medical department, will also arrange and pay transport costs for the return Home of their dependent minor children or disabled adult children who were travelling with them if there are no other adult family members with them.

- **Arrangement and payment of the return travel expenses of a travel companion for the return of the Insured Person's dependent minor children or disabled adult children**

When the Insured Person is hospitalised locally as an emergency while accompanied by at least one of their dependent minor or disabled adult children, and no other adult family member is with them, Allianz Assistance will pay for the return Journey of a person of their choice residing in Europe to come and collect them.

Accommodation, food and drink costs for the person chosen to return the children mentioned above will be borne by the Insured Person.

1.3. Local emergency hospitalisation expenses

- **When the Insured Person belongs to a basic social security scheme or insurance plan:**

In the event of Accidental Bodily Injury and/or Illness requiring local hospitalisation of the Insured Person, Allianz Assistance may pay unforeseen emergency hospitalisation expenses, following the agreement of its medical department and up to the amounts shown in the Cover Table.

In this case, the Insured Person must take all the necessary steps to have these expenses reimbursed by their social security scheme or insurance plan and **immediately reimburse Allianz Assistance for the full amount received.**

Otherwise, Allianz Assistance will be entitled to claim costs and interest at the statutory rate.

In order to receive this service, the Insured Person must belong to a primary health insurance plan.

This service ceases on the day on which the Allianz Assistance medical department deem that the Insured Person can be repatriated.

- **When the Insured Person does not belong to a basic social security scheme or insurance plan:**

In the event of Accidental Bodily Injury and/or Illness requiring local hospitalisation of the Insured Person, Allianz Assistance may pay an advance for unforeseen emergency hospitalisation expenses and treatment prescribed in agreement with the Allianz Assistance medical department, up to the limit shown in the Cover Table.

In this case, the Insured Person undertakes to repay this advance to Allianz Assistance within three (3) months of the date of their return from the Trip. After this period, Allianz Assistance will be entitled to claim costs and interest at the statutory rate, as well as the amount of the advance.

This advance is subject to being documented in a promissory note.

This service ceases on the day on which the Allianz Assistance medical department deem that the Insured Person can be repatriated.

1.4. Emergency medical expenses paid Abroad by the Insured Person



IMPORTANT

If the Insured Person pays emergency medical expenses locally, Allianz Assistance will reimburse these Expenses up to the limit shown in the Cover Table.

To receive this reimbursement, the Insured Person must belong to a primary health insurance plan covering them for medical expenses incurred locally for the entire duration of this policy.

The Insured Person must be able to provide Allianz Assistance with the original reimbursement claims or letters of refusal from the organisations on which they depend.

Up to the limits stated in the Cover Table and less the deduction of the excess stated in the same table:

- **Reimbursement of emergency medical expenses (excluding emergency dental care expenses) payable by the Insured Person**

When the Insured Person incurs medical or hospitalisation expenses abroad, Allianz Assistance will reimburse the expenses for which they remain liable (excluding emergency dental care expenses) following payment by their basic social security scheme or health insurance plan.

- **Reimbursement of emergency dental care expenses payable by the Insured Person**

Allianz Assistance will reimburse the Insured Person for emergency dental care expenses incurred locally, remaining payable by them following payment by their basic social security scheme or health insurance plan.

1.5. Search and/or rescue expenses

On receipt of the original bill settled by the Insured Person, Allianz Assistance will reimburse them for search and/or rescue expenses incurred locally at the time of the disappearance or Accidental Bodily Injury, up to the limit shown in the Cover Table.

As part of their sports activity, Allianz Assistance will reimburse the Insured Person, on presentation of supporting documents, for search and/or rescue expenses for operations carried out at the time of disappearance and/or Accidental Bodily Injury, up to the limit shown in the Cover Table.

1.6. Assistance in the event of the death of the Insured Person

In the event of the death of the Insured Person, Allianz Assistance will arrange and pay for:

- **transportation of the body** from the place of death to the funeral director's premises in the place of burial (or cremation) in Europe;
- **funeral expenses**, up to the limit stated in the Cover Table;
- **additional expenses for the transportation of insured members of the deceased person's family or an Insured Person travelling with the deceased person**, insofar as their originally planned means of returning to Europe can no longer be used as a result of this death.

This cover may not be combined with the 'arrangement and payment of the return journey of a travel companion for the return of the Insured Person's dependent minor children or disabled adult children' cover provided for in Article 1.2.

1.7. Provision of a driver for the return of the Insured Person's vehicle

When, following an Illness or Accidental Bodily Injury, the health of the Insured Person no longer allows them to drive their vehicle to return to their Home in Europe and none of the accompanying passengers can replace them, Allianz Assistance will provide a driver to return the vehicle to their Home in Europe by the quickest route.

The cost of parking and securing the vehicle whilst waiting for the driver is the responsibility of the Insured Person.

The Insured Person's board and lodging costs, as well as the costs of fuel, tolls and parking, are the responsibility of the Insured Person.

This cover is provided to the Insured Person if his car is in perfect working order, complies with the rules of the national and international highway code and meets the mandatory technical inspection standards.

2. COVER EXCLUSIONS

In addition to the 'General Exclusions' shown at the beginning of this policy and any exclusions shown in the definitions, the following are also excluded:

- For all types of assistance cover:
 - 2.1. expenses incurred without the prior agreement of the Assistance department of Allianz Assistance;
 - 2.2. the consequences of any incident relating to air travel booked by the Insured Person, operated by an airline that is blacklisted by the European Commission, regardless of the place of origin and destination;
 - 2.3. the consequences of pre-existing, diagnosed and/or treated illnesses or injuries, as well as elective surgery that required a hospital stay or outpatient treatment, in the six (6) months prior to the assistance request;
 - 2.4. the consequences of an unstable illness that is currently being treated, from which the Insured Person is convalescing, as well as illnesses occurring during the insured service for the purposes of diagnosis and/or treatment;
 - 2.5. the potential consequences (check-up, additional treatment, recurrence) of an illness which gave rise to repatriation in the six (6) months prior to the assistance request;
 - 2.6. arrangement and payment of transportation as referred to in Article 1.1 'Repatriation Assistance' for minor ailments or injuries that can be treated locally and do not prevent the Insured Person from continuing the insured service;
 - 2.7. voluntary termination of pregnancy, childbirth or in vitro fertilisation and their consequences, as well as pregnancies leading to hospitalisation in the six (6) months prior to the assistance request;
 - 2.8. the participation of the Insured Person in any sport as a professional or under a paid contract, including preparatory training;
 - 2.9. the failure of the Insured Person to comply with official prohibitions and safety rules related to the practice of a sports activity;
 - 2.10. the consequences of an Accident occurring during the practice by the Insured Person of one of the following sports or leisure activities, whether practised individually or in the context of an activity organised by a sports federation: kite-surfing, skeleton, bobsleigh, ski jumping or any off-piste sliding, rock climbing over 3,000 m, climbing, potholing, hang-gliding, gliding, paragliding, any parachuting activity and any sport practised with or from ultralight motorised aircraft in accordance with the civil aviation code;

- 2.11. the consequences of an Accident that occurs when the Insured Person is practising bungee jumping and underwater diving with independent equipment when the activity is not organised by an approved professional;
- 2.12. expenses not expressly mentioned as giving rise to reimbursement, in addition to any expense for which the Insured Person is unable to provide a receipt.
 - Under the «Emergency Hospitalisation Costs Abroad» and «Reimbursement of emergency medical costs paid Abroad by the Insured Person» cover, the following are also excluded:
- 2.13. the costs of spa treatment, heliotherapy, weight-loss treatments, any elective cosmetic cure or treatment and physiotherapist fees, as well as the costs of care or treatments not resulting from a medical emergency;
- 2.14. fees for implanting internal, ocular, dental, hearing, functional, or other prostheses as well as the cost of the equipment;
- 2.15. vaccination costs;
- 2.16. costs resulting from care or treatment, the therapeutic nature of which is not recognised by French law;
- 2.17. costs invoiced by local rescue agencies except for expenses covered by the 'search and/or rescue expenses' cover;
- 2.18. medical expenses incurred Abroad, when the Insured Person, on sick leave, has not obtained prior authorisation from their primary health insurance fund to travel Abroad.

3. WHAT THE INSURED PERSON MUST DO IN THE EVENT OF A CLAIM

3.1. To request assistance

The Insured Person or a Third Party must contact Allianz Assistance:



by telephone 24 hours a day, 7 days a week:
 From France: at **01 42 99 02 02 (standard rate call)** or
 From outside France: at **+33 (1) 42 99 02 02**

They will immediately be given a case number and should inform the assistance representative of:

- their policy number;
- their address, the telephone number where they can be reached, and as the contact details of the persons who are assisting them;

and allow Allianz Assistance doctors access to all medical information on the person who requires assistance from Allianz Assistance.

3.2. To request reimbursement

In order to receive reimbursement of expenses paid by the Insured person with the agreement of Allianz Assistance, the Insured Person must provide Allianz Assistance with all the supporting documents that will enable it to determine the validity of the claim,



- either by post to the address given in Article 9 of the administrative provisions, 'address for sending supporting documents to be provided in the event of a claim'
- or by telephone, Monday to Friday, 9.00 am to 5.30 pm (mainland France time zone):

From France: **01 42 99 08 83 (standard rate call)** or
 From outside France: **+33 (1) 42 99 08 83**

Services that were not requested in advance and were not arranged by Allianz Assistance are non-refundable and do not give rise to compensation.

4. ALLIANZ ASSISTANCE INTERVENTION LIMITS

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

Its services are subject to the necessary approval being obtained from the relevant administrative authorities.

Moreover, Allianz Assistance cannot be held liable for delays or impediments to the performance of the agreed services as a result of a case of force majeure or events such as strikes, riots, civil unrest, restrictions on free movement of goods and persons, sabotage, terrorism, civil or foreign war, known political instability, reprisals, embargoes, economic sanctions (list of restrictive measures for each country available on the website of the French Ministry of the Economy and Finance <https://www.tresor.economie.gouv.fr/Ressources/sanctions-financieres-internationales>), consequences of the effects of radioactive sources, Natural Disasters or any other act of God.

Information for each country is also available in the 'advice to travellers' section of the website of the French Ministry of Foreign Affairs and International Development:

<http://www.diplomatie.gouv.fr/fr/conseils-aux-voyageurs/conseils-par-pays/>.



IMPORTANT

Allianz Assistance will arrange and pay for the insured transport of the Insured Person up to the limit of the cost of first-class train and/or economy-class plane tickets, or suitable medical transportation.

In all cases, Allianz Assistance takes ownership of any transport tickets not used by the Insured Person. The latter undertakes to return these to Allianz Assistance or to transfer to them the reimbursement obtained from the Approved Trip Organisation or Intermediary.

5. SUPPORTING DOCUMENTS TO BE PROVIDED

According to the assistance services implemented, Allianz Assistance will inform the Insured Person of the supporting documents that must be provided to support their claim:

INSURED SERVICES	SUPPORTING DOCUMENTS TO BE PROVIDED
Traveller assistance	<ul style="list-style-type: none">• the original used or unused tickets (boarding passes for flights),• a death certificate, if applicable,• a copy of an official administrative document proving the family relationship to the Insured Person, if applicable,• any other supporting documents requested by Allianz Assistance.
Reimbursement of medical expenses	<ul style="list-style-type: none">• bank details,• copy of the booking form for the insured service,• copies of the medical bill(s) paid by the Insured Person,• a copy of the Social Security reimbursement claim,• the original reimbursement claim from the insurance company,• any other supporting documents requested by Allianz Assessment after assessment of the claim.
Reimbursement for search/rescue expenses	<ul style="list-style-type: none">• bank details,• copy of the booking form for the insured service,• the original paid invoice for the search/rescue expenses,• any other supporting documents requested by Allianz Assistance.

CURTAILMENT OF A SNOW ACTIVITY - OPTION 1

DEFINITION SPECIFIC TO THIS COVER

CURTAILMENT OF A SNOW ACTIVITY: early termination of any snow activity following an Insured Event.

Definitions of terms common to all types of cover are shown in the chapter 'definitions common to all types of cover', at the beginning of this policy.

1. PURPOSE OF THE COVER

The Insurer covers, up to the limits stated in the Cover Table, the payment of compensation in the event of curtailment of the snow activity insured under this policy, for one of the following Insured Events:

- medical repatriation of the Insured Person, arranged by Allianz Assistance;
- an Illness or Accidental Bodily Injury of the Insured Person preventing them from practising the insured Snow Activity;
- lack of or excess snow, when this occurs in French ski resorts located at an altitude of more than 1,500 metres, between 15 December and 15 April, and results in the closure of more than two-thirds of the ski lifts normally in use at the destination resort, for at least two (2) consecutive days, within the five (5) days prior to your departure.

2. AMOUNT AND MEANS OF COMPENSATION

Compensation is equal to the cost of unused full days of the snow activity passes.

It is due from the day following the total cessation of the insured activities.

Compensation is calculated on the basis of the total price per person of the snow sports activity passes, per Insured Person and up to the limit shown in the Cover Table.

The basis for calculating the compensation varies based on the type of insured service:

- **For ski equipment hire:**
The Insurer reimburses ski equipment hire, up to the limits set out in the Cover and Excess Amounts Table, on a pro-rata basis.
- **For ski lift passes:**
The Insurer reimburses ski lift passes up to the limits stated in the Cover Table, on a pro-rata basis.
- **For ski lessons:**
The Insurer reimburses insured, unused ski lessons, up to the limits set out in the Cover and Excess Amounts Table, from the same day as one of the events covered in article 1. 'Purpose of the cover'.

Administration fees, tips, insurance premiums and reimbursements or compensation granted by the Approved Organisation or Intermediary from whom the Insured Person purchased their snow activity will be deducted from the compensation.

3. COVER EXCLUSIONS

In addition to the 'General Exclusions' shown at the beginning of this policy and any exclusions shown in the definitions, the consequences of events not provided for in Article 1, 'purpose of the cover', are also excluded.

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

The Insured Person must then report the insured loss to the Insurer **within five (5) working days of the day of his knowledge thereof**, except in the case of an act of God or force majeure:



To facilitate the claim and optimise processing of the case, we recommend reporting the event on the following website: <https://indemnisat.ianz-assistance.fr>

The Insured Person can track the progress of their case 24/7 by logging on to the website.

The Insured Person can also contact the Insurer by telephone, Mondays to Fridays, between 9.00 a.m. and 6.00 p.m. (Metropolitan France time zone):

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

- 01 42 99 03 95 (standard rate call) for French speakers
- 01 42 99 03 97 (standard rate call) for non-French speaking Insured Persons

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

- +33 (1) 42 99 03 95 for French speakers
- +33 (1) 42 99 03 97 for non-French-speaking Insured Persons.

**IMPORTANT**

In the case of Curtailment of a Sports or Leisure Activity as a result of an Illness, an Accidental Bodily Injury or one of the covered exceptional climatic events, the Insured Person must call Allianz Assistance in order to obtain the prior agreement to the reimbursement:

From France on 01 42 99 02 02 (standard rate call) or

From outside France: +33 (1) 42 99 02 02

24 hours a day, 7 days a week

5. SUPPORTING DOCUMENTS TO BE PROVIDED

**IMPORTANT**

It is the Insured Person's responsibility to prove that all of the conditions required for implementation of this 'Curtailement of snow activity' cover have been met, based on the supporting documents referred to below.

These documents and all information provided by the Insured Person will make it possible to prove the damage sustained and assess the amount of compensation due.

In the absence of supporting documents or if the supporting documents do not provide material proof of the damage sustained, the Insurer is entitled to refuse the Insured Person's assistance request.

INSURED SERVICES

SUPPORTING DOCUMENTS TO BE PROVIDED

IN ALL CASES

- bill for the insured service,
 - bank details,
 - Allianz Assistance claim number under which the Insured Person obtained authorisation to interrupt the snow activity,
- or
- any other supporting documents requested by the Insurer after assessment of the claim.

ADMINISTRATIVE PROVISIONS

1. LEGISLATION GOVERNING THE POLICY AND WHERE IT IS TAKEN OUT

This policy is governed by the French Insurance Code, **with the exception of assistance cover**, the General Terms and Conditions, and the sales agreement for the insured service.

This policy is drawn up in French and subject to French law.

Since it involves transactions carried out on a website hosted in France, the virtual space made up of the web pages of the site www.intersport.fr is deemed to be located in French territory and policies taken out on it are therefore located in France, without prejudice to the protection given to the consumer by the law of the country in which they normally live.

2. PROCEDURES FOR TAKING OUT COVER, ENTRY INTO EFFECT AND CESSATION OF COVER

a. **Procedures for taking out this policy and its entry into effect**

The policy must be taken out on the day of booking of the ski equipment.

This policy enters into force at the time it is taken out.

b. **Entry into effect and termination of cover**

The types of cover take effect:

- **for the 'cancellation or change' cover:** at 00:00 on the day after payment of the premium by the Insured person.
It ends at the start of the insured service.
- **for the 'traveller assistance' cover:** as soon as the Insured Person leaves the place of Departure for the insured service (maximum twenty-four (24) hours before the Departure date indicated on the sales agreement of the insured service and after payment of the premium at the earliest).
It ends twenty-four (24) hours at most after the end of the insured service, the date of which is on the sales agreement for the insured service.
- **for the 'Curtailed of snow activity' cover:** at 00:00 hours on the date of Departure indicated in the sales agreement for the insured service, and after payment of the premium by the Insured Person at the earliest.
It ends twenty-four (24) hours after the return time indicated on the sales agreement for the insured service.



IMPORTANT

When the Insured Person cancels the insured service, they may not benefit from the other types of cover provided for in this policy.

3. CANCELLATION OPTION

The Insured Person may exercise a cancellation option defined in Articles L112-2-1 and L112-10 of the French Insurance Code after taking out an insurance policy, in the cases provided for below:

a. **Cancellation option**

• **Multi-insurance**

Under the provisions of Article L112-10 of the French Insurance Code, an Insured Person who takes out an insurance policy for non-professional purposes constituting a supplement to goods or services sold by an intermediary may cancel said policy, at no cost or penalty, if they provide proof of prior cover for one of the risks covered by this policy, provided that it has not been fully implemented and the Insured Person has not made a claim. This cancellation must occur within fourteen (14) calendar days of the conclusion of this policy.

• **Remote sales**

Under Article L112-2-1 of the French Insurance Code, a right of cancellation applies to insurance policies taken out remotely, in particular those sold online, without the simultaneous physical presence of the parties to the policy, door-to-door or outside the seller's usual place of business.

This right of cancellation does not apply to travel or baggage insurance policies or to similar short-term insurance policies of a duration of less than one (1) month. The term of the insurance policy corresponds to the period between the date on which it was taken out and the date of cessation of all types of cover/annual renewal date.

b. Procedures for exercising the right of cancellation

When the insurance policy is eligible for the cancellation option under the conditions defined above, the Insured Person may exercise this option by returning a cancellation request, duly completed, dated and signed, to INTERSPORT within fourteen (14) calendar days of the date of conclusion of this policy:

- either **by e-mail** to the following e-mail address: reservation@intersport.fr
- or **by registered letter with acknowledgement of receipt**, to the following address:

INTERSPORT SERVICES
2 Rue de l'Industrie
91 160 LONGJUMEAU

The Insured Person may, if they wish, use the template cancellation letter below:

'I, the undersigned, surname, first name, date and place of birth, would like to cancel the cover under insurance policy no. ... which I took out with AWP P&C on ... (date).

Issued in ... (Place). On ... (Date) and Signature: ... '.

In the context of cancellation on the grounds of multi-insurance, the Insured Person must enclose with their request proof of the existence of a current insurance policy covering risks similar to this policy.

If the Insured Person exercises this option, the policy will be terminated on its effective date. The Insured Person shall be refunded the corresponding premium within thirty (30) days of the date of receipt of their waiver request.

The right of cancellation may not be exercised if the Insured Person has implemented the cover in this insurance policy in the context of a claim filed during the period of fourteen (14) calendar days; consequently, no premium reimbursement will be paid.

4. CUMULATIVE INSURANCE

If the Insured Person is covered for the same types of cover by other insurers, they must inform the Insurer of this fact, and provide their contact information along with the extent of their types of cover, pursuant to Article L121-4 of the French Insurance Code.

The Insured Person can be compensated for their damage by contacting the insurer of their choice.

These provisions do not affect assistance services.

5. SUBROGATION IN THE INSURED'S RIGHTS AND ACTIONS

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

If, because of the actions of the Insured Person, the Insurer can no longer perform this action, it can be discharged of all or part of its obligations to the Insured Person.

These provisions do not affect assistance services

6. PENALTIES APPLICABLE IN THE EVENT OF MISREPRESENTATION WHEN TAKING OUT THE POLICY

- Any non-disclosure or intentional misrepresentation by the Insured Person in the statement of risk is punishable by the policy being rendered null and void under the conditions set out in Article L113-8 of the French Insurance code.
- Any omission or inaccurate statement by the Insured Person when their bad faith has not been proven is punishable in pursuance of Article L113-9 of the French Insurance code:
 - if it is reported before any claim: the Insurer is entitled either to continue this policy with an increase in the premium, or to terminate the policy within ten (10) days by registered letter, by reimbursing the overpayment of the premium.
 - if it is reported only after the claim: the Insurer may reduce the compensation in proportion to the premium paid in relation to the premium that would have been due if the risk had been fully and accurately declared.

7. PENALTIES APPLICABLE IN THE EVENT OF INTENTIONAL MISREPRESENTATION BY THE INSURED PERSON ON THE DAY OF THE CLAIM

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

8. STATUTE OF LIMITATIONS

Provisions relating to the statute of limitations concerning legal actions arising from this insurance policy are set out in Articles L114-1 to L114-3 of the French Insurance Code, reproduced below:

- Article L114-1 of the French Insurance Code

'Any legal action arising from an insurance policy is covered by a statute of limitation of two years from the event which gives rise to it.

However, this period runs:

1 In the event of non-disclosure, omission or misrepresentation regarding the risk, only from the day on which the insurer became aware of this;

2 In the event of a claim, only from the day on which the parties concerned became aware of this, if they prove that they were unaware up until then.

When the legal action by the Insured Person against the Insurer originates from redress by a third party, the statute of limitations runs only from the day on which that third party filed legal proceedings against, or was compensated by, the Insured Person.

The statute of limitations is increased to ten years in life insurance policies when the beneficiary is a person other than the policyholder and, in personal accident insurance policies, when the beneficiaries are the legal successors of the deceased Insured Person.

For life insurance policies, notwithstanding the provisions of 2°, the actions of the beneficiary are covered for no more than thirty years from the death of the Insured Person'.

- Article L114-2 of the French Insurance Code

'The statute of limitation is interrupted by one of the ordinary grounds for interruption of the statute of limitations and by the appointment of an expert following a claim. The interruption of the statute of limitations may, furthermore, result from the sending of a registered letter with acknowledgement of receipt by the Insurer to the Insured Person relating to legal action for payment of the premium and by the Insured person to the Insurer relating to payment of compensation'.

- Article L114-3 of the French Insurance Code

'By way of derogation from article 2254 of the French Civil Code, the parties to the insurance policy may not, even by mutual agreement, either change the duration of the statute of limitations, or add to the grounds for the suspension or interruption thereof'.

► **Additional information:**

Ordinary grounds for interruption of the statute of limitations are set out in Articles 2240 et seq. of the French Civil Code, and include in particular: recognition by the debtor of the right to an enforcement deed of the person against whom they are seeking interruption of the statute of limitations for legal or summary proceedings.

For a full list of ordinary grounds for interruption of the statute of limitations, please refer to the aforementioned articles of the French Civil Code.

9. ADDRESS FOR SENDING SUPPORTING DOCUMENTS TO BE PROVIDED IN THE EVENT OF A CLAIM

Supporting documents for each of the following type of cover should be sent to the addresses below:

'Cancellation or Change' cover, 'Curtailed of a snow activity'	'Traveller Assistance' cover
AWP France SAS Insurance Indemnification Department DOP01 7 rue Dora Maar CS 60001 93488 Saint-Ouen Cedex	AWP France SAS Service Relations Clientèle - RELAC01 7 rue Dora Maar CS 60001 93488 Saint-Ouen Cedex

10. DAMAGE ASSESSMENT

The causes and consequences of the claim are assessed by mutual agreement or, failing this, by a joint third-party expert evaluation, subject to the respective rights of the Insurer and the Insured Person. The fees for this expert valuation are shared between the parties.

If the parties are unable to agree on the selection of the third-party expert, the appointment will be made by the Presiding Judge of the Tribunal de Grande Instance [High Court] of the Policyholder's Place of Residence.

This appointment will be made in a written request signed by the Insurer or by only one of the parties, with the other having been summoned by registered letter.

11. CLAIM SETTLEMENT

a. Calculation of the indemnity

When the invoices furnished are not made out in euros, the amount of the indemnity takes into account the exchange rate applicable on the day of calculation of the indemnity.

b. Time period

Once the Insured Person's case is concluded, their compensation will be paid within ten (10) days following the agreement between the Insurer and the Insured Person, or the enforceable judicial decision.

12. COMPLAINTS HANDLING PROCEDURES

When an Insured Person is dissatisfied with the way their claim has been handled, their first course of action should be to inform their usual contact so that the reason for this dissatisfaction can be understood and solutions sought.

In the event of a disagreement on the solutions put forward, the Insured Person may send a complaint to the following email address:

reclamation@votreassistance.fr

(or send a letter to the following address: *AWP FRANCE SAS, Service Réclamations, TSA 70002 - 93488 Saint Ouen Cedex.*)

The Insured Person will receive an acknowledgement of receipt within ten (10) business days (excluding Sundays and public holidays) of the date on which the complaint is received, unless a response to the complaint is sent within this period.

A response will be provided no later than two (2) months following the date of receipt of the complaint, unless special circumstances arise; in this case, the Insurer will keep the Insured Person informed.

Complaints regarding policies taken out by individuals over the internet may be submitted to the European Online Dispute Resolution platform, accessible at the following address: <https://webgate.ec.europa.eu/odr>

If the disagreement persists after the response of the Insurer, after a final assessment of the request has been made and all means of internal appeal have been exhausted, the Insured Person may then refer the matter to the independent ombudsman, at the following address:

La Médiation de l'Assurance
<http://www.mediation-assurance.org>

LMA

TSA 50110

75441 Paris Cedex 09

Insurance companies belonging to the FFA have established a system enabling Insured Persons and third parties to benefit from a mediation procedure for the settlement of their disputes. This system is governed by the 10 rules set out in the Insurance Mediation Charter.

13. LEGAL JURISDICTION

The address for service of AWP P&C is: **7 rue Dora Maar - 93400 Saint-Ouen.**

Any disputes raised against AWP P&C concerning this policy will be exclusively submitted to the competent French courts and all notices must be sent by registered post with acknowledgement of receipt, to one of the addresses given above, depending on the date of the dispute.

14. PERSONAL DATA PROTECTION

Processing of personal data is governed by the French «Data Protection» Law of 6 January 1978 and Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data.

AWP P&C and AWP France SAS are the data controllers in respect of the data collected with a view to taking out, managing and performing policies.

This data will be kept for the period necessary for the completion of the policy and in accordance with the provisions relating to the period of limitation. Its use will be restricted to assistance service and/or insurance cover managers and it may be disclosed to data processors, located inside or outside the European Union.

Under the legislation and regulations applicable in data protection matters, the Insured Person may exercise their right to access data concerning them or have it corrected by contacting: informations-personnelles@votreassistance.fr

For more information, please see the Privacy Statement explaining, among other things, how and why personal data is collected. The most recent version was given to the Insured Person when the policy was taken out.

As part of its risk management policy and anti-fraud activities, AWP France SAS reserves the right to monitor all information and, if necessary, to inform the competent authorities in accordance with the legislation in force.

15. REGULATORY AUTHORITY

The body responsible for the regulation of AWP P&C is the *Autorité de contrôle prudentiel et de résolution* [French insurance industry regulatory authority], 4 Place de Budapest, CS 92459, 75436 Paris Cedex 09

www.acpr.banque-france.fr

16. LEGAL INFORMATION

The insurance cover is provided by: AWP P&C,

Société anonyme [corporation] with a share capital of €17,287,285, Bobigny Register of Companies under No. 519 490 080, registered office: 7 rue Dora Maar - 93400 Saint-Ouen

Private company governed by the French Insurance Code.

Assistance services are carried out by AWP FRANCE SAS

Société par actions simplifiée [simplified joint-stock company] with capital of €7,584,076.86, Bobigny RCS [Register of Companies] No. 490 381 753, registered office: 7 rue Dora Maar - 93400 Saint-Ouen insurance brokerage company - ORIAS No. 07 026 669 - <http://www.orias.fr/>

Referred to above under its trade name 'Allianz Assistance'.

PRIVACY STATEMENT

We take the security of your personal data very seriously

AWP France SAS, an entity of Allianz Partners SAS, is an insurance broker registered with ORIAS, acting in the name and on behalf of **AWP P&C**, an entity of Allianz Partners SAS, an insurance company approved by the **Autorité de contrôle prudentiel et de résolution (ACPR)**, offering insurance products and services. Protecting your privacy is our number one priority. This privacy statement explains how we collect personal data, what type of data we collect and why, with whom we share it and to whom we disclose it. Please read this statement carefully.

1. WHO IS THE DATA CONTROLLER?

The data controller is the natural or legal person who controls and is responsible for the storage and use of personal data, in paper or electronic format. **AWP P&C** and **AWP France SAS** (We', 'Our') are the data controllers, as defined by applicable data protection laws and regulations.

2. WHAT PERSONAL DATA IS COLLECTED?

We will collect and process various types of personal data about you, in accordance with the following:

- data relating to the identification of persons who are party to, affected by or involved in the policy and
- any other data necessary for the conclusion and/or performance of the policy.

In this regard, we may be required to collect and process 'sensitive personal data' about you.

3. HOW IS YOUR PERSONAL DATA COLLECTED AND PROCESSED?

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

Purpose	Express consent?
<ul style="list-style-type: none">• Administration of the insurance policy (e.g.: quotation, subscription, claims handling)	<ul style="list-style-type: none">• Yes, if necessary. However, in cases where we need to process your personal data in connection with the purchase of your insurance and/or the handling of your claim, we will not seek your express consent.
<ul style="list-style-type: none">• Management of the collection of sums due	<ul style="list-style-type: none">• No
<ul style="list-style-type: none">• Fraud prevention and detection	<ul style="list-style-type: none">• No
<ul style="list-style-type: none">• To meet any legal obligation (tax, accounting and administrative obligations)	<ul style="list-style-type: none">• No

As mentioned above, for the purposes listed above, we will process personal data about you received from our business partner **INTERSPORT SERVICES**.

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

Your personal data will be necessary for any purchase of our products and services. If you do not wish to provide us with this data, we will not be able to guarantee you access to the products and services requested or likely to interest you, or to suggest to you offers tailored to your specific requirements.

4. WHO CAN ACCESS YOUR PERSONAL DATA?

We will ensure that your personal data is processed in compliance with the purposes mentioned above.

In the context of the stated purposes, your personal data may be disclosed to the following parties, operating as third-party data controllers:

- public sector bodies, other Allianz group companies, other insurers, reinsurers.

In the context of the stated purposes, your personal data may be disclosed to the following parties, operating as data processors under our responsibility:

- other Allianz group companies, technical consultants, experts, lawyers, claims adjusters, repairers, service providers, doctors and service companies to which we outsource our operations (claims, IT, postal services, document management)

Finally, we may share your personal data in the following instances:

- in planned or actual cases of reorganisation, merger, sale, joint venture, assignment, transfer or other disposition of all or part of our business, assets or securities (including in connection with insolvency or other similar proceedings); and
- to comply with any legal obligations, including obligations arising from the mediator's decisions in the event that you make a complaint about any of our products or services.

5. WHERE WILL YOUR PERSONAL DATA BE PROCESSED?

Your personal data may be processed both within and outside the European Economic Area (EEA) by the parties specified in section 4, subject always to contractual restrictions relating to privacy and security, in accordance with applicable data protection laws and regulations. We do not disclose your personal data to parties not authorised to process it.

Any transfer of your personal data for processing outside the EEA by another Allianz Group company will be carried out on the basis of the internal company rules approved by the Regulatory Authority to which the Allianz Group belongs, establishing adequate rules for the protection of personal data and legally binding on all companies in the Allianz Group. You can find out about these internal company rules and the countries concerned, outside the EEA, by contacting us as indicated in section 9. When internal Allianz rules do not apply, we will take measures to ensure that your personal data is transferred outside the EEA according to an adequate

level of protection, in the same way as if it were a transfer within the EEA. You can find out about the safeguards we implement for this type of transfer (e.g. standard contractual clauses) by contacting us as described in section 9.

6. WHAT ARE YOUR RIGHTS REGARDING YOUR PERSONAL DATA?

Where permitted by applicable law or regulation, you have the right to:

- access your personal data and know its origin, the objectives and purposes of the processing of such data, information concerning the data controller(s), the data processor(s) and the recipients of any data that may be disclosed;
- withdraw your consent at any time, in cases where it is required for the processing of your personal data;
- update or correct your personal data so that it is always accurate;
- delete your personal data from our systems if the storage thereof is no longer necessary for the purposes indicated above;
- restrict the processing of your personal data in certain circumstances, for example, if you have contested the accuracy of your personal data, for the period necessary for our services to verify the accuracy of your personal data;
- obtain your personal data in electronic format, for your personal use or for that of your new insurer; and
- to file a complaint with our company and/or the competent data protection authority.

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

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

Where permitted by applicable law or regulation, you have the right to object to the processing of your personal data by our services, or to ask our company to stop processing such data (including for direct marketing purposes). Once your request has been sent, we will no longer process your personal data unless permitted by applicable laws or regulations.

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

8. HOW LONG WILL WE KEEP YOUR PERSONAL DATA?

We will keep your personal data for a period of two (2) years from the date of termination of the insurance policy or according to the specific conditions set out below:

- In the event of a claim - two (2) years from the settlement of the claim.
- In the event of a claim involving bodily injury - ten (10) years from the claim.
- For information on claims - two (2) years from receipt of the claim.
- For any information on the policy - two (2) years from the expiry, termination, or cancellation.

We would like to inform you that specific terms may apply in the context of tax and accounting obligations, in accordance with the regulations in force.

We do not keep your personal data for longer than necessary. It will be kept only for the purposes for which it has been obtained.

9. HOW TO CONTACT US

If you have any questions about how we use your personal data, you can contact us by email or post:

AWP France SAS

Département Protection des Données Personnelles

7 rue Dora Maar - 93400 Saint-Ouen

Email: informations-personnelles@votreassistance.fr

10. HOW OFTEN DO WE UPDATE THIS PRIVACY STATEMENT?

We regularly review this privacy statement.



INSURANCE POLICY CANCELLATION FORM

You may send this cancellation form *as a registered letter requesting receipt* to the point of sale where you took out your insurance policy. Cancellation will become effective only on the date on which the registered letter is received and the refunding of the premium will take place within thirty (30) days after the reception of the notice.

I the undersigned, _____

born on ____/____/____ at _____

wish to cancel the cover of the insurance policy No _____ to which I subscribed on ____/____/____.

At _____,

date ____/____/____

Signature

Point to note: The right to cancel the insurance cannot be exercised if you have declared a claim in the fourteen (14) calendar day period; and consequently a premium reimbursement will not be made.

AWP France SAS - 7, rue Dara Maar - 93 400 Saint-Ouen Cedex - Société par Actions Simplifiée au capital de 7 584 076,86 € - 490 381 753 RCS Bobigny - Siret : 490 381 753 00055 - Société de courtage d'assurances immatriculée à l'ORIAS (www.orias.fr) sous le n° 07 026 669 - Autorité de Contrôle Prudentiel et de Résolution sise 61, rue Taitbout 75 436 Paris Cedex 09.