

Indigo Expat WeCare, OnePack and Junior Policy No. AU 367391 - Information leaflet

GENERAL PROVISIONS

OBJECT OF THE GUARANTEE

The purpose of this policy is to cover the consequences of bodily injury (or illness as defined in the Table of Benefits below) to insured persons under the age of 70, as defined below, during the period of validity of the policy, within the scope of the benefits provided for in these Specific Provisions and in the General Provisions.

INSURER

GENERALI IARD, a public limited company with capital of €94,630,300 - a 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 2 rue Pillet-Will, 75009 PARIS, a company belonging to the Generali Group registered with the Italian Insurance Companies Register under number 026.

INSURED

The member, the natural person as such or, if the member is a legal entity, its designated employees.

The member named on the Group contract enrolment form is insured in the event of physical injury resulting from a covered event that gives rise to the payment of guaranteed Insurance benefits.

The Insured expatriate on international mobility :

- Is a national of a member state of the European Union to a country other than his or her country of origin,
- Is a national of a non-EU country and resident in an EU member state,
- Is under 70 years of age.

The members of their family have the status of Insured, when they accompany the Member during his/her international mobility.

It is specified that the Member's rightful claimants may be of a different nationality to the Member and benefit from the cover provided by this contract.

DEFINITIONS

Accident

An accident is considered to be any action, reaction or resistance by an element external to the Insured and resulting from a sudden, unforeseen event external to the Insured, or involuntary and causing bodily injury.

Accidents also include

- Electrocution, hydrocution, drowning,
- Frostbite, sunstroke or asphyxiation caused by an external factor,
- Poisoning, intoxication due to the mistaken ingestion of poisonous or corrosive substances or spoiled food.
- Injuries caused by fire, steam jets, acids and corrosives, lightning and electric current;
- Congestion and freezing following shipwrecks, forced landings, collapses, avalanches, floods or any other accidental event;
- The direct consequences of animal bites or insect stings, excluding diseases (such as malaria and sleeping sickness), the primary origin of which can be traced back to such bites or stings;
- Hydrocution or decompression ;
- Hypothermia,
- Bodily injury resulting from assaults or attacks, riots, civil commotion, hold-ups of which the Insured is a victim, unless it is proven that he/she took an active part as perpetrator or instigator of these events.

Internal injuries such as hernias and cardio-vascular accidents are treated as covered bodily injury provided they result from a shock caused by an agent external to the Insured.

Accidents also include :

- Injuries caused by fire, steam jets, acids and corrosives, lightning and electric current;
- Congestion and freezing following shipwrecks, forced landings, collapses, avalanches, floods or any other accidental event;
- The direct consequences of animal bites or insect stings, excluding diseases (such as malaria and sleeping sickness), the primary origin of which can be traced back to such bites or stings;

- Hydrocution or decompression ;
- Hypothermia and dehydration;
- Sunstroke,
- Major visual disorders,
- Exhaustion,
- Asphyxiation, particularly during sandstorms or as a result of atmospheric or altitude conditions;
- Poisoning,
- Bodily injury resulting from assaults or attacks, riots, civil commotion, hold-ups of which the Insured is a victim, unless it is proven that he/she took an active part as perpetrator or instigator of these events .

Member

The Individual who subscribes to the Conventions of this Group contract, having demonstrated his/her wish to subscribe by signing the application form made available to him/her and paying the agreed premium, as defined for each college.

Assault

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

Attack

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

The French Ministry of Europe and Foreign Affairs and/or the French Ministry of the Interior will have to register this attack.

Spouse

The Beneficiary's spouse, PACS partner or notorious cohabitee, usually living under the same roof, when accompanying the Beneficiary on a Trip paid for by the Policyholder.

Consolidation date

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

Group contract with membership

A group whose members are all covered by the contract by means of an affiliation form. The Insured are identified either by their name or by their membership of a Legal Person. Cover is acquired by an Insured as soon as he/she belongs to the insured group.

Travel

Travel or Missions carried out by the Beneficiary on behalf of the Policyholder or one of its Subsidiaries.

The Displacement takes effect from the moment when the Beneficiary leaves his/her Domicile or place of residence, or the place where he/she usually carries out his/her professional activity, and ceases on his/her return to the first of these two places.

Assistance services remain available to Beneficiaries who extend their private trip for a maximum period of Fifteen days.

It is understood that the journey to and from the Insured's place of work is not considered to be a Trip within the meaning of the contract.

However, it is specified that when the Beneficiary is Expatriate, the cover provided by this assistance agreement only applies during Travel of less than 180 consecutive days.

The expatriation assignment as such is not considered to be an Assignment within the meaning of the contract.

Home

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

If the Beneficiary is an Expatriate, the home considered is that which met these criteria immediately prior to his/her departure on expatriation. Expatriate Beneficiaries must reside outside their country of Domicile during the period of validity of the contract.

Child

Unmarried child(ren) under 25 years of age or adopted child(ren) from the date of transcription of the adoption judgement on the French Civil Status registers, dependent for tax purposes and living under the same roof and, where applicable, child(ren) who may be born during the validity of the contract, fiscally dependent disabled child(ren) of full age.

Previous state

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

Child

Unmarried child(ren) under 25 years of age or adopted child(ren) from the date of transcription of the adoption judgement on the French Civil Status registers, dependent for tax purposes and living under the same roof and, where applicable, child(ren) who may be born during the validity of the contract, fiscally dependent disabled child(ren) of full age.

Foreign

This means the whole world, with the exception of the Insured's Country of origin.

Event

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

Expatriate

A Beneficiary who carries out a professional activity outside his/her country of Residence, for a period of more than 180 days, on behalf of the Policyholder.

Expatriates on international mobility :

Individuals temporarily residing outside their country of origin (for at least 6 months).

Subsidiary

A company whose registered office is located in France, more than 50% of whose capital was formed by contributions made by the subscribing company, its "parent company", and which generally manages, administers and controls it, within the meaning of Article L 233-3 of the French Commercial Code, through one or more persons, directors or managers appointed by it. The Subsidiaries must be listed in the Special Provisions.

France

Metropolitan France and the Principality of Monaco.

Franchise

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.

Absolute deductible

The Insured receives no compensation if the loss is less than or equal to the excess. If the claim exceeds the excess, the excess will be deducted from the compensation.

Relative excess

The Insured receives no compensation if the loss is less than or equal to the excess. On the other hand, he/she will be compensated without deduction of the deductible if the claim exceeds the deductible.

Hospitalization

Any admission of a Beneficiary to a hospital centre (hospital or clinic) prescribed by a doctor, following an illness or Accident and involving at least one night's stay, as evidenced by a hospital admission note.

Family member

The Insured's Spouse

- The married spouse of the principal Insured, or
- The Insured's partner with whom he/she has entered into a Civil Solidarity Pact (PACS), or equivalent civil union
- The notorious cohabitee of the principal Insured, meeting both of the following conditions:
 - That they are both free of any matrimonial ties,
 - That the cohabitation has been declared by the Insured with production of a certificate legally recognised by a competent authority in the country of cohabitation or proof of common residence or a sworn statement that they

have been living together for at least 6 months. The cessation of cohabitation must be declared in writing by the Insured.

Only one person will be covered under this heading as a Beneficiary.

In the event of divorce or legal separation, breakdown of a partnership or end of cohabitation, the Insurer must be notified in writing by the Insured as soon as it becomes aware of the event.

The Insured's dependent child(ren)

- The unmarried or civil union children of the Insured and/or his/her Spouse, who are at least fiscally dependent on the Insured and/or his/her Spouse. of the Insured and which are :
 - Minors (i.e. under the age of 18), or
- regardless of their age: if they hold a disability card (article L.241-3 of the Code de l'action sociale et des familles or equivalent provision) or a disability card issued by the competent local authorities (proof of the disability and its persistence must be provided), or
- Or if they meet the following cumulative conditions:
 - ☐ Be under 24 years of age,
 - ☐ Not be in paid employment or not have their own income from their work (except in the case of occasional employment of less than three months if they are studying).

If the Insured does not come under the French tax system, the status of dependent children as defined above is assessed using the criteria of French tax legislation.

To be considered as Insureds, the Beneficiaries must be registered on the membership certificate. Cover ceases for rightful claimants from the moment they no longer meet the conditions defined above, and in any event on the same date as for the Member. The Insurer must be notified of any change in circumstances.

Mission

Business travel, carried out on behalf of the Policyholder, participation in trade fairs, congresses, conferences, inaugurations, customer events, information meetings, sponsorship evenings, general meetings, board meetings or other meetings relating to the governance of the company, provided that these events are linked to the Beneficiary's professional activity on behalf of his/her company, for a period not exceeding 180 consecutive days, in his/her country of Residence and/or abroad (for employees on assignment) and in and outside the country of expatriation (for Expatriates).

The Mission takes effect from the moment when the Beneficiary leaves his/her Domicile or place of residence, or the place where he/she usually carries out his/her professional activity, and ceases on his/her return to the first of these two places.

An Assignment cannot include the Beneficiary's usual journey between his or her place of Residence and place of work, or private journeys.

Country of main residence or expatriation :

Country in which you and your dependants (if any) live for more than six months of the year.

Claims

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

Underwriter

The natural or legal person who takes out the policy on their own behalf and/or on behalf of others. He/she is responsible for declaring the risk and fulfilling the obligations defined in the contract.

SCOPE OF COVER

Cover under the Group policy applies worldwide, both during the Insured's private life and during his/her professional life, throughout the period of his/her Secondment or Expatriation, subject to the exclusions set out in the "International Sanctions" paragraph of Chapter 5 "Exclusions common to all cover" of the General Provisions GA0023D.

Guarantees are then valid 24 hours a day for the duration of this period.

However, Civil Liability cover only applies to the Insured's private life.

EXCLUSIONS COMMON TO ALL GUARANTEES

1. ACCIDENTS AND THEIR CONSEQUENCES, CAUSED OR PROVOKED BY THE INSURED OR WITH HIS/HER COMPLICITY.
ACCIDENTS AND THEIR CONSEQUENCES CAUSED BY :
 - THE USE OF DRUGS, NARCOTICS OR TOXIC SUBSTANCES NOT PRESCRIBED BY A DOCTOR;
 - DRUNKENNESS, ALCOHOLISM OR DRUG ADDICTION;
 - THE INSURED'S SUICIDE OR ATTEMPTED SUICIDE ;
 - THE INSURED'S VOLUNTARY PARTICIPATION IN A CRIME, AN OFFENCE, AN ACT OF VANDALISM, AN ASSAULT, A RIOT, AN ATTACK, AN ACT OF TERRORISM OR SABOTAGE, A CIVIL COMMOTION OR A BRAWL NOT INVOLVING SELF-DEFENCE OR ASSISTANCE TO A PERSON IN DANGER;
 - ACTS OF CIVIL OR FOREIGN WAR.
2. ACCIDENTS, AND THEIR CONSEQUENCES, SUFFERED WHEN THE INSURED IS DRIVING A MOTOR VEHICLE UNDER THE INFLUENCE OF ALCOHOL AS DEFINED BY THE REGULATIONS IN FORCE, OR UNDER THE INFLUENCE OF NARCOTICS OR SUBSTANCES NOT PRESCRIBED BY A DOCTOR.
3. ACCIDENTS AND THEIR CONSEQUENCES, SUFFERED WHILE USING ANY AIRCRAFT, EXCEPT AS AN UNPAID PASSENGER ON ROUTES OPERATED BY COMPANIES APPROVED FOR PUBLIC PASSENGER TRANSPORT.
4. ACCIDENTS AND THEIR CONSEQUENCES :
 - DUE TO IONISING RADIATION EMITTED SUDDENLY OR ACCIDENTALLY BY NUCLEAR FUELS OR BY RADIOACTIVE PRODUCTS OR WASTE FROM REACTORS;
 - CAUSED BY WEAPONS OR DEVICES DESIGNED TO EXPLODE BY MODIFYING THE STRUCTURE OF THE ATOMIC NUCLEUS;
 - DUE TO THE DIRECT OR INDIRECT EFFECTS OF EXPLOSION, HEAT RELEASE, IRRADIATION RESULTING FROM THE TRANSMUTATION OF ATOMIC NUCLEI OR RADIOACTIVITY, OR RADIATION CAUSED BY THE ARTIFICIAL ACCELERATION OF PARTICLES;
5. ACCIDENTS AND THEIR AFTER-EFFECTS ARISING IN THE COURSE OF EMPLOYMENT IN ONE OF THE FOLLOWING SECTORS: THE ARMED FORCES, THE POLICE, LAW ENFORCEMENT AGENCIES OR CIVIL AVIATION (FLIGHT PERSONNEL);
6. ACCIDENTS AND THEIR CONSEQUENCES CAUSED BY THE INSURED'S PROFESSIONAL PRACTICE OF SPORT OR PARTICIPATION IN SPEED EVENTS, TRIALS OR COMPETITIONS INVOLVING THE USE OF MOTORISED EQUIPMENT.
7. ANY DAMAGE CAUSED OR PROVOKED BY A CONTAGIOUS DISEASE AND HAVING GIVEN RISE TO THE IMPLEMENTATION OR APPLICATION OF SPECIFIC SANITARY OR OTHER MEASURES BY ANY COMPETENT NATIONAL AUTHORITY.

INTERNATIONAL SANCTIONS

The insurer shall not be bound by any guarantee, shall not provide any service and shall not be obliged to 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 Organisation, 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 applicable to this contract providing for such measures.

INSURANCE GUARANTEES

ACCIDENT COVER

DEFINITIONS

Relative deductible for disability

Rate of disability chosen when the policy is taken out, for which and below which cover does not apply.

If the disability is greater than this rate, no excess will be applied.

Funeral and burial expenses

Funeral and burial expenses for the Insured assumed by the victim's family following his/her death and for which an invoice has been issued.

Total or partial permanent disability

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

GUARANTEES

Accidental death

For any Insured, the payment of a lump sum in the event of the death of the Insured where the insured accident results in his/her death, including if the death following this insured accident occurs within a period of two years from the date of the accident.

The lump sum is paid to the beneficiaries in the amount set out in the **Table of Benefits**.

If death is the result of an accident that gave rise to the payment of a lump sum under the "Permanent disability following an accident" cover, 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 guaranteed in the event of death.

The disappearance of the Insured without any news of him/her may be treated as 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 towards funeral and burial expenses, up to the amount of the expenses actually incurred, less any payments received from other organisations, and up to the amount specified in the Table of Benefits. The beneficiary of this cover is the natural person or persons who have paid the funeral expenses. Reimbursement will be made on presentation of supporting invoices.

Permanent disability following an accident

Payment of a lump sum when the insured accident results in total or partial permanent disability.

The capital sum is paid by the Insurer after the date of consolidation. It is determined by multiplying the amount of the capital mentioned in the Table of Benefits by the rate of total or partial permanent disability determined in accordance with the "indicative scale for assessing rates of permanent disability of the Concours Médical" and its conditions of application.

If the cover taken out includes a relative excess for disability, this is shown in the Table of Benefits and will be applied to the rate resulting from the above scale.

Adaptation of home and/or vehicle in the event of permanent disability

In the event of PARTIAL PERMANENT DISABILITY of more than 33% of the Insured as a result of an accident covered by the contract and requiring the adaptation of his/her home and/or vehicle, on his/her return from Secondment or Expatriation, the Insurer will pay these costs on production of supporting documents and up to a limit of 10% of the capital provided under the DISABILITY cover, up to a maximum of 15,000 Euros.

Daily allowance in the event of coma

Where mentioned in the Table of Benefits, if, following an accident and subject to the exclusions provided for, an Insured is in a coma for an uninterrupted period of more than 10 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 compensation from the 10th day of coma for a maximum of 365 days, equal to the amount indicated in the Table of Benefits.

In the event of the subsequent death of the Insured 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 will be forfeited.

In the event of total or partial disability resulting from this accident, the Insurer will pay the insured the balance of the capital sum provided for.

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

To activate cover, the Policyholder or the beneficiary(ies) must send the company, within 10 days, a medical certificate attesting to the uninterrupted state of coma of the Insured.

Search, rescue and relief costs

Cover applies, up to the amount set out in the **Table of Warranties and Benefits granted by this Group contract**, to the reimbursement of search and rescue costs that may be incurred by the Insured in order to find him/her if he/she is reported missing or in peril, provided that :

- Search or rescue operations carried out by public or private rescue organisations or by individual rescuers, transport of the insured person from the scene of the accident to the nearest locality or, if his/her condition warrants it, to the nearest clinic or hospital.
- Search or rescue operations undertaken following an accident covered by this policy.

However, if the Insured has not been involved in an accident, but has nevertheless been reported missing or in danger in circumstances such that search or rescue costs would have been covered if he/she had been the victim of an accident, these costs will be reimbursed up to a limit of half the amount set out in the **table of Guarantees and Benefits granted by this Group policy**.

Transport costs for insured family members in the event of repatriation

Payment of reasonable transport costs, up to the ceiling indicated in the table of cover in the Specific Conditions, for all insured members of the family of the evacuated or repatriated INSURED, for example a minor who would otherwise be unsupervised. If the family cannot travel in the same vehicle, GENERALI will pay for transport in economy class. **Accommodation and other miscellaneous expenses are not covered.**

BENEFICIARIES IN THE EVENT OF DEATH

In the event of the DEATH of the INSURED, and unless the INSURED has given the Company a holographic designation to the contrary, it is specified that the BENEFICIARIES of the capital provided for this purpose will be :

- if the INSURED is married: his/her spouse who is not legally separated at his/her fault, nor divorced, failing that his/her children born or unborn, living or represented, failing that his/her heirs,
- if the INSURED is the signatory of a PACS, his partner, failing which his heirs,
- if the INSURED is widowed or divorced: his/her children, failing which his/her heirs,
- if the INSURED is single: his heirs.

PERSONAL LIABILITY COVER FOR EXPATRIATES

DEFINITIONS

Bodily injury

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

Material damage

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

Non-material damage

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

Harmful event

The fact that constitutes the cause of the damage.

Inexcusable fault

Fault of exceptional gravity arising from a voluntary act or omission, the perpetrator of which must have been aware of the danger, committed in the absence of any justifying cause, not involving an intentional element.

An intentional element/intentional fault results from the deliberate intention to harm another person.

Territorial concept of foreigner

This means the whole world, with the exception of the Insured's Country of origin.

Territorial concept of France

This is mainland France.

Country of secondment or expatriation

The country to which the Insured is seconded or expatriated. It must be different from the country of origin.

Country of origin

The country of nationality of the Insured or the country of habitual residence prior to departure on an assignment abroad and for which he/she is a national (subject to the legislation of the country).

Accidental pollution

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

Claims

Any claim for amicable or contentious compensation, made by the victim of a loss or damage or his/her beneficiaries and addressed to the Insured or the Insurer.

Civil liability

A 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 liability of the Insured, resulting from a harmful event and having given rise to one or more claims. The harmful event is that which constitutes the cause of the damage. A series of harmful events with the same technical cause is treated as a single harmful event.

Territoriality of Personal Liability cover

All countries of secondment or expatriation.

Third party

Any person other than the Insured, the members of his/her family as defined in the Contract, and the ascendants and descendants of the members of the family. This definition also includes people who occasionally take on the care of the insured's children or pets free of charge, and employees working for the insured.

Land motor vehicle

A self-propelled vehicle (propelled by its own motive power) that moves on the ground (i.e. other than by air or sea), without being connected to a railway, and is used to transport people (even if only the driver is involved) or goods.

Privacy policy

The exercise of any activity other than those related to the performance of a contract of Employment, Services or Provisions, and which fall within the "private sphere", in particular domestic, personal and leisure activities.

OBJECT OF THE GUARANTEE

The Insurer covers the Insured against the pecuniary consequences of any civil liability he may incur as a result of bodily injury, property damage or consequential loss caused to Third Parties in the course of his private life. Private life means any activity of a non-professional nature.

However, the journey to and from work is covered.

The guarantee is extended:

- damage resulting from intoxication or poisoning caused by food or drink served by the insured person.

- damage suffered by persons employed in the Insured's personal domestic service, resulting from inexcusable fault within the meaning of articles L.452.2 and L452.3 of the French Social Security Code.

EXCLUDED :

- THE ADDITIONAL CONTRIBUTIONS PROVIDED FOR IN ARTICLES L 242.7. AND L 412.3. OF THE SOCIAL SECURITY CODE OR BY AN EQUIVALENT TEXT IN THE CASE OF A SPECIFIC FRENCH SOCIAL PROTECTION SCHEME.
- ANY OCCUPATIONAL ACCIDENT OR ILLNESS DISCRIMINATION), L 122-46 TO L 122-54 (HARASSMENT) AND L 123-1 TO L 123-7 (PROFESSIONAL EQUALITY BETWEEN WOMEN AND MEN) RELATED TO NON-COMPLIANCE WITH THE PROVISIONS OF THE LABOUR CODE SET OUT IN THE FOLLOWING PARAGRAPHS ARTICLES L 122-45 TO L 122-45-3.

DEFENCE

The Insurer assumes the defence of the Insured under the conditions set out below.

In the event of an action involving liability covered by the policy, the Insurer will defend the Insured in any proceedings which also concern the Insurer's interests. Cover is triggered when the damages and interest claimed exceed the amount of the excess.

The Insurer shall lead the defence of the Insured with regard to civil interests. It has the right to take legal action when the Insured's criminal interests are not or are no longer in question (with the Insured's agreement if this is not the case).

The Insurer's assumption of responsibility for the Insured's defence does not constitute a waiver of its right to invoke any exception to cover of which it was not aware at the time it assumed responsibility.

The Insurer shall bear the defence costs, without deducting them from the amount of cover for the corresponding damage.

If the amount of damages exceeds the corresponding limit of cover, the Insurer will pay the defence costs in proportion to the amount of cover in relation to the amount of compensation due to the injured third party.

ADDITIONAL SPECIFIC EXCLUSIONS

EXCLUDED :

- THE CONSEQUENCES OF THE INSURED'S WILFUL MISCONDUCT.
 - DAMAGE CAUSED BY DECLARED OR UNDECLARED CIVIL OR FOREIGN WAR, RIOTS AND CIVIL COMMOION, ACTS OF TERRORISM, 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 ANY OTHER CRIMINAL PENALTY IMPOSED PERSONALLY ON THE INSURED.
 - DAMAGE OR AGGRAVATION 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,
 - BY ANY SOURCE OF IONISING 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 IDENTIFY, DESTROY OR NEUTRALISE ASBESTOS OR LEAD, OR OF THE USE OF PRODUCTS CONTAINING ASBESTOS OR LEAD.
- DAMAGE CAUSED DIRECTLY OR INDIRECTLY BY THE FOLLOWING PERSISTENT ORGANIC POLLUTANTS: ALDRIN, CHLORDANE, DIOXINS, DIELDRIN, ENDRIIN, DICHLORODIPHENYLTRICHLOROETHANE (DDT FURANS, HEPTACHLOR, HEXACHLOROBENZENE, MIREX, POLYCHLORINATED BIPHENYLS (PCB) TOXAPHENE, FORMALDEHYDE, METHYL TERTIARY BUTYL ETHER (MTBE).
- THE CONSEQUENCES OF CONTRACTUAL COMMITMENTS ACCEPTED BY THE INSURED WHICH HAVE THE EFFECT OF INCREASING THE LIABILITY WHICH WOULD HAVE BEEN INCUMBENT ON HIM IN THE ABSENCE OF THE SAID COMMITMENTS.
- DAMAGE RESULTING FROM THE EXERCISE OF ANY PROFESSIONAL ACTIVITY OR DUTIES CARRIED OUT IN THE CONTEXT OF ELECTED OFFICE.
- THE CONSEQUENCES OF ALL PHYSICAL AND MATERIAL LOSSES SUFFERED BY THE INSURED.
- EXEMPLARY DAMAGES AND PUNITIVE DAMAGES
- POLLUTION DAMAGE, AS WELL AS ABNORMAL NEIGHBOURHOOD DISTURBANCES (NUISANCES).
- DAMAGE OF THE KIND REFERRED TO IN ARTICLE L. 211-1 OF THE INSURANCE CODE ON COMPULSORY MOTOR INSURANCE AND CAUSED BY LAND MOTOR VEHICLES, THEIR TRAILERS OR SEMI-TRAILERS OF WHICH THE INSURED HAS OWNERSHIP, CUSTODY OR USE (INCLUDING DUE TO THE FACT OR FALL OF ACCESSORIES AND PRODUCTS USED IN THE USE OF THE VEHICLE, AND OBJECTS AND SUBSTANCES TRANSPORTED BY IT).
- CONSEQUENTIAL MATERIAL AND IMMATERIAL DAMAGE CAUSED BY FIRE, EXPLOSION OR WATER DAMAGE IN BUILDINGS OWNED, RENTED OR OCCUPIED BY THE INSURED.
- IT IS AGREED THAT THE TEMPORARY OCCUPATION OF PREMISES FOR A PERIOD OF LESS THAN 3 CONSECUTIVE MONTHS IS COVERED. THIS PROVISION APPLIES, FOR EXAMPLE, TO THE OCCUPATION OF "VILLEGIATURE" PREMISES BY THE INSURED.
- THEFT COMMITTED IN THE BUILDINGS LISTED IN THE PREVIOUS EXCLUSION.
- CONSEQUENTIAL MATERIAL DAMAGE (OTHER THAN THAT REFERRED TO IN THE TWO PREVIOUS EXCLUSIONS) AND IMMATERIAL DAMAGE CAUSED TO PROPERTY IN THE CUSTODY, USE OR SAFEKEEPING OF THE INSURED PERSON.
- IT IS AGREED THAT GOODS IN THE CUSTODY, USE OR SAFEKEEPING OF THE INSURED FOR A TEMPORARY PERIOD OF 3 CONSECUTIVE MONTHS ARE COVERED.
- 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 AUTHORISATION FROM THE PREFECTURE.
- THE CONSEQUENCES OF HUNTING, INCLUDING DAMAGE CAUSED BY DOGS WHILE HUNTING.
- DAMAGE CAUSED BY ANIMALS OTHER THAN PETS.
- DAMAGE CAUSED BY FIRST CATEGORY DOGS (ATTACK DOGS) AND SECOND CATEGORY DOGS (GUARD AND DEFENCE DOGS), AS DEFINED IN ARTICLE 211-1 OF THE RURAL CODE, AND BY TAMED OR CAPTIVE WILD ANIMALS, AS MENTIONED IN ARTICLE 212-1 OF THE RURAL CODE, WHETHER STRAY OR NOT, OF WHICH THE INSURED PERSON IS THE OWNER OR KEEPER (LAW NO. 99-5 OF 6 JANUARY 1999 ON DANGEROUS AND STRAY ANIMALS AND THE PROTECTION OF ANIMALS).
- THE CONSEQUENCES :
 - THE ORGANISATION OF AND PARTICIPATION IN SPORTING COMPETITIONS ;
 - PRACTISING SPORTS AS A HOLDER OF A SPORTS FEDERATION LICENCE ;
 - PRACTISING AIR OR WATER SPORTS.
 - THE PRACTICE OF ANY SPORT REQUIRING THE USE OF MOTORISED MECHANICAL EQUIPMENT, WHETHER AS DRIVER OR PASSENGER. THE PRACTICE OF A SPORT IS UNDERSTOOD TO MEAN TRAINING, TRIALS, AS WELL AS PARTICIPATION IN SPORTING EVENTS OR COMPETITIONS,
 - PRACTISING SPORTS WITH DANGEROUS CHARACTERISTICS, SUCH AS: MOUNTAINEERING, ROCK CLIMBING, SCUBA DIVING (EXCEPT FREEDIVING AT LESS THAN 50 METRES), SPELEOLOGY, SKELETON, SKI JUMPING, BOBSLEIGH, BUNGEE JUMPING, RAFTING, CANYONING, JET-SKIING, KITE-SURFING AND THE FOLLOWING SPORTS WHEN PRACTISED OFF-PISTE: SKIING, CROSS-COUNTRY SKIING, SLEDGING AND SNOWBOARDING.

SCOPE OF COVER OVER TIME

Cover under this policy 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 cover and its cancellation or expiry date, regardless of the date of the other constituent elements of the claim (article L. 124-5 of the Insurance Code).

The claim must be sent to the Insurer whose cover is or was in force at the time when the harmful event occurred.

AMOUNT OF COVER

The amounts of cover expressed per claim constitute the limit of the Insurer's commitment for all claims relating to the same harmful event.

The date of the claim is the date of the harmful event. The conditions and amounts of cover are those in force on that date.

Bodily injury, property damage and consequential loss:

- **4 600 000 Euros per claim and per insurance year**

Of which :

- Inexcusable fault (Employees in the service of the insured member): **300,000 Euros** per victim and per year of insurance.
- Consecutive material and immaterial damage: **460,000 Euros** per claim and per insurance year, **Deductible: 150 Euros per claim.**
- With a maximum for Fire, Explosion and Water damage: **300,000 Euros** in the case of temporary occupation of property (less than 3 months) "on holiday".

Defence before civil, commercial or administrative courts. Defence of civil interests before the criminal courts:

- **Costs to be borne by the Insurer, unless the limit of cover in question is exceeded**

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

Claims notification deadlines

In the event of a claim, the Policyholder may report it by contacting :

- in writing to the Insurer or to the intermediary designated in the Declarations.

The Policyholder must :

- make the declaration within **5 working days** of becoming aware of it, and within 30 working days in the event of death;
- declare to the Insurer, within 10 days of the declaration of the occurrence of the insured event, all other insurance policies of a **compensatory** nature which may provide compensation for losses covered by this contract;
- send all notices, correspondence or legal documents relating to the claim to the Insurer as soon as they are received.

The declaration will mention :

- the number of this contract ;
- the date of the accident.

If these deadlines are not met, except in the case of fortuitous events or force majeure, cover will not be granted if the delay causes prejudice to the Insurer.

In what way

In the event of a bodily injury involving the cover provided by this policy, the Policyholder or the Insured may contact :

For Individual Accident cover :

Either in writing, or orally against receipt, at the Company's Head Office or Representative, or by e-mail: Indemnisation.assurancedepersonne@generali.fr mentioning :

- The policy number
- The policyholder
- The full 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 the known or supposed consequences:

- the surname, first name, date of birth and place of residence of the Insured,
- his status with regard to the policyholder, enabling him to benefit from the cover taken out by the latter,
- the names and addresses of witnesses, or of the person who caused the accident, if applicable,
- all documents such as medical certificates, sick leave, etc. required to assess the claim and calculate the sums that the Insurer may be required to pay, in a confidential envelope for the attention of the Insurer's medical department,

- the police or gendarmerie report, if applicable, and any other documents required to investigate the case.

If the Insured or the beneficiaries fail to comply with all or part of the above obligations, except in the case of fortuitous events or force majeure, the Insurer shall be entitled to claim compensation from them equal to the loss which they have suffered as a result.

Medical expertise and control

Examination and control

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

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

Medical expertise

In the event of a medical dispute, an amicable expert opinion will be sought before any legal action is taken.

Each party chooses a medical expert to settle the dispute. In the event of disagreement, they will appoint a third expert, who will act jointly and by majority vote. Each party pays its own expert's fees. The fees of the third doctor are borne equally by the two parties.

In the expert appraisal, the Insurer assumes that the victim underwent 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 appropriate to their pathology.

UNDER ACCIDENT COVER :

Determining compensation

Deaths

Proof of death is provided by the production of a death certificate.

In the event of the disappearance of the Insured, proof of disappearance is provided by the production of a death certificate. The Death benefit then corresponds to the amount shown in the Declarations on the day of the presumed date of disappearance.

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

Supplementary payment for funeral and burial expenses: this is paid to the person who paid, or to the persons who 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 invalidity is equal to or greater than 66%, the Insurer will pay a deposit equal to half the indemnity, which will be retained by the Insured.

The rate of total or partial Permanent Disability is determined in accordance with the Conditions of Application of the "indicative scale for assessing rates of permanent disability from the Concours Médical".

The compensation will be calculated taking into account only the consequences of this accident, excluding those linked to the previous condition.

If the cover includes an excess for disability, this is shown in the Declarations and will be applied by the Insurer.

Cumulative insurance :

If the Expenses covered by the contract are or come to be covered by another insurance policy, 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 taken out in a fraudulent or deceitful manner, the penalties provided for in the first paragraph of Article L 121-3 of the Code des Assurances shall apply.

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

Adapting your home and/or vehicle

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

The allowance is paid on presentation of supporting invoices.

In the event of disagreement

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

The Insured and the Insurer will each choose a medical expert to settle the dispute.

Failing agreement between them, they shall appoint a third expert and all three shall act jointly by a majority of votes.

If the Insured or the Insurer fail to appoint an expert within 15 days of formal notice being given by the other party, or if the expert doctors fail to agree 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 shall pay the costs and fees of its representative.

The fees of the third-party expert are shared equally by the two parties.

Regulations

Time limit for payment of compensation

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

Subrogation

In accordance with the regulations in force, the Insurer is subrogated, up to the amount of the compensation paid, to the rights and actions of the Insured or the beneficiaries against any party responsible for the accident and its Insurer up to the amount of the sums paid by the Insurer under this contract.

Cover will no longer apply in favour of the Insured or the beneficiaries if, as a result of their actions, the Insurer can no longer exercise any of the following rights

PERSONAL LIABILITY COVER :

Direction of the trial

For damage covered by the "Personal Civil Liability" cover and within the limits of this cover, the Insurer alone shall take charge of the legal proceedings brought against the Insured and shall have the right to exercise any means of recourse.

The Insurer will bear the costs and fees of the investigation, enquiry, expert appraisal, lawyer and court costs. These costs and fees are deducted from the amount of cover applicable.

The Insurer's assumption of responsibility for the defence of the Insured shall not constitute a waiver by the Insurer of the right to invoke any exception to cover of which he was unaware at the very time when he assumed responsibility for this defence.

In the event of criminal proceedings where civil interests are or will be sought in the context of these proceedings or any other subsequent proceedings, the Insured undertakes to associate the Insurer with his defence without this undertaking altering the scope of cover under this contract.

On pain 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 "Personal Civil Liability" cover.

Transaction

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

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

However, an admission of liability does not include an admission of a material fact, or the mere fact of having provided the victim with urgent assistance, when this is an act of assistance that every person has a moral duty to perform.

Documentation and procedures for making a claim

As soon as he/she becomes aware of an event likely to give rise to cover under this contract, and at the latest within **Five Days**, the Insured must notify the Insurer in writing or verbally against receipt, on pain of forfeiture, except in the case of fortuitous events or force majeure.

It must also :

- Inform the Insurer as soon as possible of the circumstances of the claim, 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 sent, delivered or served on it.

If the Insured fails 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 to comply could cause.

MISCELLANEOUS PROVISIONS

PRESCRIPTION

In accordance with the French Insurance Code :

Article L114-1

All actions arising from an insurance contract are time-barred after two years from 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 on which the Insurer became aware of it;
2. In the event of a claim, only from the day on which the persons concerned 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 recourse by 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 Insured.

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

For life insurance contracts, notwithstanding the provisions of 2, the beneficiary's actions are time-barred no later than thirty years from the date of 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 in respect of the action for payment of the premium and by the Insured to the Insurer in respect of the settlement of the indemnity.

Article L114-3

Notwithstanding article 2254 of the Civil Code, the parties to the insurance contract may not, even by mutual agreement, modify the duration of the limitation period or add to the causes of its suspension or interruption.

In accordance with the Civil Code :

Section 3: Causes of interruption of prescription.

Article 2240

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

Article 2241

An application to the courts, even in summary proceedings, interrupts the limitation period as well as the time limit.

The same applies if the claim is brought before a court that does not have jurisdiction or if the act of bringing the claim before the court is annulled due to a procedural defect.

Article 2242

The interruption resulting from the application to the court has effect until the proceedings are terminated.

Article 2243

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

Article 2244

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

Article 2245

The summons of one of the joint and several debtors by way of an application to the court or a writ of execution or the acknowledgement 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, a summons issued to one of the heirs of a joint and several debtor or an acknowledgement by that heir does not interrupt the limitation period in respect of the other co-heirs, even in the case of a mortgage claim, if the obligation is divisible. Such summons or acknowledgement interrupts the limitation period, as regards the other co-debtors, only in respect of the share for which that heir is liable.

To interrupt the limitation period for the whole, in respect of the other co-debtors, a summons must be issued to all the heirs of the deceased debtor or an acknowledgement made by all those heirs.

Article 2246

The summons to the principal debtor or his acknowledgement interrupts the limitation period against the guarantor.

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 sole 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 this 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 of this contract, 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 guarantees of the contract, regardless of the date on which it was taken out, without the indemnity thus due exceeding the loss suffered. Within these limits, and as provided for in the 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 wilfully or fraudulently, the penalties set out in article L121-3 of the Insurance Code (nullity of the contract and damages) apply.

EXAMINATION OF CLAIMS

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

If he/she does not receive a satisfactory response, the Insured may send his/her complaint in writing (quoting 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/her policy through an Intermediary and his/her claim falls within the Intermediary's duty to advise and inform or concerns the conditions under which the policy was marketed, the claim must be addressed exclusively to that 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 Mediation Charter drawn up by this Federation.

At the request of our complaints 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 Mediation officer 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,

A public limited company with share capital of 94,630,300 euros, Company governed by the Insurance Code - 552 062 663 RCS Paris, Registered office: 2 rue Pillet-Will - 75009 Paris - Telephone: 01 58 38 80 00. A 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 to be carried out, 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 disputes, 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 canvassing purposes, subject to the Insured's consent or right to object, and to combat insurance fraud.

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

Legal basis	Purposes of processing
Performance of the contract/membership or pre-contractual measures	1. Pre-contractual measures such as the obligation to provide information, advice, quotations, etc.
Consent for health data collected in connection with the purchase of specific cover	2. Performing acts of subscription/registration, management and subsequent performance of the contract
	3. Recovery
	4. Exercise of remedies
	5. Managing complaints and disputes
	6. Automated decision-making, including profiling in connection with the subscription/registration or performance of the contract/registration. Certain data may lead to decisions concerning subscription/membership and the performance 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 obligations
Legitimate interest	10. Combating 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. Continuous improvement of our offerings.
	13. 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 customers at risk at Generali Group level.
Processing health data for social protection purposes	Payment of benefits for the following contracts:
	14. Reimbursement of medical expenses
	15. Supplementary pensions
	16. Supplementary pension

Additional information relating to the processing of personal data concerning the Insured and not collected from him/her :

Category of data likely to be transmitted to the Insurer :

- Civil status, identity, identification data
- Location data (movements, GPS data, GSM, 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, other insurance bodies and any administrative authority.

Data used for commercial prospecting purposes may also be obtained as part of sponsorship operations or from authorised 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 organisations of the persons concerned, sub-contractors and service providers, within the limits necessary for the performance of the tasks incumbent upon them or entrusted to them. Furthermore, in order to comply with legal and regulatory obligations, GENERALI IARD may communicate personal data to legally authorised administrative and judicial authorities.

As part of the prevention of money laundering and the financing of terrorism, this data may also be shared between the legal entities of the GENERALI Group which may be located within and outside the European Union, in order to enhance their local filtering processes and to implement a common approach to the classification of customer risks 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 centres, where this data is hosted, 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 optimum level of protection.

The data processing currently carried out outside the European Economic Area concerns data processing linked to certain types of management actions, the occasional sending of e-mails or text messages, the supervision of infrastructures or

the maintenance of certain applications. These processing operations carried out from third countries are subject to a legal framework that complies with the 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: droiddaces@generali.fr

Shelf life

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

Exercising rights

As part of the processing carried out by the Insurer, the Insured has access, under the conditions laid down by the 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 provide him/her with all such data.
- **A right of rectification:** the right to ask for personal data to be corrected, particularly if your situation changes.
- **A right of deletion:** the right to request the deletion of personal data, in particular when such data is no longer necessary 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 his choice where this is technically possible.
- **A right of withdrawal:** the right to withdraw consent given 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 ground for termination recognised by insurance law.
- **The right to object:** the right to object to the processing of personal data, in particular for commercial canvassing and, more generally, for processing purposes for which the legal basis is legitimate interest.

The Insured may exercise his/her rights by sending a simple request to the following address:

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

Or by e-mail: droiddaces@generali.fr

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

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/her property, be assessed and quantified using automated processing or involve profiling elements concerning the Insured. 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/her point of view and to contest the decision. The Insured may exercise these rights at the address given for exercising his/her 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/her personal data with :



Commission Nationale de l'Informatique et des Libertés (French Data Protection Authority)

3 Place de Fontenoy TSA 80715
75334 Paris Cedex 07

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 policy on cookies, the Insurer invites you to consult its website: <https://www.generali.fr/cookies>.



SUPERVISORY AUTHORITY

The supervisory authority is :

The Autorité de Contrôle Prudentiel et de Résolution (Prudential and Resolution Control Authority)

ACPR
4 place de Budapest
CS 92459
75436 Paris Cedex 09

Table of guarantees

INSURANCE GUARANTEES		
IN THE EVENT OF AN ACCIDENT		
Coverage area: Worldwide		
Accident cover	Maximum amounts of cover	Franchises
Deaths		
Adult	10 000 €	None
Children under the age of 18	5 000 €	
Funeral and burial expenses	3 000 €	None
Permanent Total or Partial Disability according to European scale		
Adult	10 000 €	None
Children under the age of 18	10 000 €	
Home and/or vehicle improvements in the event of permanent disability	10% of the sum insured for Permanent Disability, up to a maximum of €15,000	Permanent disability greater than 33
Daily allowance in the event of coma	1/365 ^{ème} of annual salary per day of coma, up to a maximum of €150 per day and without may exceed the Death Benefit above - maximum duration of compensation 365 days	Absolute deductible of 10 days in a coma
Search, rescue and relief costs	20,000 per Insured and per Event	None
Transport costs for insured family members in the event of repatriation	2,000 per event	
PERSONAL LIABILITY		
Coverage area: Worldwide		
Guarantees	Maximum amounts of cover	Franchises
Bodily injury, property damage and consequential loss of which :		
<ul style="list-style-type: none"> Consecutive material and immaterial damage 	4,600,000 per claim and per year of insurance of which :	
<ul style="list-style-type: none"> With maximum cover for fire, explosion and water damage in the case of temporary occupation of property (less than 3 months) "on holiday" or third-party liability for the hire of event rooms 	460,000 per claim and per insurance year	With an absolute excess of €150 per claim
<ul style="list-style-type: none"> Inexcusable fault (employees in the service of the insured member) 	300 000 €	None
Defence before civil, commercial or administrative courts. Defence of civil interests before the criminal courts	300,000 per victim and per year of insurance	
	Costs to be borne by the Insurer, unless the limit of cover in question is exceeded, up to a maximum of €7,700.	