Qonto Mastercard X Insurance and Assistance

Contract No. CBQVZDE11GOL3/X

Information notice

Complies with Article L.141-4 of the Insurance Code

The Policyholder: the issuer of the Card: **Qonto SA,** 6 impasse Bonne Nouvelle 75010 Paris.

The Insurer: Zurich Insurance Europe AG, Platz der Einheit 2, 60327 Frankfurt am Main, Germany (HRB 133359) (acting through its agent Cover-More Blue Insurance Services Limited)

Information for Qonto cardholders

This insurance is arranged by the issuer of the card, **Qonto SA**, through Cover-More Blue Insurance Services Limited (trading as Cover-More Europe) which is appointed as Managing General Agent to act on behalf of the insurer, Zurich Insurance Europe AG. Claims, customer care and complaints handling services are handled by Qover SA/NV on Cover-More Europe's and Zurich's behalf. Medical Assistance services are handled by Travel-Guard / World Travel Protection on Cover-More Europe's and Zurich's behalf.

Qonto SA, a société anonyme with a share **capital of € 301.024,39**, listed in the trade and companies register (RCS) of Paris under number 819 489 626 and whose registered office is located at 6 impasse Bonne Nouvelle 75010 Paris (France), approved by the Prudential Control and Resolution Authority ("ACPR"), located at 4, place de Budapest - CS 92459, 75436 PARIS CEDEX 09 as Credit Institution under number 16958

Cover-More Blue Insurance Services Limited is a company registered in Ireland with company number 345681, and registered address Suite 11, Fifth Floor, No. 2 Stemple Exchange, Blanchardstown Corporate Park, Blanchardstown, Dublin 15, Ireland. Cover-More Blue Insurance Services Limited is authorised and regulated by the Central Bank of Ireland, firm reference number C29373.

Zurich Insurance Europe AG is a company registered with the commercial register in Germany under HRB 133359, with registered address at Platz der Einheit 2, 60327 Frankfurt am Main, Germany. Zurich Insurance Europe AG is authorised and regulated by Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin), firm reference number 10005151.

Qover SA/NV, whose registered office is located at 31, rue du Commerce – 1000 Brussels, Belgium, RPM 0650.939.878, is an untied insurance agent, registered in the register of insurance intermediaries kept by the Financial Services and Markets Authority, at n°0650.939.878. You can view Qover full data protection statement at https://www.qover.com/terms-and-policies.

Details of the nature of the relationship between Zurich and Cover-More Europe can be found by clicking on the following link: https://www.covermoreeurope.com/cmblue-tob/

The cover concerned by this notice applies to holders of bank cards of the "X" card, issued by the Policyholder, and are directly attached to the validity of said card. However, the declaration of loss or theft of cards does not suspend cover.

This English translation does not have a contractual character and is offered only under informative title. In the event of a dispute, the original text of the French language will be the only applicable text and will prevail under this translation. Therefore, we must trust this translation and any dispute that is in relation to the security code granted and will be resolved exclusively by reference to the original writing in French and the meaning of the terms used therein.

This information notice consists of a "Part 1 - Insurance", a "Part 2 - Assistance" and a "Part 3 - Common Provisions for Insurance and Assistance".

Part 1 – Insurance

CONDITIONS OF ACCESS

UNLESS OTHERWISE STIPULATED, THE BENEFIT OF THE GUARANTEES MAY ONLY BE INVOKED IF THE INSURED SERVICE OR THE INSURED PROPERTY HAS BEEN PAID, IN WHOLE OR IN PART, BY MEANS OF THE CARD BEFORE THE OCCURRENCE OF THE CLAIM.

YOU MUST HOLD THE QONTO MASTERCARD X CONTINUOUSLY (I.E. WITHOUT INTERRUPTION) FROM THE TIME OF THE EVENT'S OR TRIP'S BOOKING/TICKET PURCHASE UNTIL THE CLAIM NOTIFICATION;

THE BOOKING MUST BE MADE BY THE QONTO MASTERCARD X HOLDER AND THROUGH AN OFFICIAL MERCHANT; PURCHASE ON BLACKMARKET OR BUSINESS BETWEEN INDIVIDUALS IS EXCLUDED.

IN THE CASE OF A CAR RENTAL, IF PAYMENT IS MADE AT THE END OF THE RENTAL PERIOD, THE CARDHOLDER MUST PROVIDE PROOF OF A RESERVATION USING THE CARD, PRIOR TO THE COLLECTION OF THE VEHICLE, SUCH AS A PRE-AUTHORIZATION.

For any further information, please refer to the "insurance" section of the Qonto website.

1.1 - Common Definitions – Insurance Part

For the proper understanding of what will follow, all the terms that appear underlined and with the first letter capitalised in the body of this PART 1 - INSURANCE, not otherwise defined, are defined below:

Cardholder

The individual who holds the Card, residing in a European Union country.

Accident

Any unintentional bodily injury suffered by the Insured resulting from the sudden action of an external cause and medically recorded.

Accidental

An external event that is sudden and unforeseeable.

Card

The "X" card issued by the Policyholder and to which the cover is attached.

However, any Cardholder who holds several "MasterCard" cards of the business range automatically benefits, both for him/herself and for the other Insured, from the broadest cover, regardless of the card used for payment.

The same applies to the dynamic virtual card, which does not in any way alter the cover attached to the card to which it is linked.

If a service is paid by the Cardholder of a "MasterCard" card on behalf of other holders of a "MasterCard" card of the business range, the cover applied to them shall be that of the card they hold.

Mental illness

Any diagnosed condition within the following categories: mood disorders, anxiety disorders, psychotic disorders, personality disorders, eating disorders, obsessive-compulsive and related disorders, trauma- and stressor-related disorders, neurodevelopmental disorders, somatic symptom and related disorders, dissociative disorders, and impulse-control and conduct disorders

Non-Stabilised illness

Any medical condition or Sickness that, within the past 12 (twelve) months - from the purchase of the Trip has not been under control, has been changing or deteriorating, has required ongoing medical treatment or adjustments to medication, or has resulted in hospitalization, surgery, or urgent medical attention.

Sickness

Any sudden deterioration in health occurring during the period of validity of the guarantee and noted by an authorised medical authority during this same period which prevents them from taking the Trip.

Spouse

The spouse is either:

- a spouse not physically or legally separated and not divorced from the Cardholder,
- a common-law partner living with the Cardholder,
- a person who has entered into a valid civil union (PACS) with the Cardholder.

Proof of the common-law status shall be provided by a recognised certificate drawn up by a notary prior to the date of the Claim or, failing that, by tax notices containing the same address or other supporting bills in both names prior to the date of the Claim.

Proof of the PACS (*Pacte Civil de Solidarité*) will be provided by the certificate issued by the competent authority or by the birth certificate attesting to the civil partnership formed prior to the date of the Claim.

Force majeure

Force majeure shall be deemed to have occurred when any unforeseeable, overwhelming and external event makes the execution of the policy impossible, in absolute terms, in accordance with Article 1218 of the French Civil Code.

Deductible

Fixed sum set by the policy that is borne by the Insured in the event of compensation following a Claim. The deductible may be expressed in currency, hours or days.

Claim:

This is the occurrence of an event having caused damage and that could entail the application of cover referred to in this Information Notice.

The date of the claim is the date on which the event which gave rise to the damage occurred, i.e. the cause of the damage.

Third Party

Any person other than:

- the Cardholder and his/her Spouse,
- their ascendants and descendants,
- employees paid or not by the Insured, in the performance of their duties.

Trip

A travel scheduled to begin from your home or usual place of work on your departure date and end on your return date to or within a location **more than 100 km** from the Insured's home or from his or her usual place of work and for a period **of no more than 90 consecutive days**.

1.2 - Special Provisions – Insurance Part

Chapter I - Travel

Special definitions

In addition to the definitions in Section 1.1 “Common Definitions - Insurance Part”, all terms that appear underlined and with the first letter capitalised in the body of this Chapter have the meaning given to them below.

In the event of a contradiction between the definition of the same term in this Chapter and in Section 1.1, the definition in this Chapter shall prevail.

Insured

- the Cardholder,
- his/her Spouse,
- their children and grandchildren, under the age of 25, when they are dependent on at least one of their parents for tax purposes,
- their ascendants and descendants, regardless of their age, living under the same roof as the Cardholder and his/her Spouse, provided that they depend financially on the Cardholder or his/her Spouse for tax purposes, and:
    - they hold the disability card provided for in Article L.241-3 of the French Social Action and Families Code, **or,**
    - they receive support from the Cardholder or his/her Spouse allowing the latter to benefit from an income tax deduction,
- Employees, for a maximum of two per Trip.

Insured parties are covered when travelling alone or together. However, Employees are only covered if they travel with the Cardholder.

Employee

Salaried employee, liberal worker or intern over 16 years of age, having an employment contract, a work contract or a valid internship agreement, respectively, issued by the company for which the Cardholder is either an employee, liberal worker, partner, director or corporate officer.

Travel Companion

Any person travelling with the Cardholder whose identity is included in the Trip registration document.

Beneficiary

In the event of Accidental death, the Beneficiary is, unless otherwise stipulated for by the Insured by means of a written and signed provision, the Spouse who is not physically or legally separated from and surviving the Insured,or failing that the children born or to be born of the Insured, in equal shares, or failing that the beneficiaries of the Insured.

Form and consequences of accepting the benefit of the cover:

The Insured must give his or her prior consent to any acceptance of the benefit of the cover by the designated person. Acceptance may take the form of either an amendment signed by the Insurer, the Insured and the Beneficiary, or an authentic or private deed signed by the Insured and the Beneficiary and notified in writing to the Insurer.

The Beneficiary’s acceptance makes his/her designation irrevocable and no modification may be made without his/her consent.

In all other cases of cover, the Beneficiary is the Insured.

Baggage

Any object brought on the Trip or acquired during this Trip.

Valuables

Jewellery, furs, objects of art and antiques, musical instruments, photographic, cinematographic, sound and image recording or reproduction equipment and their media, or any other object t with a purchase value equal to or greater than €300.

Relatives

- Ascendants and descendants (maximum 2nd degree),
- Brothers, sisters, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, of the Cardholder or his/her Spouse.

Reimbursement Value

In the first year following the purchase date, the reimbursement value will be equal to the purchase price. Beyond that, it will be reduced by 25% in the second year following the purchase date, and by 10% per year in the following years.

Public Transport

Any means of group passenger transport approved for the public transport of travellers and for which a transport licence was issued.

Territoriality

The cover under the policy applies **WORLDWIDE** during a Trip.

HOWEVER, THIS POLICY WILL NOT COVER ANY LOSS, INJURY, DAMAGE OR LEGAL LIABILITY ARISING DIRECTLY OR INDIRECTLY FROM PLANNED OR ACTUAL TRAVEL IN, TO, OR THROUGH BELARUS, CUBA, IRAN, SYRIA, NORTH KOREA, RUSSIA OR THE CRIMEA, DONETSK PEOPLE'S REPUBLIC (DNR), OR LUHANSK PEOPLE'S REPUBLIC (LNR) REGIONS OF UKRAINE.

"Cancellation/postponement/interruption" Cover

PURPOSE OF THE COVER

The purpose of this cover is to cover the Insured:

- in the event of cancellation of the Trip, reimbursement of the non-recoverable costs stipulated contractually under the conditions of sale of the tour operator applicable on the second working day from the date of occurrence of the Claim,
- in the event of postponement of the departure on the Trip, reimbursement of the portion of the services not reimbursed by the carrier or the travel operator, and not consumed (calculated on a pro rata basis), as well as the payment of any additional cost of the outbound ticket,
- in the event of interruption of the Trip, reimbursement of the portion of the services not reimbursed by the carrier or the travel operator, and not consumed (calculated on a pro rata basis), as well as the payment of any additional cost of the return ticket,

if the reimbursement arises from one of the covered events defined below, and up to **€5,000 per Insured and per calendar year**.

COVERED REASONS

1. Accident or Sickness:

- of the Cardholder,
- of the Spouse,
- a Relative,
- one or more Travel Companion(s),
- the partners of the Insured or any other person required to temporarily replace the Insured in the course of carrying out his or her professional activity.

In all cases, acceptance of the file is subject to the medical opinion of the Insurer's medical advisor, who reserves the right to carry out any medical checks he/she deems useful.

2. Death:

- of the Cardholder,
- of the Spouse,
- a Relative,
- one or more Travel Companion(s),
- the partners of the Insured or any other person required to temporarily replace the Insured in the course of carrying out his or her professional activity.

3. Economic redundancy

- of the Cardholder,
- of his/her Spouse,

ANY ECONOMIC REDUNDANCY INITIATED PRIOR TO THE PURCHASE OF THE TRIP WILL BE EXCLUDED FROM ANY COVER. IT IS SPECIFIED THAT NOTICE OF THE MEETING PRIOR TO DISMISSAL IS PART OF THE PROCEDURE.

4. The removal or modification by the employer of the Insured's departure dates when the holiday request had been accepted by the employer prior to the purchase of the Trip. In this case, the compensation shall be reduced by a Deductible corresponding to 20% of the total amount of costs incurred by the Insured by the cancellation, postponement or interruption of the Trip.

SENIOR MANAGERS, MANAGERS AND LEGAL REPRESENTATIVES OF THE COMPANY ARE EXCLUDED FROM THIS COVER.

5. Professional transfer, travel or expatriation of the Insured imposed by the employer, when the decision was notified to the Insured no later than two months before the date of return of the Trip.

LENGTH OF THE COVER

"Cancellation of Travel/Postponement of Travel" Cover

- *Accident, Sickness or death:*

The cover starts at the time of purchase of the Trip,and ceases at the time of departure. The date of the Claim selected is that of the first medical recording of the Accident or Sickness. In case of death, the date of Claim is the date of death certificate.

- *Economic redundancy:*

The cover starts at the time of purchase of the Trip and ceases at the time of departure.

- *Other reasons for cancellation:*

The cover starts at the time of purchase of the Trip,and ceases at the time of departure.

In the case of a professional transfer, travel assignment or expatriation, the date of the Claim is that of notification of the decision to the Insured.

"Interruption of Travel" Cover

This cover starts at the time of departure and comes into effect for the duration of the Trip.

Maximum commitment of the Insurer

The maximum compensation will not exceed **€5,000 per Insured and, for each of them, per calendar year**.

SPECIAL EXCLUSIONS

IN ADDITION TO THE EXCLUSIONS COMMON TO ALL TYPES OF COVER, THE FOLLOWING ARE ALSO EXCLUDED:

1. **CANCELLATION, POSTPONEMENT OR INTERRUPTION CAUSED BY THE NON-PRESENTATION, FOR ANY REASON OTHER THAN THOSE PROVIDED FOR IN THIS INFORMATION NOTICE, OF ONE OF THE DOCUMENTS ESSENTIAL FOR THE TRIP (IDENTITY CARD, PASSPORT, VISAS, TRANSPORT TICKETS, VACCINATION CARD, DRIVING LICENCE),**
2. **CANCELLATION, POSTPONEMENT OR INTERRUPTION OF THE TRIP AS A RESULT OF THE CARRIER OR THE OPERATOR FOR ANY REASON WHATSOEVER,**
3. **CANCELLATIONS, POSTPONEMENTS OR INTERRUPTIONS OF THE TRIP DUE TO THE INSURED OR TO THE PERSONS MENTIONED WITH RESPECT TO THE EVENTS COVERED AND RESULTING FROM THE CIRCUMSTANCES SPECIFIED BELOW:**
   - **MINOR CONDITIONS OR INJURIES THAT CAN BE TREATED AT THE PLACE OF STAY**
   - **ANY NON-STABILISED ILLNESS**
   - **MENTAL ILLNESS EXCEPT WHEN THESE DISORDERS LED TO HOSPITALISATION OF AT LEAST THREE DAYS**
   - **FAILURE TO COMPLY WITH A VACCINATION OBLIGATION**
   - **ANY CARE, SURGERY OR CURE, TO WHICH THE INSURED HAS VOLUNTARILY SUBMITTED,**
   - **THE SPECIFIC CONSEQUENCES OF PREGNANCY, UNLESS CONSIDERED TO BE PATHOLOGICAL, AND IN ANY CASE, PREGNANCY FROM THE 1ST DAY OF THE 7TH MONTH, ABORTION OR IN VITRO FERTILISATION.**
   - **THE CONSEQUENCES OF CIVIL OR FOREIGN WARS, RIOTS, CIVIL UNREST, ACTS OF TERRORISM, ANY EFFECTS OF A SOURCE OF RADIOACTIVITY, EPIDEMICS OR PANDEMICS, POLLUTION, NATURAL DISASTERS, CLIMATE EVENTS.**

Important:

The cancellation insurance premium paid to the Tour Operator or the travel agency or any other travel service provider is not reimbursed if the Insured has forgotten to decline it, or if it is automatically included in a package accepted by the Insured.

"Flight and train delays/Baggage delays" Cover

Flight and train delays

Purpose of the cover

During a Trip, and in the case of the occurrence of a covered event, the Insured will be compensated for the following unexpected costs:

- meals and refreshments,
- hotel expenses,
- transfer costs between the airport and the final destination,
- costs related to the modification or repurchase of a ticket when the flight or train on which the Insured travelled prevented him/her from taking the means of transport for which the ticket had been purchased with the Card before departure, to reach the final destination.

Covered events

- delay or cancellation of a regular flight,
- delay or cancellation of a charter flight,

- delay or cancellation of a train,
- refusal of admission on board in the event of overbooking,
- delay of a confirmed flight on which the Insured travelled to the place of connection that does not allow him or her to board a confirmed connection flight,
- delay of more than one hour of a means of Public Transport used by the Insured to travel to the airport or train station in order to board the confirmed flight or to take the train he or she booked.

Terms and conditions

- Only the following will be covered:
  - scheduled flights of airlines for which the schedules are published (in the event of a dispute, the "abc world airways guide" will be considered as a reference for determining the schedule of flights and connections),
  - charter flights departing from a Member State of the European Union,
  - railway companies, as well as regular means of Public Transport for which the schedules are published and known in advance.
- Only the following arrival delays will be covered:
  - more than 4 hours for a regular flight,
  - more than 6 hours for a charter flight,
  - more than 2 hours for a train,

and if no alternative means of transport is made available to the Insured by the carrier within:

- 4 hours for a regular flight,
- 6 hours for a charter flight,
- 2 hours for a train,

depending on the initial time of departure (or arrival in the case of a connection) of the booked and confirmed flight or train.

Length of the cover

The cover starts at the time of scheduled departure and runs until the actual arrival at the final destination.

Maximum commitment of the Insurer

The maximum compensation will not exceed **€800** per Claim (regardless of the number of Insured).

SPECIAL EXCLUSIONS
IN ADDITION TO COMMON EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED FROM THE COVER:

- **IF THE INSURED REFUSES MEANS OF TRANSPORT MADE AVAILABLE TO HIM/HER,**
- **IN THE EVENT OF TEMPORARY OR PERMANENT WITHDRAWAL OF AN AIRCRAFT, ORDERED BY THE CIVIL AVIATION AIRPORT AUTHORITIES OR A SIMILAR BODY AND WHICH WAS ANNOUNCED PRIOR TO THE DATE OF DEPARTURE OF THE TRIP.**

Delayed baggage

Purpose of the cover

If the Insured's duly registered Baggage, placed under the responsibility of the public carrier through which the Insured makes a Trip, is not delivered to him/her within (4) four hours of his/her arrival at destination, the Insured will be compensated for the costs incurred to obtain emergency clothing and toilet accessories.

UNDER PENALTY OF FORFEITURE, EXCEPT IN THE EVENT OF A FORTUITOUS EVENT OR FORCE MAJEURE, THE INSURED MUST IMMEDIATELY NOTIFY THE COMPETENT AUTHORITIES OF THE AIRLINE OF MISSING BAGGAGE AND OBTAIN A RECEIPT FOR THE DECLARATION OF DELAY.

Terms and conditions of the cover:

Only Baggage delays occurring on scheduled flights of airlines for which the schedules are published (in

the event of a dispute, the "abc world airways guide" will be considered as a reference for determining the schedule of flights and connections), as well as the regular means of Public Transport for which the schedules are published and known in advance.

Length of the cover

The cover starts four hours after the time of arrival at destination and runs until the end of the fourth day following the arrival time.

Maximum commitment of the Insurer

The maximum compensation will not exceed **€800** per Claim (regardless of the number of Insured persons).

SPECIAL EXCLUSIONS
IN ADDITION TO COMMON EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED FROM THE COVER:

- **EMBARGO, CONFISCATION, CAPTURE OR DESTRUCTION BY ORDER OF A GOVERNMENT OR PUBLIC AUTHORITY,**
- **ITEMS PURCHASED AFTER DELIVERY OF THE BAGGAGE BY THE CARRIER, OR PURCHASED MORE THAN 4 DAYS AFTER THE ARRIVAL TIME AT THE AIRPORT OR THE DESTINATION STATION, EVEN IF THE BAGGAGE HAS NOT YET BEEN RETURNED TO THE INSURED.**

Provision applicable to both covers:

For the same Trip, reimbursement under the "Flight and train delays" cover and "Delayed baggage" cover is limited to **€800** per Claim (regardless of the number of Insured persons).

"Baggage Loss, Theft or Damage" Cover

Purpose

If, during a Trip, the Insured's duly registered Baggage, placed under the responsibility of the public carrier, is lost, stolen, destroyed in whole or in part, the Insured shall be compensated for the applicable Reimbursement Value.

UNDER PENALTY OF FORFEITURE, EXCEPT IN THE EVENT OF A FORTUITOUS EVENT OR FORCE MAJEURE, THE INSURED MUST IMMEDIATELY NOTIFY THE COMPETENT AUTHORITIES OF THE AIRLINE OF THE MISSING BAGGAGE AND OBTAIN A RECEIPT FOR THE DECLARATION OF LOSS.

The Insurer will activate cover after exhaustion and exclusively in supplement to the compensation to be paid by the carrier, in particular pursuant to the Montreal Convention, in the event of theft, loss or total or partial destruction of the Baggage.

Maximum commitment of the Insurer

The maximum compensation will not exceed **€1,000 per** Claim, of which **€300 per** Valuable.

Within these amounts, any compensation due under the "Delayed Baggage" cover will be deducted from the total amount reimbursed when the personal Baggage is declared permanently lost.

In all cases, a Deductible of €70 will be applied to the total amount of the loss before application of the maximum amount covered.

SPECIAL EXCLUSIONS
IN ADDITION TO COMMON EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED FROM THE COVER:

- **CONFISCATION OR REQUISITION BY CUSTOMS OR ANY OTHER GOVERNMENT**

AUTHORITY,
- **LOSS OR DAMAGE:**
  - **CAUSED BY NORMAL WEAR AND TEAR, OBSOLESCENCE, A DEFECT SPECIFIC TO THE OBJECT,**
  - **CAUSED BY MITES OR VERMIN, BY ANY CLEANING PROCESS OR BY CLIMATE CONDITIONS,**
  - **DUE TO THE POOR CONDITION OF THE SUITCASES OR BAGS USED FOR THE TRANSPORT OF PERSONAL ITEMS,**
- **LOSS, THEFT OR DAMAGE AFFECTING THE FOLLOWING PROPERTY:**
  - **PROSTHESES AND HEARING AIDS OF ANY KIND, GLASSES, CONTACT LENSES,**
  - **CASH, SECURITIES, TRAVELLER'S CHEQUES, PAYMENT OR CREDIT CARDS, KEYS, PERSONAL PAPERS, IDENTITY DOCUMENTS, DOCUMENTS AND SAMPLES,**
  - **AIRLINE TICKETS, TRANSPORT TICKETS OR VOUCHERS, HOLIDAY VOUCHERS, MEAL VOUCHERS AND GASOLINE COUPONS,**
  - **PROHIBITED OR COUNTERFEIT PRODUCTS,**
  - **GLASS, CRYSTAL OR PORCELAIN OBJECTS,**
  - **OBJECTS SENSITIVE TO TEMPERATURE CHANGE,**
  - **PERISHABLE FOODSTUFFS,**
  - **PRODUCTS AND ANIMALS PROHIBITED BY THE CARRIER.**

"Snow and Mountain" Cover

Scope of the cover

The purpose of the cover is to cover the consequences of an Accident occurring anywhere in the world without a mileage deductible, due to the practice in an amateur capacity:

- of skiing in all its forms when done at a ski resort,
  - on-piste,
- off-piste accompanied by a certified monitor or guide.
  - other sports activities during a mountain stay.

Length of the cover

The cover applies during the duration of the Trip.

Special exclusions

IN ADDITION TO THE COMMON EXCLUSIONS AND EXCLUSIONS SPECIFIC TO EACH TYPE OF COVER, SICKNESS AND THEIR CONSEQUENCES ARE ALSO EXCLUDED FROM THE COVER UNLESS THEY ARE THE RESULT OF AN ACCIDENT.

"Research Costs" Cover

Purpose of the cover

The purpose of the cover is to cover mountain search costs, i.e. operations carried out by rescuers or rescue agencies travelling specially for the purpose of searching for the Insured in a place without any means of rescue other than those that may be provided by professional rescuers.

(see Part 2 - Assistance of this notice with regard to rescue costs on runways).

Maximum commitment of the Insurer

The maximum compensation will not exceed **€3,000 per** Claim.

"Medical Expenses" Cover

Purpose of the cover

The purpose of the cover is to reimburse the medical, pharmaceutical and hospitalization costs incurred

after medical prescription following an Accident during a Trip and the direct consequences thereof.

Compensation will be paid exclusively in addition to the compensation that could be provided to the Insured for the same injury by Social Security or any other collective health protection scheme including mutual health insurance organizations or an insurance company, without the Insured being able to receive a total amount greater than the expenses actually incurred.

Maximum commitment of the Insurer

The maximum compensation will NOT exceed **€2,000** per Insured for any loss greater than **€30 per** Claim.

Specific exclusions

IN ADDITION TO COMMON AND SPECIFIC EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- **CURES, EXCEPT THOSE MEDICALLY PRESCRIBED AND ACCEPTED BY THE SOCIAL SECURITY,**
- **PSYCHOANALYTIC TREATMENTS, STAYS IN REST HOMES AND DETOXIFICATION.**

Coverage "Breakage of personal mountain sports equipment"

Purpose of the coverage

In the event of Accidental damage to the Insured's personal mountain sports equipment during the stay in the mountains, the purpose of the coverage is to reimburse the cost of renting equivalent replacement equipment from a professional rental company:

- for a maximum of 8 days if the equipment cannot be repaired,
- for the duration of the repair of the equipment, and for a maximum period of 8 days.

Materiality of the claim

- **UNDER PENALTY OF FORFEITURE, EXCEPT IN THE EVENT OF A FORTUITOUS EVENT OR FORCE MAJEURE, THE INSURED MUST PROVIDE PROOF OF THE MATERIALITY OF THE CLAIM BY OBTAINING FROM THE RENTER A CERTIFICATE CONFIRMING THAT THE PERSONAL MOUNTAIN SPORTS EQUIPMENT IS DAMAGED.**

Maximum commitment of the Insurer

The Insurer will compensate the Insured for the actual costs incurred to rent equivalent mountain sports equipment.

SPECIFIC EXCLUSIONS

IN ADDITION TO COMMON AND SPECIFIC EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- **DAMAGE RESULTING FROM:**
- **THE NORMAL WEAR AND TEAR OF THE EQUIPMENT,**
- **SCRAPES, SCRATCHES, OR DEGRADATION OF MOUNTAIN SPORTS EQUIPMENT THAT DO NOT ALTER ITS USE,**
- **LOSS, THEFT OR DISAPPEARANCE OF MOUNTAIN SPORTS EQUIPMENT.**
- **MOUNTAIN SPORTS EQUIPMENT PURCHASED MORE THAN FIVE YEARS AGO FROM THE BREAKAGE ARE EXCLUDED**

"Damaged rented mountain sports equipment" Cover

Purpose of the cover

In the event of Accidental damage or theft committed by break-in or assault of mountain sports equipment rented from a professional rental service, the Insurer shall cover the costs borne by the Insured under the rental contract.

UNDER PENALTY OF FORFEITURE, EXCEPT IN THE EVENT OF A FORTUITOUS EVENT OR FORCE MAJEURE, THE INSURED MUST:

- **IN THE CASE OF ACCIDENTAL DAMAGE: PROVIDE PROOF FROM THE RENTER DESCRIBING THE NATURE OF THE DAMAGE, ITS IMPORTANCE, THE CIRCUMSTANCES OF THE CLAIM, AND THE AMOUNT OF THE COSTS REMAINING TO BE BORNE BY THE INSURED,**
- **IN THE CASE OF THEFT: FILE A COMPLAINT TO THE LOCAL AUTHORITIES WITHIN 48 HOURS OF THE CLAIM.**

Maximum commitment of the Insurer

The maximum compensation will not exceed **€800** per Insured. A Deductible corresponding to **20%** of the amount charged to the Insured will be deducted from the final compensation.

SPECIFIC EXCLUSIONS

IN ADDITION TO COMMON AND SPECIFIC EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- **DAMAGE RESULTING FROM:**
  - **USE OF THE RENTED MOUNTAIN SPORTS EQUIPMENT THAT DOES NOT COMPLY WITH THE INSTRUCTIONS OF THE RENTER OR NON-COMPLIANCE WITH THE REGULATIONS IN FORCE**
  - **THE NORMAL WEAR AND TEAR OF THE RENTED EQUIPMENT,**
- **SCRAPES, SCRATCHES, OR DEGRADATION OF RENTED MOUNTAIN SPORTS EQUIPMENT THAT DO NOT ALTER ITS USE,**
- **LOSS OR DISAPPEARANCE OF RENTED MOUNTAIN SPORTS EQUIPMENT,**
- **THEFT COMMITTED BY AN INSURED.**

"Reimbursement of ski passes and lessons" Cover

Ski passes

The purpose of the cover is to reimburse the Insured for days of unused ski lift passes following an Accident resulting in the medically recorded inability of the Insured to ski.

When the Insured is a child under 14 years of age, the cover shall be extended to the ski pass of one of the two parents, whose presence is absolutely necessary.

With the exception of the "Season" passes, the compensation due will be calculated according to the number of days remaining, calculated from the day after the day on which the event occurs.

In the event of a "Season" package, the compensation shall be due in the event of an Accident resulting in a temporary total incapacity to ski or in the event of the death of the Insured as a result of an Accident. The amount of the compensation will be calculated on a *pro rata* basis for the medically recorded length of time of incapacity to ski.

The maximum compensation will not exceed:

- for ski passes for less than 3 days: **€300** per injured Insured person,
- for ski passes for 3 days or more: **€800** per injured Insured person,
- for season passes: **€800** per injured Insured person.

Ski lessons

The purpose of the cover is to reimburse the Insured for days of missed ski lift lessons following an Accident resulting in the medically recorded inability of the Insured to ski.

With the exception of the "Season" passes, the compensation due will be calculated according to the number of days remaining, calculated from the day after the day on which the event occurs.

In the event of a "Season" package, the compensation shall be due in the event of an Accident resulting in a temporary total incapacity to ski or in the event of the death of the Insured as a result of an Accident. The amount of the compensation will be calculated on a *pro rata* basis for the medically recorded length of time

of incapacity to ski.

In all cases, the maximum compensation will not exceed **€800** per Insured person injured.

Provision applicable to ski passes and ski lessons

For the same Accident, reimbursement under the "Ski passes" and "Ski lessons" cover is limited to **€800** per Insured injured.

Chapter II - Damage to Rental Vehicles

Special definitions

In addition to the definitions in Section 1.1 "Common Definitions - Insurance Part", all terms that appear underlined and with the first letter capitalised in the body of this Chapter have the meaning given to them below.

In the event of a contradiction between the definition of the same term in this Chapter and in Section 1.1, the definition in this Chapter shall prevail.

Insured

The Cardholder and the persons travelling with him/her whose names are included as drivers on the rental agreement of the Rental Vehicle.

Non-reducible deductible

The amount of material damage caused to the Rental Vehicle remaining to be borne by the Cardholder, when the latter has opted for the insurance offered by the renter, as stipulated in the rental agreement of the Rental Vehicle.

Immobilisation costs

Daily parking fee for the Rental Vehicle, which may be charged by the repairer.

Rental Vehicle

Any registered four-wheel land motor vehicle used to transport persons, rented from an authorised professional and with a new value less than or equal to **€50,000, with the exception of the following vehicles:**

- **collector cars more than 20 years old for which production has been stopped by the manufacturer for more than 10 years,**
- **vehicles with a total load weight of more than 3.5 tonnes or more than 8m3 of useful volume,**
- **motorhomes and caravans,**
- **quads**
- **vehicles rented for day-to-day private or professional use.**

A replacement vehicle, loaned by a garage, is also considered to be a rental vehicle, when the Cardholder's vehicle is immobilised for repair, provided that this loan is the subject of a formal contract, and is invoiced.

Purpose of the cover

The purpose of the policy is to cover the Insured in respect of the Non-reducible deductible in the event of material damage caused to the Rental Vehicle or in the event of theft of the vehicle.

In the context of regular rental of commercial vehicles used for delivery, shopping, moving, the Insured will be covered under the specific following condition:

- For Cardholders whose activities are in transport (races, deliveries, couriers, moving, etc.): the rental of commercial vehicles is limited to 8 times per calendar year,
- For Cardholders whose activities are not in transport: the rental of commercial vehicles is limited to

4 times per calendar year.
- Vehicle rental must be 60 consecutive days or less in respect of the same Rental Vehicle, even if said rental consists of several successive contracts,

IN THE EVENT OF THEFT, UNDER PENALTY OF FORFEITURE, EXCEPT IN A FORTUITOUS EVENT OR FORCE MAJEURE, THE INSURED MUST FILE A COMPLAINT WITHIN 48 HOURS WITH THE COMPETENT POLICE AUTHORITIES, WHICH MUST INCLUDE THE CIRCUMSTANCES OF THE THEFT AS WELL AS THE REFERENCES OF THE RENTAL VEHICLE (BRAND, MODEL, ETC.).

Length of the cover

The cover takes effect from the signature of the rental contract and ceases when the Insured gives back the vehicle.

Access conditions

To benefit from the cover, the Cardholder must:

- rent the Vehicle from a professional rental service for Trip only (not on daily basis), fill out in full and sign a lease agreement in due form,
- legibly mention the name(s) of the driver(s) on the rental contract,
- pay (fully or partially) for the rental of the Vehicle with the Card (if the payment is made at the end of the rental period, the Cardholder must provide proof of a reservation by means of the Card prior to the signing of the rental agreement, such as a pre-authorisation).

Subject to compliance with the same conditions, the cover applies when the lease has been paid in full or in part by means of the Spouse's Card from the signing of the lease agreement.

To benefit from the cover, the Insured must also:

- meet the driving criteria imposed by the renter and the local law or jurisdiction,
- drive the Rental Vehicle in accordance with the clauses of the Lease Agreement, which the Cardholder has signed with the renter.

THE INSURER SHALL NOT, UNDER ANY CIRCUMSTANCES, REIMBURSE THE INSURED FOR THE AMOUNT OF THE INSURANCE PAID TO THE RENTER.

Territoriality

The cover applies **worldwid**e.

HOWEVER, THIS POLICY WILL NOT COVER ANY LOSS, INJURY, DAMAGE OR LEGAL LIABILITY ARISING DIRECTLY OR INDIRECTLY FROM PLANNED OR ACTUAL TRAVEL IN, TO, OR THROUGH BELARUS, CUBA, IRAN, SYRIA, NORTH KOREA, RUSSIA OR THE CRIMEA, DONETSK PEOPLE'S REPUBLIC (DNR), OR LUHANSK PEOPLE'S REPUBLIC (LNR) REGIONS OF UKRAINE.

Maximum commitment of the Insurer

In the event of material damage to the Rental Vehicle (including theft and/or attempted theft) whether or not the Third Party was identified, regardless of liability, the insurance covers the Insured for the costs of repair of the Rental Vehicle for **up to the amount of the Non-reducible deductible**, **up to €5,000** or the foreign currency equivalent, if the renter is not insured elsewhere.

This cover applies to the Cardholder without formality, as well as to persons travelling with him/her who will drive the rental car, provided that their names were previously included in the lease agreement.

In the event of damage to the Rental Vehicle, resulting in partial or permanent immobilisation, and if the Cardholder is required to rent a replacement vehicle, in this case only, the Insurer also covers **the loss of use of the vehicle limited to the maximum cost of the daily rental multiplied by the number of days of immobilisation, without exceeding the duration of the initial rental.**

In the event that the professional rental service charges administrative fees to the Insured, the Insurer will

cover the reimbursement of these costs up to **€75** per Claim**, bearing in mind that it does not cover the costs invoiced by the renter corresponding to any operating loss.**

This insurance cover is granted up to **two Claims per calendar year and will be settled** in chronological order of occurrence per calendar year.

SPECIAL EXCLUSIONS

IN ADDITION TO THE COMMON EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- **WHEN THE INSURANCE OFFERED BY THE RENTER WAS NOT TAKEN OUT,**
- **DAMAGE CAUSED BY:**
  - **WEAR AND TEAR OF THE RENTAL VEHICLE,**
  - **A CONSTRUCTION DEFECT,**
- **ANY VOLUNTARY DAMAGE,**
- **CONFISCATION AND REMOVAL OF THE RENTAL VEHICLE,**
- **EXPENSES NOT RELATED TO THE REPAIR OR REPLACEMENT OF THE RENTAL VEHICLE (WITH THE EXCEPTION OF THE IMMOBILISATION AND TOWING COSTS THAT WOULD BE CHARGED TO THE INSURED),**
- **DAMAGE OCCURRING DURING OFF-ROAD USE OF THE RENTAL VEHICLE,**
- **SIMULTANEOUS RENTING OF MORE THAN ONE RENTAL VEHICLE,**
- **DAMAGE CAUSED TO THE RENTAL VEHICLE'S INTERIOR AND RESULTING FROM SMOKING ACCIDENTS OR CAUSED BY ANIMALS,**
- **DAMAGE, LOSS OR THEFT OCCURRING TO THE KEYS OF THE RENTAL VEHICLE AND ITS CONSEQUENCES.**

Settlement of claims

Two cases may arise:

1. The professional renter debits the Card, either for the amount of the contractual Non-reductible deductible or the amount of the damage, because the Cardholder did not have the time to declare the Claim to the Insurer or because the renter refuses the cover offered by the Insurer.

   In this case, the Cardholder must file a Claim and keep proof of the debit (e.g. a copy of the Card statement or a copy of the invoice signed by the Cardholder).

   If the request is justified, the Cardholder will be reimbursed.

2. The professional renter accepts the cover offered by the Insurer and contacts the Insurer directly, which will then settle the payment.

   If the request is justified, the professional renter will be reimbursed.

   In all cases, the Insurer undertakes to pay the compensation due within 15 days from the date on which it is in possession of all the elements necessary for the settlement of the file.

   The Cardholder should not attempt to repair any damage directly, as the costs incurred for such repairs may not be accepted by the Insurer.

In the event of payment by the Insurer, either directly to the professional renter or by reimbursement, the Insured automatically gives it subrogation for the payment or recovery of damages from liable third parties or to another company.

Chapter III - "Fraudulent use of the card"

Special definitions

In addition to the definitions in Section 1.1 "Common Definitions - Insurance Part", all terms that appear underlined and with the first letter capitalised in the body of this Chapter have the meaning given to them below.

In the event of a contradiction between the definition of the same term in this Chapter and in Section 1.1,

the definition in this Chapter shall prevail.

Insured

The company or Cardholder to which the Card is assigned.

Fraudulent use

Any payment or withdrawal transaction carried out by a Third Party using one or more Cards of the Insured lost or stolen during the period of validity of the Card.

Claim:

All of the Fraudulent Uses committed following the loss or theft of a Card and carried out between the time of the loss or theft of the Card and the blocking of the card by the Insured or the Cardholder, at the card services centre of the Card issuer or a centre recognised by it.

All fraudulent transactions committed as a result of the same loss or theft constitute a single Claim.

Purpose of the cover

The purpose of this cover is to cover direct financial losses suffered by the Insured in the event of payment or withdrawal transactions made fraudulently by a Third Party using one or more of his/her lost or stolen Cards during the period of validity of the Card, to the extent that where these fraudulent transactions are carried out between the time of the loss or theft and the blocking by the Insured or the Cardholder at the card services centre of the card issuer or a centre recognised by it.

Territoriality

The cover applies **worldwide**:

- regardless of the place of occurrence of the loss or theft of the Card,
- regardless of where the Fraudulent Use is made

It is specified that the compensation is always paid in a country of the European Union.

Maximum commitment of the Insurer

For each Card, the Insurer will compensate the Insured for the sums remaining borne by the latter under the “cardholder” policy between the Card issuer and the Insured, pursuant to the regulations in force, up to a maximum limit of **€3,000** per Cardholder and per calendar year.

All Claims are attributable to the calendar year in which the loss or theft of the Card occurred or, in case of doubt as to the date of such occurrence, to the calendar year during which the loss or theft of the Card is recorded.

SPECIAL EXCLUSIONS

IN ADDITION TO COMMON EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- **ANY LOSS OR FRAUDULENT USE ARISING FROM THE FAULT, GROSS NEGLIGENCE, OR FAILURE OF THE CARDHOLDER TO SAFEGUARD THE CARD OR ITS CONFIDENTIAL SECURITY DETAILS (INCLUDING PINS OR PASSWORDS). NO BENEFIT SHALL BE PAYABLE UNDER THIS POLICY IF THE ISSUING BANK REFUSES A CHARGEBACK OR LIABILITY DISPUTE FOR THE CARD (WHETHER CREDIT OR DEBIT) DUE TO CARDHOLDER NEGLIGENCE.**
- **ANY EMBARGO, CONFISCATION, CAPTURE OR DESTRUCTION, BY ORDER OF A GOVERNMENT OR A PUBLIC AUTHORITY,**
- **ANY SERIES OF FRAUDULENT USES OF WHICH THE FIRST USE WAS PRIOR TO THE ACTIVATION DATE OF THE CARD,**
- **ANY INDIRECT LOSS SUFFERED BY THE INSURED OR ANY OTHER NATURAL OR LEGAL PERSON, ARISING FROM LOSS OF EARNINGS OR INTEREST, LOSS OF CUSTOMER BASE,**

SHORTFALL OR DROP IN TURNOVER,
- **ANY FRAUDULENT USE MADE AFTER THE DATE OF BLOCKING/CANCELLATION OF THE CARD.**
- **ANY FRAUDULENT USE OF A LOST OR STOLEN CARD BETWEEN THE DATE OF ISSUE OF THE CARD AND ITS RECEIPT BY THE CARDHOLDER.**

Obligations of the Insured in the event of a Claim

UNDER PENALTY OF FORFEITURE, EXCEPT IN THE EVENT OF A FORTUITOUS EVENT OR FORCE MAJEURE, THE INSURED OR THE CARDHOLDER MUST, AS SOON AS HE OR SHE DISCOVERS THE LOSS OR THEFT OF HIS/HER CARDS OR THE DEBIT ON THE STATEMENT OF HIS/HER ACCOUNTS OF TRANSACTIONS FRAUDULENTLY MADE USING HIS/HER LOST OR STOLEN CARDS:

- **IMMEDIATELY BLOCK THE CARD AT THE ISSUER'S CARD SERVICES CENTER (OR A CENTER RECOGNISED BY IT),**
- **CONFIRM IN WRITING THE BLOCK ON THE CARD ISSUER AS SOON AS POSSIBLE,**
- **IN THE EVENT OF THEFT OF THE CARD OR DEBIT TRANSACTIONS MADE FRAUDULENTLY USING THE CARD RECORDED ON THE BANK STATEMENT: FILE A COMPLAINT TO THE COMPETENT POLICE AUTHORITIES FOR THEFT OR FRAUDULENT USE AS SOON AS POSSIBLE,**
- **MAKE A CLAIM AS SOON AS POSSIBLE AND IN ANY EVENT IN ACCORDANCE WITH SECTION 1.3 BELOW "PROVISIONS COMMON TO THE INSURANCE PART".**

Recovery

In the event of recovery of all or part of the direct financial losses suffered, the Insured must immediately notify the Insurer.

If the recovery takes place before the payment of the compensation, the Insurer shall only be required to pay:

- compensation corresponding to the amount of direct financial losses suffered by the Insured less any sums recovered,
- compensation corresponding to the costs incurred by the Insured (or on its behalf), in agreement with the Insurer, for recovery,

all within the limit of the ceiling of €3,000 per Card and per calendar year.

If the recovery takes place after payment of the compensation, any sum recovered (net of costs incurred with the Insurer's agreement for this recovery) shall be allocated:

- firstly to the Insured, up to the amount of the financial losses that exceed the Insurer's compensation,
- then to the Insurer up to the amount of the compensation paid.

Chapter IV - Purchases

Special definitions

In addition to the definitions in Section 1.1 "Common Definitions - Insurance Part", all terms that appear underlined and with the first letter capitalised in the body of this Chapter have the meaning given to them below.

In the event of a contradiction between the definition of the same term in this Chapter and in Section 1.1, the definition in this Chapter shall prevail.

Insured

The company or Cardholder to which the Card is assigned.

Covered object

Any new physical object purchased with **a purchase value greater than €50 incl. tax** and financed in whole or in part with the Card, during the period of coverage.

The following does not fall within the definition of "Covered object"

- Animals, plants, food or beverages;
- New or used motor vehicles, as defined under the French Law;
- Cash, traveller's cheques, bonds, securities, shares, or any marketable securities or instruments;
- Transport tickets;
- Entrance tickets for any type of sporting or cultural event, concerts,
- Jewellery or precious stones, artwork, gold or silver products;
- Goods purchased for resale;
- Weapons; and
- Counterfeit objects.

Jewellery

Any worn object consisting in whole or in part of precious metals, precious stones or pearls or of a value greater than or equal to €.500. Watches are considered Jewellery when they are made of precious metals or when their initial purchase price is greater than €2,500

Accidental damage

Any total or partial destruction of the Covered object, resulting from an external event that is sudden and unforeseeable.

Theft

Fraudulent removal of an object committed by a Third Party.

Theft by assault

Theft with physical violence or threat to the Insured.

Theft by break-in

Theft done by forcing, degrading or destroying the external closure system, activated at the time of the Theft:

- of business or housing premises,
- a land motor vehicle provided that the Covered object is not visible from the outside.

Purpose of the cover

The purpose of this cover is to reimburse the Insured:

- In the event of Theft by break-in or Theft by assault of the Covered object, the purchase price including tax of this object,
- In the event of Accidental damage caused to a Covered object, the cost of repairing this object (including tax) or its purchase price (including tax) if this cost is greater than the purchase price of the Covered object or if it cannot be repaired.

As long as the Theft by break-in or Theft by assault or Accidental damage happens within 365 days after the date of purchase with the Card or delivery of the Covered Property.

Territoriality

The cover applies **worldwide**:

- regardless of the place of occurrence of the loss or theft of the Covered object,

- regardless of where the Theft or Accidental damage is caused .

It is specified that the compensation is always paid in a country of the European Union.

Maximum commitment of the Insurer

Compensation is made up to a limit of **€1,250 per** Claim and **€2,500** per calendar year,

Special exclusions

IN ADDITION TO COMMON EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- **NORMAL WEAR, BREAKDOWN OR MANUFACTURING DEFECT OF THE INSURED OBJECT;**
- **NON-COMPLIANCE WITH THE TERMS AND CONDITIONS OF USE OF THE COVERED OBJECT STIPULATED BY THE MANUFACTURER OR DISTRIBUTOR OF THIS PROPERTY.**

Obligations of the Insured in the event of a Claim

UNDER PENALTY OF FORFEITURE, EXCEPT IN THE EVENT OF A FORTUITOUS EVENT OR FORCE MAJEURE, THE INSURED OR THE CARDHOLDER MUST, AS SOON AS HE OR SHE DISCOVERS THE ACCIDENTAL DAMAGE OR THEFT BY ASSAULT OR THEFT BY BREAK-IN OF HIS OR HER COVERED OBJECT:

- **IN THE CASE OF THEFT BY BREAK-IN OR THEFT BY ASSAULT: MAKE A COMPLAINT TO THE COMPETENT POLICY AUTHORITIES AS SOON AS POSSIBLE,**
- **IN CASE OF THEFT BY ASSAULT: COLLECT ANY TESTIMONY (WRITTEN, DATED AND SIGNED CERTIFICATE OF THE WITNESS, MENTIONING HIS/HER SURNAME, FIRST NAMES, DATE AND PLACE OF BIRTH, ADDRESS AND PROFESSION) AND MEDICAL CERTIFICATE, IF APPLICABLE.**
- **MAKE A CLAIM AS SOON AS POSSIBLE AND IN ANY EVENT IN ACCORDANCE WITH SECTION 1.3 BELOW "PROVISIONS COMMON TO THE INSURANCE PART".**

Chapter V - Phishing

Special definitions

In addition to the definitions in Section 1.1 "Common Definitions - Insurance Part", all terms that appear underlined and with the first letter capitalised in the body of this Chapter have the meaning given to them below.

In the event of a contradiction between the definition of the same term in this Chapter and in Section 1.1, the definition in this Chapter shall prevail.

Insured

The company or Cardholder to which the Card is assigned.

Qonto bank account

The Insured's bank account opened with Qonto

Phishing

Social engineering scam on Internet that uses deception to trick people into voluntarily giving up their sensitive personal data, in particular the username, password, confidential information attached to a bank card or bank account in order to make payments in lieu of the user or by diverting money from the user.

By extension, "pharming" is treated as Phishing, which represents the situation where the user is automatically diverted to a fraudulent site while he was wanting to access a legitimate site. On this fraudulent site, you are invited, through various processes, to provide personal information (surname, first name, security code, confidential information attached to a card or bank account, etc.) for the purpose of

using it to divert money or make payments in lieu of the user.

Purpose of the cover

The purpose of this cover is to cover direct financial losses suffered by the Insured and not covered by Qonto in accordance with the conditions of use of the Qonto Card and Bank Account, in the event that the information on the Qonto Bank Account or the Card has been unlawfully obtained by Phishing, under the following conditions:

- In the event of a payment made voluntarily by the Insured following a phishing action, the Insurer shall reimburse the sums not covered by Qonto, provided that the Insured has notified Qonto thereof within 48 hours of the payment being made.
- If, following a Phishing, the confidential information of the Card or Qonto Bank Account was used by a Third Party to make an online payment or to divert any sum of money, the Insurer shall reimburse the portion not covered for the financial losses suffered within thirty (30) days of the first fraudulent payment/misappropriation, provided that the Insured has notified Qonto within 24 hours of recording the unauthorised use of his/her Qonto Card or Bank Account.

Conditions for implementing the coverage:

- ✓ The Insured must immediately cancel the Card and modify his/her access codes to his/her Qonto Bank Account and, more generally, take all the steps required by Qonto
- ✓ The Insured must file a complaint with the police authorities

Territoriality

The cover is available **worldwide**.

It is specified that the compensation is always paid in a country of the European Union.

Maximum commitment of the Insurer

For each Card, the Insurer will compensate the Insured for the financial loss remaining at his/her expense, pursuant to the regulations in force, up to a maximum limit of **€1,000 per** Cardholder and per calendar year.

Under no circumstances will the Insurer pay compensation when the total loss is less than **€50.**

SPECIAL EXCLUSIONS

IN ADDITION TO COMMON EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- **DAMAGE SUFFERED BY THE INSURED RESULTING FROM CONSULTATION OF ILLEGAL SITES OR THE PURCHASE OF SERVICES OR GOODS PROHIBITED BY LAW ON INTERNET.**
- **ANY FINANCIAL LOSSES FOR WHICH FIRST USE WAS PRIOR TO THE ACTIVATION DATE OF THE CARD,**
- **ANY FRAUDULENT USE BY A THIRD PARTY MADE AFTER THE DATE OF BLOCKING OR REMOVAL OF THE CARD.**

Obligations of the Insured in the event of a Claim

UNDER PENALTY OF FORFEITURE, EXCEPT IN THE EVENT OF A FORTUITOUS EVENT OR FORCE MAJEURE, THE INSURED OR THE CARDHOLDER MUST, AS SOON AS HE OR SHE DISCOVERS A FINANCIAL LOSS OR DEBIT ON THE STATEMENT OF HIS/HER ACCOUNTS OF TRANSACTIONS FRAUDULENTLY MADE USING HIS/HER CARDS OR BANK DETAILS:

- **MAKE A CLAIM AS SOON AS POSSIBLE AND IN ANY EVENT IN ACCORDANCE WITH SECTION 1.3 "PROVISIONS COMMON TO THE INSURANCE PART".**
- **PROVIDE A QONTO CERTIFICATE INDICATING THE AMOUNT REMAINING TO BE BORNE BY HIM/HER.**

THE INSURER PROVIDES COVER ON THE CONDITION THAT THE REALITY OF THE INSURED'S LOSS HAS BEEN ESTABLISHED.

Recovery

In the event of recovery of all or part of the direct financial losses suffered, the Insured must immediately notify the Insurer.

If the recovery takes place before the payment of the compensation, the Insurer shall only be required to pay:

- compensation corresponding to the amount of direct financial losses suffered by the Insured less any sums recovered,
- compensation corresponding to the costs incurred by the Insured (or on its behalf), in agreement with the Insurer, for recovery,

all within the limit of the ceiling of €1,000 per Cardholder and per calendar year.

If the recovery takes place after payment of the compensation, any sum recovered (net of costs incurred with the Insurer's agreement for this recovery) shall be allocated:

- firstly to the Insured, up to the amount of the financial losses that exceed the Insurer's compensation,
- then to the Insurer up to the amount of the compensation paid.

1.3 - Common Definitions – Insurance Part

COMMON EXCLUSIONS

UNLESS OTHERWISE STIPULATED, THE FOLLOWING ARE EXCLUDED:

- **CIVIL OR FOREIGN WAR, NOTABLE POLITICAL INSTABILITY OR POPULAR UNREST, RIOTS, ACTS OF TERRORISM, RETALIATION, RESTRICTIONS ON THE FREE MOVEMENT OF PERSONS AND GOODS, STRIKES WHEN THE INSURED TAKES AN ACTIVE PART, DISINTEGRATION OF THE ATOMIC NUCLEUS OR ANY IONISING RADIATION, OR ANY OTHER CASE OF FORCE MAJEURE,**
- **INTENTIONAL OR FRAUDULENT ACTION BY THE INSURED, OR BY HIS OR HER RELATIVES (SPOUSE, ASCENDANT, DESCENDANT),**
- **SUICIDE OR ATTEMPTED SUICIDE OF THE INSURED,**
- **ACCIDENTS CAUSED OR TRIGGERED BY THE INSURED'S USE OF DRUGS, NARCOTICS, SEDATIVES THAT WERE NOT MEDICALLY PRESCRIBED,**
- **ACCIDENTS RESULTING FROM DRUNK DRIVING, CHARACTERISED BY A BLOOD ALCOHOL LEVEL EQUAL TO OR GREATER THAN THAT SET BY THE LAW GOVERNING FRENCH MOTOR TRAFFIC IN FORCE ON THE DATE OF THE ACCIDENT,**
- **THE CONSEQUENCES OF INCIDENTS OCCURRING DURING AERIAL SPORTS OR RISKY SPORTS, INCLUDING DELTAPLANE, POLO, SKELETON, BOBSLEIGH, ICE HOCKEY, UNDERWATER DIVING, CAVING, BUNGEE JUMPING, OR SPORT REQUIRING THE USE OF A MOTOR ENGINE,**
- **PARTICIPATION IN COMPETITIONS REQUIRING A LICENCE,**
- **PARTICIPATION IN BETS, FIGHTS AND BRAWLS.**
- **NOTWITHSTANDING ANY OTHER TERMS UNDER THIS AGREEMENT, NO INSURER SHALL BE DEEMED TO PROVIDE COVERAGE OR WILL MAKE ANY PAYMENTS OR PROVIDE ANY SERVICE OR BENEFIT TO ANY INSURED OR OTHER PARTY TO THE EXTENT THAT SUCH COVER, PAYMENT, SERVICE, BENEFIT AND/OR ANY BUSINESS OR ACTIVITY OF THE INSURED WOULD VIOLATE ANY APPLICABLE TRADE OR ECONOMIC SANCTIONS LAW OR REGULATION.**
- **THIS POLICY WILL NOT COVER ANY LOSS, INJURY, DAMAGE OR LEGAL LIABILITY, BENEFITS OR SERVICES ARISING DIRECTLY OR INDIRECTLY FROM PLANNED OR ACTUAL TRAVEL IN, TO, OR THROUGH BELARUS, CUBA, IRAN, SYRIA, NORTH KOREA, RUSSIA OR THE CRIMEA, DONETSK PEOPLE'S REPUBLIC (DNR), OR LUHANSK PEOPLE'S REPUBLIC (LNR) REGIONS OF UKRAINE. IN ADDITION, THIS POLICY DOES NOT COVER ANY LOSS, INJURY, DAMAGE OR LIABILITY TO RESIDENTS OF BELARUS, CUBA, IRAN, SYRIA, NORTH KOREA, RUSSIA OR THE CRIMEA, DONETSK PEOPLE'S REPUBLIC (DNR), OR LUHANSK PEOPLE'S REPUBLIC (LNR) REGIONS OF UKRAINE. LASTLY, THIS POLICY WILL NOT COVER ANY LOSS, INJURY, DAMAGE OR LEGAL LIABILITY SUSTAINED DIRECTLY OR**

INDIRECTLY BY ANY INDIVIDUAL OR ENTITY IDENTIFIED ON ANY APPLICABLE GOVERNMENT WATCH LISTS AS A SUPPORTER OF TERRORISM, NARCOTICS OR HUMAN TRAFFICKING, PIRACY, PROLIFERATION OF WEAPONS OF MASS DESTRUCTION, ORGANIZED CRIME, MALICIOUS CYBER ACTIVITY, OR HUMAN RIGHTS ABUSES.

Declaration of claims

Unless otherwise stipulated, the Insured is required to declare all Claims that may be filed under this policy within 20 days of their occurrence via the following link: https://form.qover.com/bcc5648f-646e-4344-befb-c9843d89d63b

The link is also available on the bank's website.

In the event of non-compliance with this obligation, the Insurer may, under the French Insurance Code, reduce the compensation in the proportion of the loss that this breach has caused it to suffer, unless the Insured justifies having been unable to file the claim within the time limits set as a result of a fortuitous event or Force majeure.

Regarding cancellation for any reason of Event or Trip:

- **You must notify all your Event/Travel Suppliers up to the start of the Trip or Event.**
- **You must cancel your Trip or Event before submitting a claim.**
  You must notify all relevant Travel suppliers as soon as you become aware of the need to cancel
  You must report a claim via your Qonto App:
  - **within 30 days of the date you cancelled your Trip or Event with your Travel/Event supplier; or**
  - **as soon as reasonably possible if a Sickness, injury, death or medical condition prevents you from being able to notify us no later than those time limits.**

IN THE EVENT OF NON-COMPLIANCE WITH THIS OBLIGATION, THE INSURER MAY, UNDER THE FRENCH INSURANCE CODE, REDUCE THE COMPENSATION IN THE PROPORTION OF THE LOSS THAT THIS BREACH HAS CAUSED IT TO SUFFER, UNLESS THE INSURED JUSTIFIES HAVING BEEN UNABLE TO FILE THE CLAIM WITHIN THE TIME LIMITS SET AS A RESULT OF A FORTUITOUS EVENT OR FORCE MAJEURE

The Insured will receive a questionnaire to be returned, duly completed, accompanied in particular by supporting documents, the list of which will have been sent to him/her with the questionnaire.

In all cases, the Insured must provide the following documents:

- proof of validity of the Card,
- proof of payment using the Card,
- proof of the quality as an Insured,
- bank account details,
- insurance policy covering the Insured for the same Claim or sworn statement from the Insured specifying that he or she is not insured for this type of Claim,

and, more generally, any documents that the Insurer considers necessary to assess the merits of the request for compensation.

The compensation will be paid, after receipt by the Insurer of the supporting documents, within fifteen days of the agreement of the parties or the enforceable court decision.

Any intentional concealment or misrepresentation, omission or inaccuracy is punished even if it had no influence on the Claim, under the conditions provided for in Articles L. 113-8 and L.113-9 of the French Insurance Code.

Burden of proof

It is up to the insured to demonstrate the reality of the situation, knowing that any request not supported by sufficient information and evidence to prove the materiality of the facts may be rejected.

Subrogation

The Insurer shall be subrogated, in accordance with Article L.121-12 of the French Insurance Code, up to the limit of the compensation paid or the costs incurred by it, in the rights and actions of the Insured against any person responsible for the Claim.

Part 2 - Assistance

The cover applies solely as a result of holding the Card.

N.B:
Notify the Assistance Provider soon as possible, and imperatively prior to any spending commitment.

To report a Claim or any additional information:

Refer to the "Insurance" section of the Qonto website

2.1 - Common Definitions - Assistance Part

For the proper understanding of what will follow, all the terms that appear underlined and with the first letter capitalised in the body of this PART 2 - ASSISTANCE are defined below:

Assistance Provider

The assistance company mandated by the Insurer.

Insured

The following persons whose condition or situation requires the assistance of the Assistance Provider are considered to be insured, whether they travel together or separately:

- the Cardholder,
- his/her Spouse,
- their single children and grandchildren under the age of 25, who are dependent on at least one of their parents for tax purposes (in the event of adoption, the benefit applies from the date of transcription of the adoption decision in the French civil registers),
- their tax-dependent ascendants.

Accident

Any unintentional bodily injury suffered by the Insured resulting from the sudden action of an external cause and medically recorded.

Card

The "X" card issued by the Policyholder and to which the cover is attached.

However, any Cardholder who holds several "MasterCard" cards of the range automatically benefits, both for him/herself and for the other Insured, from the broadest cover, regardless of the card used for payment.

The same applies to the dynamic virtual card, which does not in any way alter the cover attached to the card to which it is linked.

If a service is paid by the Cardholder of a "MasterCard" card on behalf of other holders of a "MasterCard" card of the business range, the cover applied to them shall be that of the card they hold.

Spouse

The spouse is either:

- a spouse not physically or legally separated and not divorced from the Cardholder,
- a common-law partner living with the Cardholder,
- a person who has entered into a valid civil union (PACS) with the Cardholder.

Proof of the common-law status shall be provided by a recognised certificate drawn up by a notary prior to the date of the Claim or, failing that, by tax notices containing the same address or other supporting bills in both names prior to the date of the Claim.

Proof of the PACS (Pacte Civil de Solidarité) will be provided by the birth certificate attesting to the PACS established prior to the date of the Claim.

Force majeure

Force majeure shall be deemed to have occurred when any unforeseeable, overwhelming and external event makes the execution of the policy impossible, as usually recognised in Article 1218 of the French Civil Code.

Place of Residence

The place of residence is defined as the Insured's tax domicile in a country of the European Union on the date of the request for assistance.

Family Member

Family member of the Insured means the Spouse, children, grandchildren, brothers, sisters, father, mother, grandparents and parents-in-law.

Insurance organisation

Insurance organisation refers to the basic social and supplementary health insurance organisations to which the Insured reports either as a principal or as a beneficiary.

Country of residence

The country of residence is defined as the country in which the Place of Residence is located in the European Union.

Claim:

The occurrence of an event having caused damage and that could entail the application of cover referred to in this Information Notice.

The date of the claim is the date on which the event which gave rise to the damage occurred, i.e. the cause of the damage.

Third Party

Any person other than:

- the Cardholder and his/her Spouse,
- their ascendants and descendants, employees paid or not by the Insured, in the performance of their duties.
- Any travel of **more than 100 km** from the Insured's home or from his or her usual place of work and
- for a period **of no more than 90 consecutive days**.

Cardholder

The individual who holds the Card.

Primary Transportation

Transport between the location of the Claim and the nearest medical centre or hospital, and any return to the place of stay.

Trip

A travel scheduled to begin from your home or usual place of work on your departure date and end on your return date to or within a location **more than 100 km** from the Insured's home or from his or her usual place of work and for a period **of no more than 90 consecutive days**.

2.2 - Special provisions – Assistance Part

Purpose of the cover

Under the conditions described below, the purpose of the policy is to cover the Insured for the duration of a Trip, private or professional, for assistance benefits arising from the following events, which must remain uncertain at the time of departure:

- bodily injury resulting from a Sickness or Accident,
- death,
- hospitalisation or death of a Family Member,
- legal proceedings abroad,
- theft or loss of certain personal or professional items abroad.

Claim: how to benefit from assistance?

In order to benefit from the services provided for in the policy, the Insured must:

- Contact the Assistance Provider, or have it contacted, as soon as he/she becomes aware of an event that could trigger the provision a service.
- Provide the supporting documents that the Assistance Provider deems necessary to assess the entitlement to the assistance services. Failing this, the Assistance Provider will refuse the provision of the services and will re-invoice the costs already incurred.
- Allow the Assistance Provider's physicians free access to the medical data concerning him/her.
- Ensure that only accurate information is provided.
- Comply with the solutions recommended by the Assistance Provider.

Very important

The assistance services described below are intended to be managed exclusively by the Assistance Provider, who will pay the cost directly to the service providers it has assigned. Exceptionally, if circumstances so require, the Assistance Provider may authorise the Insured to pay for all or part of a service. In this case, only the costs incurred, with the Assistance Provider's express and prior agreement willl be reimbursed on original supporting documents and up to the limit of those incurred by the Assistance Provider to implement this service.

Sub-medicalisation, access difficulties and significant intervention times in certain regions make assistance particularly difficult and should encourage the Insured to be cautious. Thus, Insured persons aged 70 and over or accompanied by young children (under 12 years of age) or with chronic conditions or risk factors in particular should not be exposed to these regions, where care cannot be guaranteed pending the intervention of the Assistance Provider.

Conditions of application: territorial scope of assistance services

Assistance services apply outside the Place of Residence:

- during the first 90 days of a trip, personal or for business,
- worldwide. **HOWEVER, THIS POLICY WILL NOT COVER ANY LOSS, INJURY, DAMAGE OR LEGAL LIABILITY ARISING DIRECTLY OR INDIRECTLY FROM PLANNED OR ACTUAL TRAVEL IN, TO, OR THROUGH BELARUS, CUBA, IRAN, SYRIA, NORTH KOREA, RUSSIA OR THE CRIMEA, DONETSK PEOPLE'S REPUBLIC (DNR), OR LUHANSK PEOPLE'S REPUBLIC (LNR) REGIONS OF UKRAINE**
- Certain services are subject to territorial limitations, which are mentioned in the description of the

services concerned.

2.3 - Types of Services – Assistance Part

"Illness - Accident" Cover

Bodily injury resulting from an illness or Accident,

In the event of illness or accident of the Insured, the Assistance Provider's physicians:

- contact the local doctor who examined the Insured,
- collect all necessary information from the local doctor and possibly from the Insured's usual general practitioner.

Based on this information, the Assistance Provider's physicians decide, solely on the basis of the Insured's medical interest and in compliance with the health regulations in force, i.e.:

- to trigger and organise the transport of the Insured to his or her Place of Residence, or to an appropriate hospital close to his or her Place of Residence.
- to hospitalise the Insured in a hospital or clinic close to the place where he or she is located before considering returning to a structure close to his or her Place of Residence.

The Assistance Provider's medical department may start a search for spot in a medically adapted service.

Information from local doctors or the patient's general practitioner, which may be essential, helps the Assistance Provider's physicians make the most appropriate decision.

In this respect, it is expressly agreed that the final decision, to be implemented in the Insured's medical interest, belongs solely to the Assistance Provider's physicians.

Furthermore, in the event that the Insured refuses to follow the decision considered most appropriate by the Assistance Provider's physicians, he/she expressly releases the Assistance Provider from any liability, particularly in the event of a return by his/her own means or in the event of a worsening of his or her state of health.

Transfer or repatriation of the Insured

If the Insured's state of health leads, under the conditions indicated above, its doctors to decide on the transfer or repatriation of the Insured, the Assistance Provider will organise and cover the Insured's transport.

This transport is done by any appropriate means (taxi, ambulance, train in 1st class or commercial flight in economy class, air ambulance, etc.), if necessary under medical supervision.

Only the Insured's medical interest and compliance with the health regulations in force are taken into consideration when choosing the means used for this transport.

THIS BENEFIT IS NEVER TRIGGERED FOR MINOR CONDITIONS OR INJURIES THAT CAN BE TREATED ON SITE AND WHICH DO NOT PREVENT THE INSURED FROM CONTINUING HIS OR HER TRAVEL OR STAY.

Repatriation of an Insured companion

When an Insured is transported under the conditions defined above in the paragraph "Transfer or repatriation of the Insured", the Assistance Provider will organise and cover the transport of another Insured travelling with him or her to the place of hospitalisation or Place of Residence of the Insured by any appropriate means (taxi, ambulance, train in 1st class, commercial flight in economy class, air ambulance, etc.).

This service is limited to one person. However, if the Insured transported is accompanied by more than one Insured, the Assistance Provider may organise the transport, together or individually, of the other Insured. The cost of this transport is not borne by the Assistance Provider.

Accompaniment of children under 15 years of age

When a travelling, sick or injured Insured is unable to take care of his or her children under the age of 15 accompanying him or her, the Assistance Provider, after consulting the local doctors or his/her own doctors, organises and covers the return trip (from the Place of Residence) by train in 1st class or commercial flight in economy class of a person chosen by the Insured or the Insured's family to accompany the children during their return to their Place of Residence.

The Assistance Provider may also appoint a steward to accompany the children to their Place of Residence.

The costs of accommodation, meals and drinks of the person chosen by the Insured or the Insured's family to bring the children back shall remain the responsibility of the Insured. The tickets of said children will also be borne by the Insured.

Visit of a relative in the event of hospitalisation

If the Insured travels alone and if the accompanying Family Members are unable to visit him/her at the hospital, while he or she is hospitalised at the place of his or her illness or accident and the Assistance Provider's physicians do not recommend transport before 10 days (in the case of a child under 15 years of age or an Insured in a state in which the vital prognosis is at risk according to the Assistance Provider's physicians, no hospitalisation period excess is applied), the Assistance Provider organises and pays for:

- the two-way return trip (from the Place of Residence) by train in 1st class or commercial flight in economy class of a person chosen by the Insured or a Family Member to travel to his/her bedside:
- his or her stay at the hotel (room and breakfast only) at the hospital site, as long as the Insured is hospitalised, up to a limit of **€250** per night and **10 nights**. If, beyond this last limit, the hospitalised Insured is still not transportable, the extension of the stay is covered up to **€750**.

This service cannot be combined with the "Repatriation of an Insured Companion" service.

Sending a replacement employee abroad

If the Insured's international professional assignment is interrupted, following a medical repatriation organised by the Assistance Provider or a hospitalisation of more than 10 days, the Assistance Provider will organise and pay for the transport (commercial flight in economy class or train in 1st class) of a replacement employee residing in a country of the European Union and designated by the employer (only if the assignment is longer than 3 days).

Medical expenses abroad (excluding France and the country of residence)

This benefit applies exclusively to Insured who are affiliated with an Insurance Organisation.

When medical expenses have been incurred with its prior agreement, the Assistance Provider will reimburse the Insured for the portion of these costs which were not covered by the Insurance Organisations: the Assistance Provider will only intervene once the reimbursements made by the aforementioned Insurance Organisations have been made, after deduction of an **absolute deductible of €75** per file, and subject to the communication of the original proof of reimbursement issued by the Insurance Organisation of the Insured.

This reimbursement covers the costs defined below, provided that they concern care received by an Insured outside France and his or her Country of Residence following an illness or accident occurring outside his or her Country of Residence.

In this case, the Assistance Provider will reimburse the amount of costs incurred up to a maximum of **€155,000** per Insured, per event and per year.

In the event that the Insurance Organisation to which the Insured does not pay for the medical expenses incurred, the Assistance Provider will reimburse the costs incurred up to the amount indicated above, subject to the Insured providing the original invoices for medical expenses and the certificate of non-payment from the Insurance Organisation.

This benefit will cease from the day on which the Assistance Provider is able to carry out the repatriation of

the Insured.

Types of costs eligible for reimbursement (subject to prior agreement):

- medical fees,
- costs of medication prescribed by a doctor or surgeon,
- ambulance costs prescribed by a doctor for transport to the nearest hospital, only in the event of refusal of coverage by the Insurance Organisations,
- hospitalisation costs provided that the Insured is deemed untransportable by decision of the Assistance Provider's physicians, taken after information is collected from the local physician (hospital costs incurred from the day the Assistance Provider is able to carry out the repatriation of the Insured are not covered), emergency dental costs (capped at **€155** with no deductible and per event)

Extension of the benefit: advance of hospitalisation costs abroad (excluding France and the country of residence)

The Assistance Provider may, within the limit of the amounts of cover provided for above, advance hospitalisation costs incurred outside France and his or her Country of Residence by the Insured, under the following cumulative conditions:

- after gathering information from the local doctor, the Assistance Provider's physicians must deem that it is impossible to immediately repatriate the Insured to his or her Country of Residence.
- the medical care to which the advance applies must be prescribed in agreement with the Assistance Provider's physicians.
- the Insured or any person authorised by him/her must formally commit, by signing a specific document, provided by the Assistance Provider during the provision of this service:
  - to start the process of requesting coverage of the costs from the insurance organisations within 15 days of the date on which the Assistance Provider sends the information necessary for this process,
  - to reimburse the Assistance Provider for the sums collected in this respect from the insurance organisations within one week of receipt of these sums.

Only the costs not covered by the Insurance Organisations will be borne by the Assistance Provider, within the limit of the amount of cover provided for the benefit "Medical expenses abroad". The Insured must communicate to the Assistance Provider the certificate of non-payment issued by these Insurance Organisations, within one week of receipt.

IF THE INSURED DID NOT START PROCESS OF REQUESTING COVERAGE OF THE COSTS FROM THE INSURANCE ORGANISATIONS WITHIN THE TIME LIMITS, OR IN THE ABSENCE OF PRESENTATION OF THE CERTIFICATE OF NON- PAYMENT ISSUED BY THESE INSURANCE ORGANISATIONS TO THE ASSISTANCE PROVIDER WITHIN THE TIME LIMITS, THE INSURED MAY UNDER NO CIRCUMSTANCES CLAIM THE "MEDICAL EXPENSES ABROAD" BENEFIT AND MUST REIMBURSE ALL HOSPITAL COSTS ADVANCED BY THE ASSISTANCE PROVIDER, WHICH WILL INITIATE, WHERE APPLICABLE, ANY USEFUL RECOVERY PROCEDURE, THE COST OF WHICH SHALL BE BORNE BY THE INSURED.

Replacement driver

When an Insured is ill or injured when travelling in one of the countries listed below and can no longer drive his or her vehicle and none of the passengers could replace him/her, the Assistance Provider will provide a driver to the Insured to bring the vehicle to his or her Place of Residence by the most direct route.

The Assistance Provider will cover the costs of travel and the driver's salary. Fuel, toll, hotel and restaurant costs for any passengers remain borne by the Insured.

The driver is required to comply with labour legislation, and in particular - under current French regulations - must observe a 45-minute stop after 4 hours and 30 minutes of driving, and the overall daily driving time must not exceed 9 hours.

If the Insured's vehicle is more than 8 years old, or has mileage higher than 150,000 km, or if its condition or load does not comply with the standards defined by the Highway Code, the Insured must inform the Assistance Provider of this, who thus reserves the right not to send a driver.

In this case, and in lieu of the provision of a driver, the Assistance Provider will supply and pay for a

1st class train ticket or economy class plane ticket for a person mandated by the Insured to fetch the vehicle.

This service applies only in the following countries: France (except DROM-COM), Monaco, Andorra, Spain, Portugal, Greece, Italy, Switzerland, Liechtenstein, Austria, Germany, Belgium, Netherlands, Luxembourg, Ireland, Denmark, Norway, Sweden, Finland, Iceland.

Sending urgent messages from abroad

When the Insured is travelling outside his or her Country of Residence, the Assistance Provider may take charge of sending urgent messages to his or her employer or to a Family Member when the Insured is unable to send them him/herself.

"Death" Cover

Repatriation of the body

When an Insured dies during a trip, the Assistance Provider will organise and cover the repatriation of the body.

If the funeral is held in his/her Country of Residence, the Assistance Provider will pay for:

- the cost of transport of the body to the place of the funeral near the Place of Residence,
- embalming costs imposed by applicable legislation,
- costs directly necessitated by the transport of the body (travel, specific transport facilities, packaging).

All other expenses will be borne by the Insured's family.

If the funeral takes place outside the Country of Residence, the Assistance Provider organises the repatriation of the body to the international airport nearest to the place of the funeral and covers the costs **up to the amount that would have been incurred to repatriate the body to the Place of Residence**.

Repatriation of an accompanying person

When the body of an Insured is transported under the conditions defined above, the Assistance Provider will organise and cover the transport of another Insured travelling with him or her by any appropriate means (taxi, ambulance, train in 1st class, commercial flight in economy class), to the place of the funeral near the Place of Residence or to the international airport nearest to the place of the funeral if the funeral is held outside the Country of Residence. **In the latter case, the cover will be limited to the amount that would have been incurred to transport the accompanying person to the Place of Residence**.

This service is limited to **one person**. However, if the deceased Insured was accompanied by more than one Insured, the Assistance Provider may arrange the transport, together or individually, of the other Insured.

THE COST OF THIS TRANSPORT IS NOT BORNE BY THE ASSISTANCE PROVIDER.

"Hospitalisation or Death of a Family Member" Cover

Early return in the event of hospitalisation of a Family Member

If the Insured who is travelling learns the unplanned hospitalisation, or more than 24 consecutive hours, of a Family Member residing in the same country as him or her, the Assistance Provider will organise and pay for his or her return to allow him or her to travel to the hospital, to the bedside of the Family Member.

This coverage is limited to one Insured per Card. The Assistance Provider will pay for the return trip of this Insured by 1st class train or economy class commercial flight.

The Assistance Provider reserves the right to request a certificate of hospitalisation from the Family Member or a certificate of inheritance.

Early return in the event of death of a family member

If the Insured who is travelling learns of the death of a Family Member residing in the same country as him/her, the Assistance Provider will organise and pay for his/her return to enable him/her to attend the funeral, close to the Place of Residence,

This service is limited by Card, i.e.:

- to the payment of an Insured's two-way trip,
- to the payment of the one-way outbound journey of two Insured travelling together, by train in 1st class or commercial flight in economy class.

The Assistance Provider reserves the right to request a death certificate from the Family Member or an inheritance certificate.

"Legal proceedings abroad" Cover

Legal assistance abroad

If the Insured is subject to legal proceedings following an unintentional breach of local legislation occurring outside his or her Country of Residence and occurring during his/her private life:

- The Assistance Provider will advance bail, upon presentation of a security deposit or signature of a debt recognition, when required by the local judicial authorities, for **up to €15,500 incl. tax**. If, meanwhile, the bail is reimbursed to the Insured by the authorities of the country, the Insured must immediately return it to the Assistance Provider.

THE ASSISTANCE PROVIDER WILL NOT PAY FOR BONDS REQUIRED AS A RESULT OF A TRAFFIC ACCIDENT CAUSED DIRECTLY OR INDIRECTLY BY A BREACH OF THE LOCAL HIGHWAY CODE, DRIVING DRUNK OR MISCONDUCT,

- The Assistance Provider will contribute to the legal fees of **€8,000 incl. tax** and advance, upon presentation of a security deposit or signature of a debt recognition, **up to €15,500 incl. tax**.

Redemption:

The Insured undertakes to reimburse the advanced sums, within 2 months of the date on which the invoice is sent.

After this period of 2 months, the Assistance Provider reserves the right to initiate any useful recovery procedures.

"Theft or loss of certain personal and professional items abroad" Cover

Sending medicines abroad

When the Insured, travelling outside his or her Country of Residence, is deprived as a result of the loss or theft of medicines essential to his or her health, the Assistance Provider will cover the search and delivery of these medicines, in the event that these medicines, or their equivalents as advised by the Assistance Provider's physicians, are not found on site (subject to obtaining from the Insured the contact details of his/her general practitioner).

The Assistance Provider will take charge of the shipment of medicines by the fastest means, subject to local and French legal constraints, and re-invoice the Insured for customs costs and the purchase cost of the medicines.

Sending glasses or hearing aids abroad

If the Insured is unable to obtain the glasses, corrective lenses or hearing aids that he or she normally wears, following the theft or loss of them during a trip outside his or her Country of residence, the Assistance will send them to him or her by the most appropriate means.

The request, made by the Insured, must be sent by e-mail, fax or registered letter and provide a very precise

indication of the complete characteristics of his or her glasses (type of glasses, frames), lenses or hearing aids.

The Assistance Provider will contact the Insured's usual ophthalmologist or prothesist in order to obtain a prescription. The cost of making new glasses, lenses or hearing aids is announced to the Insured, who must give his or her consent in writing and thus undertakes to pay the amount of the invoice before they are sent.

Failing this, the Assistance Provider cannot be required to perform the service.

The Assistance Provider will take charge of the shipment of new glasses, lenses or hearing aids by the fastest means, subject to local and French legal constraints, and re-invoice the Insured for customs costs and the cost of making.

The Assistance Provider shall not be held liable if, for reasons beyond its control (production times or any other case of Force majeure), the glasses, lenses or hearing aids do not arrive on the scheduled date.

Sending files or business items abroad

When an Insured, travelling outside his or her Country of Residence, has had stolen or loses his or her business files or objects, the Assistance Provider will obtain a copy of the above-mentioned files or replacement items from the designated person in order to forward them to the Beneficiary. The Assistance Provider disclaims all liability for the nature and content of the documents transported.

The cost of transport, customs and other shipping costs will be borne by the employer or the Insured, who must specify to the Assistance Provider any formalities to be completed for export. **Under no circumstances may the total weight of the documents or items to be shipped exceed 5 kg including packaging.**

Shipments, the organization of which is carried out by the Assistance Provider, are subject to the various laws of French and foreign customs. The Assistance Provider disclaims responsibility if, for reasons beyond its control (strikes, acts of war or any other case of Force majeure), the records do not arrive on the scheduled date.

2.4 - Common exclusions – Assistance Part

1. **NO ASSISTANCE SERVICE WILL BE PROVIDED:**

   a. **IN COUNTRIES:**

   - **IN A STATE OF CIVIL OR FOREIGN WAR,**
   - **IN A STATE OF POLITICAL INSTABILITY,**
   - **SUFFERING FROM CIVIL UNREST, RIOTS, ACTS OF TERRORISM, RETALIATION, OR RESTRICTIONS ON THE FREE MOVEMENT OF PERSONS AND PROPERTY,**
   - **THIS POLICY DOES NOT COVER ANY LOSS, INJURY, DAMAGE OR LIABILITY, BENEFITS OR SERVICES DIRECTLY OR INDIRECTLY ARISING FROM OR RELATING TO A PLANNED OR ACTUAL TRIP,** IN**, TO OR THROUGH BELARUS, CUBA, IRAN, SYRIA, NORTH KOREA, RUSSIA OR THE CRIMEA, DONETSK PEOPLE'S REPUBLIC (DNR), OR LUHANSK PEOPLE'S REPUBLIC (LNR) REGIONS OF UKRAINE.**

   b. **DURING A TRIP:**

   - **UNDERTAKEN FOR THE PURPOSE OF DIAGNOSIS OR MEDICAL TREATMENT,**
   - **RELATED TO MILITARY OR POLICE ACTIVITIES;**

   c. **FOR CLAIMS RESULTING FROM BODILY INJURY OR DEATH RESULTING FROM:**

   - **AN INTENTIONAL OR FRAUDULENT ACT ON THE PART OF THE INSURED OR ON THE PART OF ONE OF THE FAMILY MEMBERS AND ITS CONSEQUENCES, AS INDICATED IN ARTICLE L. 113-1 OF THE FRENCH INSURANCE CODE,**
   - **THE DISINTEGRATION OF THE ATOMIC NUCLEUS,**
   - **THE USE OF WAR MACHINES OR FIREARMS,**
   - **THE PRACTICE OF AN AERIAL OR RISKY SPORT: HANG GLIDING, POLO, SKELETON, BOBSLEIGH, ICE HOCKEY, UNDERWATER DIVING, CAVING, BUNGEE JUMPING, AND ANY SPORT REQUIRING THE USE OF A MOTOR ENGINE,**

- **PARTICIPATION IN COMPETITIONS REQUIRING A LICENCE,**
- **STRIKE OR LOCK-OUT ACTIONS,**
- **PARTICIPATION IN BETS, FIGHTS OR BRAWLS,**
- **PATHOLOGICAL STATES THAT ARE NOT AN EMERGENCY,**
- **SURGICAL PROCEDURES, PATHOLOGICAL CONDITIONS PRIOR TO THE DEPARTURE DATE, THEIR RELAPSE OR COMPLICATIONS AND CONDITIONS DURING TREATMENT NOT YET CONSOLIDATED BEFORE THE TRIP (POSSIBILITY OF REQUEST FOR PROOF OF THE DEPARTURE DATE),**
- **INCIDENTS AND COMPLICATIONS RELATED TO PREGNANCY, WHEN THE INSURED WAS AWARE BEFORE**
- **THE DAY OF DEPARTURE ON THE TRIP OF A HIGH-THAN-NORMAL PROBABILITY OF THEIR OCCURRENCE,**
- **PREGNANCY OR CHILDBIRTH AFTER THE FIRST DAY OF THE 7TH MONTH,**
- **PREMATURE BIRTH,**
- **ABORTION OR ASSISTED REPRODUCTIVE TECHNOLOGY AND THEIR COMPLICATIONS,**
- **MENTAL ILLNESS**
- **THE USE BY THE RECIPIENT OF MEDICINES, DRUGS, NARCOTICS, SEDATIVES OR PRODUCTS THAT WERE NOT MEDICALLY PRESCRIBED**
- **A STATE OF DRUNKENNESS CHARACTERISED BY A BLOOD ALCOHOL LEVEL EQUAL TO OR GREATER THAN**
- **THAT SET BY THE LAW GOVERNING FRENCH MOTOR TRAFFIC IN FORCE ON THE DATE OF THE ACCIDENT,**
- **SUICIDE OR ATTEMPTED SUICIDE.**

2. **THE FOLLOWING ARE NEVER COVERED:**

- **FEES NOT EXPRESSLY PROVIDED FOR IN THE CONTRACT,**
- **FEES NOT JUSTIFIED BY ORIGINAL DOCUMENTS,**
- **THE COSTS OF OPHTHALMOLOGIC CONSULTATION AND SURGERY, UNLESS THEY ARE THE DIRECT CONSEQUENCE OF A COVERED EVENT,**
- **COSTS OF GLASSES OR CONTACT LENSES AND, MORE GENERALLY, OPTICAL COSTS,**
- **COSTS OF MEDICAL DEVICES, ORTHOSES AND PROSTHESES,**
- **AESTHETIC TREATMENTS,**
- **EXPENSES FOR STAYING IN A REST HOME, RE-EDUCATION OR DETOXIFICATION,**
- **REHABILITATION, PHYSIOTHERAPY, CHIROPRAXIS,**
- **VACCINE PURCHASE COSTS AND VACCINATION COSTS,**
- **THE COSTS OF HEALTH CHECK-UPS AND MEDICAL TREATMENT ORDERED IN FRANCE OR IN THE**
- **COUNTRY OF RESIDENCE,**
- **COSTS OF MEDICAL OR PARAMEDICAL SERVICES AND THE PURCHASE OF PRODUCTS OF WHICH THE THERAPEUTIC NATURE IS NOT RECOGNISED BY FRENCH LEGISLATION,**
- **FINAL COFFIN COSTS,**
- **RESTAURANT EXPENSES,**
- **COSTS RELATED TO EXCESS WEIGHT OF BAGGAGE DURING REPATRIATION BY COMMERCIAL AIRLINE,**
- **CUSTOMS FEES,**
- **COSTS OF CANCELLATION OR INTERRUPTION OF THE STAY,**
- **SEARCH AND RESCUE COSTS FOR PEOPLE IN THE MOUNTAINS, AT SEA, IN THE DESERT OR IN ANY OTHER REMOTE AND INHOSPITABLE PLACE,**
- **FIRST AID OR PRIMARY TRANSPORTATION COSTS.**

2.5 - General Provisions – Assistance Part

Exceptional circumstances

The Assistance Provider undertakes to use all available means of assistance. However, the Assistance Provider may not be held liable in the event of unavailability of these means or their absence in the geographical area of the request for services.

The Assistance Provider does not guarantee the execution of the services and its liability may not be incurred

in cases of Force majeure, as usually recognised by the case law of the French courts.

Retrieval of transport tickets

When transport is organised and covered, the Insured undertakes to either:

- allow the Assistance Provider to use the transport ticket that he/she holds for the return,
- or to pay the Assistance Provider back for the amounts he/she may obtain in reimbursement from the issuing body of this transport ticket.

Subrogation

The Insurer is subrogated, in accordance with Article L.121-12of the French Insurance Code, up to the limit of the compensation paid or the costs incurred by it, in the rights and actions of the Insured against any person responsible for the Claim.

Part 3 - Common Provisions - Insurance and Assistance

These common provisions apply to all types of cover provided by the policy.

For the proper understanding of what will follow, all the terms that appear underlined and with the first letter capitalised in the body of this Part 3 “Common Provisions” refer to the definitions set out in Part 1 “Insurance” and Part 2 “Assistance”.

Information - Amendments to the Contract

The Policyholder undertakes to provide the Cardholder with this information notice when taking out the Card.

Any changes made by the Insurer and the Policyholder to this Information Notice shall be binding on the Insured provided that they have been informed by the Policyholder, by any means, at least three months before the scheduled date of their entry into force.

Accumulation of cover

In accordance with Article L.121-4 of the French Insurance Code, the person insured with several insurers by several policies, for the same interest, against the same risk, must immediately give each insurer knowledge of the other insurers. The Insured must, at the time of this communication, disclose the name of the insurer with which another insurance policy was taken out and indicate the sum insured.

Limitation period

In accordance with the provisions of Articles L. 114-1 et seq. of the French Insurance Code, all actions resulting from an insurance policy are time-barred two years from the date of the event giving rise thereto. As an exception, actions resulting from an insurance policy relating to damage resulting from land movements following drought-rehydration of soil, recognised as a natural disaster under the conditions provided for in Article L. 125-1 of the French Insurance Code, are time-barred five years of the event giving rise to it.

However, this time limit does not begin to run:

- in the event of reluctance, omission or false or inaccurate statement regarding the risk incurred, until the day on which the Insurer became aware of it;
- in the event of a Claim, until the date on which the interested parties became aware of it, if they prove that they were unaware of it until that point.

When the Insured’s action against the Insurer is due to the recourse of a third party, the limitation period shall run only from the day on which that third party took legal action against the Insured or was compensated by the Insured.

The limitation period is increased to ten years in life assurance contracts where the beneficiary is a person

other than the policyholder, and in personal accident insurance contracts where the beneficiaries are the dependants of the deceased insured person.
In the case of life insurance policies, notwithstanding the provisions above in b), the beneficiary's claims shall be time-barred no later than thirty years from the date of the insured person's death.

As specified under article L.114-2 ofthe FIC, The limitation period is interrupted by one of the ordinary causes of interruption of the limitation period and by the appointment of experts following an incident. The interruption of the limitation period of the action may, in addition, result from the sending a registered letter or an electronic registered letter, with acknowledgment of receipt, addressed by the insurer to the insured regarding the action for payment of the premium and by the insured to the insurer regarding the payment of compensation ".

Article 2240 of the Civil Code
The ordinary causes of interruption of prescription, referred to in Articles 2240 to 2246 of the Civil Code, are the summons to court, even in summary proceedings, the command or seizure, as well as the recognition by a party of the right of the other party.
The recognition by the debtor of the right of the person against whom he prescribed interrupts the limitation period.

Article 2241 of the Civil Code
The legal action, even in summary proceedings, interrupts the limitation period as well as the foreclosure period.
The same applies when it is brought before a court without jurisdiction or when the act of referral to the court is canceled due to a procedural defect.

Article 2242 of the Civil Code
The interruption resulting from the legal request produces its effects until the termination of the proceedings.
Article 2243 of the Civil Code
The interruption is void if the applicant withdraws his request or allows the proceedings to expire, or if his request is definitively rejected.

Article 2244 of the Civil Code
The limitation period or the foreclosure period is also interrupted by a precautionary measure taken in application of the code of civil enforcement procedures or an act of forced execution.

Article 2245 of the Civil Code
The arrest made to one of the joint debtors by a legal request or by an act of forced execution or the recognition by the debtor of the right of the person against whom he prescribed interrupts the limitation period against all the others, even against their heirs.
On the other hand, the interpellation made to one of the heirs of a joint debtor or the recognition of this heir does not interrupt the limitation period with regard to the other co-heirs, even in the case of a mortgage debt, if the obligation is divisible. This questioning or this recognition only interrupts the limitation period, with regard to the other co-debtors, for the part for which this heir is liable.
To interrupt the limitation period for the whole, with regard to the other co-debtors, it is necessary to interpellate all the heirs of the deceased debtor or to recognize all these heirs.

Article 2246 of the Civil Code
The arrest made to the principal debtor or his recognition interrupts the limitation period against the surety.

Article L114-3 of the Insurance Code
By way of derogation from Article 2254 of the Civil Code, the parties to the insurance contract cannot, even by mutual agreement, neither modify the duration of the limitation period, nor add to the causes of suspension or interruption thereof.

Applicable law

This Information Notice, written in French, is interpreted and executed in accordance with French law.

Insurer's supervisory body

Zurich Insurance Europe AG is a company registered with the commercial register in Germany under HRB 133359, with registered address at Platz der Einheit 2, 60327 Frankfurt am Main, Germany. Zurich Insurance

Europe AG is authorised and regulated by Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin), firm reference number 10005151.

For activities carried out in France under the freedom to provide services, the company is also subject to the Insurance Code and to supervision by the Autorité de Contrôle Prudentiel et de Résolution (ACPR), whose registered office is situated at 4 place de Budapest, CS 92459, 75436 Paris Cedex 09, France.

Complaints Procedure

We are committed to providing a high level of customer service. If you feel we have not delivered this, we would welcome the opportunity to put things right for you.

Many concerns can be resolved straight away. Therefore, in the first instance, please get in touch with Qover Mediation service if your complaint relates to an Insurance matter.

You can contact Qover Mediation by:

- letter to Mediation service of QOVER SA/NV, Rue du Commerce 31, 1000 Brussels (Belgium)
- email to mediation@qover.com.

If your complaint was made orally or on a non-durable medium and it cannot be resolved immediately to your satisfaction, we recommend that you reiterate your complaint on a durable written support.

Qover will aim to resolve your complaint to your satisfaction as soon as possible.

If your complaint relates to Assistance, you should contact Cover-More Europe who will contact you directly.

In any case, Qover or Cover-More Europe will acknowledge receipt of your complaint within ten days from the issuance of your complaint and provide an answer within two months of your initial complaint.

You can contact Cover-More Europe:

- By email: customercomplaints@covermore.com
- By post: The Complaints Department, Cover-More Europe, Suite 11, Fifth Floor, No. 2 Stemple Exchange, Blanchardstown Corporate Park D15 E4FN

Next steps if you are still unhappy

After receiving our final response or if we are unable to conclude our investigation into your complaint within 2 months, you may be able to refer your complaint to an alternative financial ombudsman service or other out-of-court proceeding service. Details of who may consider such a complaint and how to contact them can be found at the following website: http://www.covermoreeurope.com/ombudsmen-information

Use of mediation and other remedies

When the claimant is a natural person acting for non-professional purposes, they may, 2 (two) months after sending the written complaint or if the disagreement persists after the response given by Qover or by the Insurer, refer the matter to the French Insurance Mediator at the following address: **La Médiation de l'Assurance, TSA 50110, 75441 Paris Cedex 09,** or by filling out the online form on the http://www.mediation-assurance.org

None of the amicable remedies referred to above shall prejudice the right of the person concerned to bring legal proceedings.

The claimant who has joined via the internet also has the option of using the European Commission's Consumer Redress platform at the following address: / https://consumer-redress.ec.europa.eu/index_en

This insurance may be covered by an insurance guarantee scheme which means that you may be entitled to compensation if we are unable to meet our obligations to you. For further information, we suggest you contact your local regulator for additional information on the existence of a local insurance guarantee scheme.

Data protection statement

Cover-More Europe and its associated companies ("we", "us" or "our") are committed to protecting your privacy and personal information at all times. We ensure that any personal data we process is done so in accordance

with applicable data protection legislation.

Unless otherwise stated, Cover-More Europe is the controller of your personal data. You can view our full data protection statement at https://www.covermoreeurope.com/privacy-policy-cmblue-ie/

Sometimes, companies that help us provide or manage your policy will need to collect your personal information. This will only happen:

- where the processing is necessary to provide a quote or contract of insurance.
- where the processing is necessary to follow regulations and the law.
- where you've given us your permission.
- if it's in our 'legitimate interests' to run our business and provide our services effectively. We'll keep the collection and processing of information for this reason to a minimum.

As an insurance intermediary, we manage the insurance policy for the insurance provider Zurich Insurance Europe AG (German Branch). When you take out an insurance product through us, Zurich Insurance Europe AG (German Branch) also becomes the data controller of your personal data for the purposes described in its privacy policy.

Zurich Insurance Europe AG (German Branch)'s full data protection policy can be viewed at the following address: https://www.covermoreeurope.com/zurich-privacy-policy/

How to contact us

If you have any questions about how your data is used, please contact us at dataprotection.blue@covermore.com If you prefer, you can write to our Data Protection Officer at the following address: Suite 11, Fifth Floor, No. 2 Stemple Exchange, Blanchardstown Corporate Park, D15 E4FN.

If you have any questions about how Zurich Insurance Europe AG (German Branch) uses your data, you can contact datenschutz@zurich.com . If you prefer, you can write to our German branch Data Protection Officer at the following address: Zurich Group Germany Group Privacy, 50427 Cologne, Germany.

Clause sanction

The Insurer does not make any payment when the Insured is listed on any official, governmental or police database of persons proven or presumed to be terrorists, drug traffickers or human traffickers, or involved or presumed to be involved in the illegal trade in nuclear, chemical or biological weapons, human trafficking or piracy, cybercrime, organized crime or human rights violations.

In addition, and in accordance with Article 6 of the Civil Code, notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

NO INSURANCE PROVIDER SHALL BE DEEMED TO PROVIDE COVERAGE OR WILL MAKE ANY PAYMENTS OR PROVIDE ANY SERVICE OR BENEFIT TO ANY INSURED OR OTHER PARTY TO THE EXTENT THAT SUCH COVER, PAYMENT, SERVICE, BENEFIT OR ANY BUSINESS OR ACTIVITY OF THE INSURED WOULD VIOLATE ANY APPLICABLE TRADE OR ECONOMIC SANCTIONS LAW OR REGULATION ISSUED BY THE UNITED STATES, THE FOREIGN CORRUPT PRACTICES ACT, THE USA PATRIOT ACT, THE REGULATIONS ADMINISTERED BY THE U.S. TREASURY'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC), FRANCE AND EUROPEAN UNION;

THIS POLICY WILL NOT COVER ANY LOSS, INJURY, DAMAGE OR LEGAL LIABILITY SUSTAINED DIRECTLY OR INDIRECTLY BY ANY INDIVIDUAL OR ENTITY IDENTIFIED ON ANY APPLICABLE US, FRENCH, GERMAN GOVERNMENT OR EUROPEAN UNION WATCH LISTS AS A SUPPORTER OF TERRORISM, NARCOTICS OR HUMAN TRAFFICKING, PIRACY, PROLIFERATION OF WEAPONS OF MASS DESTRUCTION, ORGANIZED CRIME, MALICIOUS CYBER ACTIVITY, OR HUMAN RIGHTS ABUSES.

Termination of the group contract

The termination of Policy No. CBQVZDE11GOL3/X by the Insurer or the Policyholder for any reason whatsoever is enforceable against the Insured parties and terminates all cover.

Notwithstanding the foregoing, the Insurer undertakes

- ✓ to manage and cover all Claims under Part 2 “Assistance” occurring before the effective date of termination of Policy No. CBQVZDE11GOL3/X.
- ✓ manage all Claims under Part 1 “Insurance”, provided that their date of occurrence is prior to the effective termination date of Policy No. CBQVZDE11GOL3/X

Important contact details

Custom Care: www.qover-qonto.zendesk.com

Claims Forms: www.form.qover.com/f/

Medical Assistance

Services in French: +33 1490 24670 fr.assistance@travelguard.com

Services in German: +49 69 22 22 8017 assist@worldtravelprotection.com

Services in Italian: +39 02 36 00 06 83 it.assistance@travelguard.com

Services in Spanish: +34 911 149 989 assist@worldtravelprotection.com

Services in Dutch: +44 208 156 2632 assist@worldtravelprotection.com