



CAP AU PAIR

POLICE N° 4.091.300



SUMMARY

TABLE OF BENEFITS	page 2
PURPOSE OF THE CONTRACT	page 4
DEFINITIONS	page 4
NATURE OF BENEFITS	page 5
⤵ Assistance cover: repatriation, medical expenses & intervention conditions	
⤵ Guaranteed loss, theft or damage to baggage	
⤵ Baggage delay cover	
⤵ Delayed aircraft	
⤵ Overseas personal liability cover	
⤵ Personal accident cover	
⤵ Au Pair cover	
CONTRACT EXCLUSIONS	page 9
WHAT TO DO IN CASE OF A CLAIM	page 10
SECTION 3 - MISCELLANEOUS	page 12



CAP AU PAIR

POLICE N° 4.091.300



BENEFITS	MAXIMUM COVERAGE & EXCESS
LUGGAGE : DELAY, LOSS, DAMAGE OR THEFT	
Loss, theft or damage	Maximum per person : 3 000 € Limitation valuables : 360 € per item Max 720 € Deductible : 30 €
Baggage delay of more than 24 hours	Maximum per person : 180 €
DELAYED AIRCRAFT	
Compensation from 6am to late	30 € / hour Maximum 150 €
OVERSEAS LIABILITY	
Maximum injury	4.500.000 €
Maximum material damage	450 000 €
Deductible per claim	80 €
Damages to the host family or school	Maximum : 500 € Deductible : 100 €
ACCIDENT CAPITAL (This cover only applies for EU residents.)	
In case of accidental death	Capital of 12 500 €
In case of permanent disability	Capital of 80 000 €
ASSISTANCE / REPATRIATION / MEDICAL EXPENSES	
Shipment of essential medicine not available locally	Real costs
Sending a local doctor abroad	Real costs
Transportation to the medical center	Real costs
Repatriation of the insured at his home	Real costs
Repatriation in case of death of the insured	Real costs
Presence of a relative in case of hospitalization	Return ticket + accomodation costs €1500 (any accumulated expenses)
Accompanying return	Fare to return
Early return of the insured	Simple Return ticket or round trip

BENEFITS

MAXIMUM COVERAGE & EXCESS

MEDICAL COSTS ABROAD

In case of Hospitalization Mandatory call the support center Supports up to 100% of expenses	1 500 000 € maximum
Outside hospital Reimbursement of up to 100% of expenses when consulting, visits, radiographs, analysis, drugs	1 500 000 € maximum
Daily allowance in case of hospitalization of the insured	50€/day, from the 4th day of Hospitalization, for a maximum of thirty consecutive days.
Dental emergency	600 € maximum
Dental expenses resulting from accident	450 € per tooth 1 350 € maximum
Medical costs for a nervous or mental disease if this is the first manifestation of the disease	400 € maximum
Rehabilitation care, chiropractic, physiotherapy	300 € maximum
For maternity	75% of real costs 4 000 € maximum
Legal assistance abroad	3 000 € maximum per person
Overseas abroad	12 000 € maximum per person
Counseling	3 phone calls maximum
E-mail medicine	Support
Assistance in case of theft or loss or identity papers	Support
Renewal cost papers	400 € maximum
Cash advance	400 € maximum
Costs of Search and rescue expense	5 000 € per person 15 000 € maximum

MEDICAL COSTS IN THE COUNTRY OF ORIGIN

For temporary stays of less than 30 consecutive days in the country of origin

In case of Hospitalization Mandatory call the support center Supports up to 100% of expenses	30 000 € maximum
Outside Hospital Reimbursement of up to 100% of expenses when consulting visits, radiographs, analysis, drugs	30 000 € maximum

AU PAIR COVER

If the subscriber is the Family Home : Reimbursement of fees for cancellation of the Au Pair	400 € maximum
If the subscriber is the Au Pair : Hotel costs in case of transfer of the Au Pair in another family home	60 € / night – 7 nights maximum
If the subscriber is the Au Pair : refund of tuition fees in the event of premature return of the insured	Prorata temporis - 500 € maximum



Aon France trading under the trademark Chapka Assurances.

Head office | 31-35 rue de la Fédération | 75717 Paris Cedex 15 France | t +33(0)1 47 83 10 10 | aon.fr

ORIAS N°07 001 560 | Simplified joint-stock company with a capital of 46 027 140 euros | Paris Trade and Companies

Register N°: 414 572 248 | European Union VAT N°: FR 22 414 572 248

Financial guarantee and civil liability insurance in accordance with sections L.512-7 and L.512-6 of the French Insurance Code.



CAP AU PAIR

POLICE N° 4.091.300



PURPOSE OF THE CONTRACT

The purpose of this insurance contract is to guarantee, within the limits and conditions defined below, the insured person during his stay Au-Pair.

DEFINITIONS

THE FOLLOWING DEFINITIONS APPLY TO ALL COVERS EXCEPT FOR DEFINITIONS SPECIFIC TO EACH OF THEM.

For the purposes of this contract :

Subscriber :

Aon France acting on its own behalf or on behalf of its members.

Claim reporting /management center :

AIG .

Insurer-assister

AIG Europe SA, Insurance Company, registered in Luxembourg (RCS No. B 218806) with registered office at 35 D Avenue J.F. Kennedy, L-1855, Luxembourg.

Branch for France Tour CB21 - 16 Place de l'Iris 92400 Courbevoie - RCS Nanterre 838 136 463. The marketing of insurance contracts in France by the French branch of AIG Europe SA is subject to the applicable French regulations, under the control of the Prudential Control and Resolution Authority, 4 place de Budapest, CS 92459, 75436 Paris Cedex 09. <https://acpr.banque-france.fr/>.

Insured :

A person without a temporary or expatriate status, aged less than 30 years who has entered into this contract through Aon France or one of its partners and have paid their insurance premium, and are traveling abroad as an au-pair for a Host Family, or the Host Family on behalf of the au pair.

Spouse :

Husband / wife, partner or spouse of the Insured.

Family :

The Insured's Spouse and their and/or their Spouse's parents, grandparents, Children, grandchildren, brothers and sisters.

Host family :

People receiving the Insured in the Host country in exchange for services

Children :

Legitimate children, natural or adopted by the Insured and / or their Spouse.

Beneficiary :

For all benefits, the Beneficiary is the Insured themselves except where otherwise stipulated in the contract.

Downfall :

Deprivation of the right to the sums or services provided for in the Contract, as a result of the Insured's failure to meet certain obligations stipulated in the Contract.

Home :

Usual place of residence of the Insured at the date of joining. The tax address will be considered as their home in case of a dispute

Overseas

Country other than where the Insured resides.

Europe :

The countries of the European Union (including the following: Reunion, Martinique, Guadeloupe and Guyana) and the Urals, Switzerland, Norway and the Principality of Monaco.

Host country :

Country (ies) in which the Au Pair stays.

Territorial validity of cover :

For French and European Insureds:

- the whole world,
- the country of residence for temporary stays of less than 30 consecutive days,
- outside the host country for tourist stays of 60 consecutive days and provided that this period does not represent more than one third of the stay,

For Foreign Insureds:

- the European Union,
- the country of residence for temporary stays of less than 30 consecutive days only.

Stay :

Period of a maximum duration of 12 consecutive months made by the Insured Abroad on the occasion of Au Pair Stay in a Host Family.

However, certain professional activities are covered, up to a maximum of 25 hours a week, subject to receiving a visa provided for this purpose. These activities include: restoration activities, housework, light and occasional handicrafts.

Membership application :

Document duly completed and signed by the Insured on which is its name, birth date, address or country of residence, reason of travel, dates of departure and return, relevant subscribed options, the relevant insurance premium and the date of establishment of this document. For subscriptions via the Internet, the validation of this information online is by member signature.

Only memberships with subscribed insurance premium will be settled by the Company in case of a claim.

Information Sheet :

A document issued by CHAPKA INSURANCE or its partners to each Insured and listing the conditions for intervention, nature and amount of coverage, exclusions and contractual limitations, pursuant to Article L 140-4 of the Insurance Code.

Luggage :

Suitcases, trunks and hand baggage of the Insured and their contents provided that they are clothing and personal effects carried by the Insured during the covered trip or objects acquired during this stay.

Valuables :

Shotguns, sporting equipment and supplies, jewelry, artifacts, equipment, precious stones, pearls, watches, furs, photographic equipment, film, computer or mobile phone, sound or image recording or producing and their accessories.

Covered Accident :

Any bodily injury, not intentional on the part of the Insured from the sudden action of an external cause which the Insured is after the effective date of the contract.

Covered Illness :

Any alteration of health certified by a qualified medical which the Insured experiences when:

- the contract is in force,
- the illness is discovered during the cover period,
- the nature of the illness is not excluded in the contract

Prior illness or accident :

Any temporary or definitive state prior to the booking of the visit or the subscription to this contract for the physical integrity of the Insured proven by a competent medical authority that has not been a first finding, relapse, worsening or hospitalized during the 30 days preceding the first day of the visit.

Hospitalization :

Receiving care in a hospital requiring a stay of a minimum of 24 consecutive hours or overnight.

Hospital is considered a hospital or clinic licensed to practice acts and medical treatment to the sick or injured, with the required local authorizations.

Violence :

Any act of violence committed by a third party on the Insured and / or coercion by a third party voluntarily to dispossess the Insured.

Claim :

Realization of an event provided for in the contract. Constitutes a single sinister, the whole of the claims being related to the same generating event.

Deductible :

Fixed amount of the contract and the remainder paid by the Insured in cases of compensation arising from a claim.

Relief may also be expressed in hours or days. In this case, the relevant security is forfeited to the expiration of the fixed delay.

NATURE OF BENEFITS



In all cases, only the medical authorities approved by AIG ASSISTANCE are empowered to decide on the repatriation, the choice of means of transport and the place of hospitalization and start over if necessary with the attending physician on site and / or family doctor.

Reservations are made by AIG ASSISTANCE who is entitled to request from the Insured, the unused tickets.

AIG ASSISTANCE is not required to support additional costs to those the insured would normally pay for his return.

The benefit is valid if the Insured is infected by Covid-19 provided that the destination is not strictly unadvised or forbidden by the Ministry of foreign affairs of his/her Home country or the World Health Organization.

NATURE OF THE PAYMENTS AND BENEFITS

SENDING ESSENTIAL MEDICINES NOT AVAILABLE LOCALLY OVERSEAS :

AIG ASSISTANCE will search on behalf of the insured who is abroad, for the necessary medications and send them to him as soon as possible, in the limits of the law of the country where he is located.

THE COST OF THE DRUG IS THE RESPONSIBILITY OF THE INSURED. CURRENT TREATMENTS BEFORE DEPARTURE ARE NOT GUARANTEED. CONTRACEPTION METHODS ARE NOT CONSIDERED AS MEDICATION

SENDING A LOCAL DOCTOR OVERSEAS

Where it is deemed necessary as a result of the health of the Insured as the result of circumstances, AIG ASSISTANCE will send a doctor or medical team better measured to examine them.

TRANSPORTATION OF THE INSURED TO A MEDICAL CENTER

AIG ASSISTANCE organizes and supports the transport of the Insured to a hospital better suited or better equipped.

Depending on the severity and circumstances, he will be transported by rail first class, seat, couchette or sleeping car, ambulance or health vehicle, airline regular seat or private medical plane.

REPATRIATION OF THE INSURED AT HIS HOME

AIG ASSISTANCE repatriates the Insured at his Home when their state is to leave the medical center.

Repatriation and the means most suitable are determined and selected by AIG ASSISTANCE with the same conditions as above.

REPATRIATION IN CASE OF DEATH OF THE INSURED

In case of death of an insured occurring during the trip, AIG ASSISTANCE supports and organizes the transportation of the body of the Insured to his Home.

The burial, embalming, casket and ceremony except if they are imposed by local law, are not taken into the responsibility of AIG ASSISTANCE.

SUPPORT FOR A TICKET AND LIVING EXPENSES FOR A MEMBER OF THE FAMILY OF THE INSURED

If neither the Spouse of the Insured, or any adult member of the insured family accompanies the Insured and his health does not allow his repatriation and hospitalization in their location for more than 3 days consecutive (or 48 hours if the Insured is a minor or disabled), AIG ASSISTANCE provides the Spouse of the Insured or a member of the family or an unrelated person, residing in the country of origin or domicile of the Insured with a round-trip economy class ticket or first class rail ticket to enable him to travel to his bedside.

Moreover, AIG ASSISTANCE organizes and supports the subsistence of this person for the amount indicated in the "Schedule of cover"

The cover is also available by reason of death of the Insured Overseas whether the presence of the spouse of the Insured or a member of his family is essential for the formalities for repatriation of the body.

EARLY RETURN OF THE INSURED

In case of death or hospitalization of more than 48 consecutive hours a member of the Family of the Insured from AIG ASSISTANCE be provided and supported with transport within a economy class air ticket or train ticket to go first class to allow him to return Home, provided it can not use the ticket originally planned as part of its stay.

AIG ASSISTANCE will also support a ticket to the Host country if he stays longer than 30 days before the original return provided, or if he must return to the Host country for a mandatory exam for the continuation of his studies.

RETURN OF ACCOMPANYING

If the insured is hospitalized or repatriated by the Assistance, the latter organizes and supports:

- For the Spouse and / or Children of the Insured or a maximum of two members of his Family, or to a unrelated beneficiary of this contract cited on the same Application Form as the Insured's and traveling with him:

- The cost of the anticipated return to the home or place of burial, in the limit of an economy class air ticket or first class railway seat subject to the ticket initially planned for the visit of these persons not being used.

COUNSELING (MEDICAL AND PSYCHOLOGICAL SUPPORT)

In case of an accident or assault during the visit, the medical team of the Assistance is available to the Insured providing 24 hour human support and to analyze the situation and needs and determine the nature and extent of difficulties to overcome.

MEDICAL EXPENSES

The cover provides for reimbursement of medical expenses (care, hospitalization costs, pharmaceutical costs, fees, ambulance) that the Insured has incurred in the amounts and deductions under the Deductibles stated in the "Schedule of Cover".

These disbursements should be prescribed only by an authority holder of medical qualifications or approvals required in the country where he is and legally authorized to practice his profession.

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

If an insured resident in Europe benefits from the mandatory social security of a country of the European Union and wishes to benefit from the European insurance, he undertakes to acquire the European Health Insurance Card before departure and present it to the medical authorities of the country they are staying in and AIG ASSISTANCE will refund in this case the basic compulsory additional costs.

The same applies if the insured benefits from mutual complementary.

If necessary and at the express request of the Insured, AIG ASSISTANCE may be charged in the local currency for the cost of hospitalization in the limit of stipulated in the "Schedule of Cover", provided that the Medical center concerned accepts this form of regulation. This service is subject to French and local legislation.

REQUEST FOR PRELIMINARY AGREEMENT IS NECESSARY AND COMPULSORY FOR THE HOSPITAL MANAGEMENT AND FOR TREATMENTS IN SERIES.

CLARIFICATION OF THE COVER LIMITS :

1. Hospitalized medical expenses: 100% of actual costs within the limit, by person, per file as stipulated in the "Schedule of Cover"
2. Medical expenses other than Hospitalization: 100% of actual costs within the limit, per person per file as stipulated in the "Schedule of Cover".

3. Maternity related medical expenses (pregnancy interruption involuntary pregnancy, childbirth and their consequences or complications): 75% of actual costs within the limit per Insured per year, as stipulated in the «Schedule of Cover». The cover shall be forfeited to the Insured aged up to 30 years to the day of his accession to this agreement, exclusively abroad and after expiration of a waiting period of 180 days counted from the date of accession.

4. Dental Care: 100% of actual costs within the limit, by person per year, as stipulated in the «Schedule of Cover» repayment expenses incurred by an urgent dental service (Can not be delayed due to the condition of the insured) and charged for the following care: dressing, fillings, decay or extraction.

5. Dental care due to accident: 100% of expenses in the limit, per person per year, as stipulated in the «Schedule of Cover», reimbursement of expenses incurred following an accident.

6. Medical costs for a nervous or mental nature, in the case of first manifestation of the disease: 100% of actual costs within the limit, per person per file, as stipulated in the "Schedule of Cover".

7. Rehabilitation care, physiotherapy, chiropractic prescribed only by a physician: 100% of actual costs within the limit, per person year, as stipulated in the «Schedule of Cover»

DAILY ALLOWANCE IN CASE OF HOSPITALIZATION

When an Insured Person is the victim of a Guaranteed Accident or Guaranteed illness and that his state of health requires a Hospitalization, the Insurer pays him an allowance of Fifty Euros (50 €) per day, from the fourth day of Hospitalization, for a maximum of thirty days..

LEGAL ASSISTANCE ABROAD

If the Insured is incarcerated or threatened to be, provided that the facts accused are not likely to lead to a criminal penalty under the local law, AIG ASSISTANCE shall bear the costs of a lawyer to the amount indicated in the "Schedule of Cover".

OVERSEAS BAIL

If the Insured is incarcerated or threatened to be, provided that the facts accused are not likely to lead to a criminal penalty under the local law, AIG ASSISTANCE shall advance the bail demanded of the Insured up to the amount specified in the "Schedule of Cover".

For the reimbursement of this amount, granted by AIG ASSISTANCE to the insured, within three months from the date of the advance. If this deposit is repaid before that time by the authorities of the country, it must be immediately returned to AIG ASSISTANCE. If the Insured is summoned before a court and does not show up, he is immediately required to refund AIG ASSISTANCE the amount he can not recover because of this no show.

Legal proceedings may be initiated if the refund is not carried out before the deadline.

ASSISTANCE IN CASE OF THEFT OR LOSS OF IDENTITY PAPERS

In case of loss or theft of identity documents (such as passport, visa, identity card), AIG ASSISTANCE provides telephone assistance (information on steps to take) to help the Insured to replace them. ASSISTANCE AIG also supports the cost of repairs for the amount indicated in the "Schedule of Cover".

CASH ADVANCE

In case of loss or theft of bank cards of the Insured, his papers identity (such as passport, visa, identity card ...) and / or his return air ticket, the Assistance is available to provide the Insured with a maximum amount specified in «Schedule of

Cover» to help them replace them.

For this, the Assistance requests simultaneously a financial guarantee in France.

COSTS OF SEARCH AND RESCUE

The Insurer reimburses the amount indicated in the "Schedule of Cover", for the costs of research, rescue (including sled) and rescue (including helicopter) to the operations organized by rescue civilians or military organizations featuring an obligation to intervene following the disappearance or of bodily injury to the Insured.

Only expenses incurred by the bodies empowered to come to the Relief of the Insured and which are charged, may be due a reimbursement.

CLAIM TERMS

In addition to regulations under the section «Common terms in case of an claim, «the Insured or his agent must:

For Assistance benefits

- Contact mandatory and prior to any intervention, exclusively to AIG ASSISTANCE 01 49 02 46 70
- Indicate the number of this contract of insurance: 4,091,300

For medical cover

To support Hospital medical expenses, the insured or his agent must and prior to any intervention, contact exclusively with AIG ASSISTANCE . Payment of fees is then paid directly to the hospital by AIG ASSISTANCE For reimbursement of medical expenses outside hospitalization, the Insured or his agent must:

- Manage directly with the service provider (doctor, pharmacist, ...) custody and related invoices.
- Address or agencies for reimbursement or support it depends on (social security, health insurance) the originals of his bills.
- Submit to AIG a mail statement together with all justifying documents and repayments slips already carried out. The reimbursement from the Insurer shall complement the Insured for expenses by the agencies to which it is bound.

Where it is not covered by any of these organizations, the Insured shall demonstrate this by providing a refusal of care and stated all costs incurred with AIG. The latter then takes medical expenses in the amounts specified in the contract.



AIG

BY PHONE

In France : 01.49.02.46.70

From abroad : +33.1.49.02.46.70

From USA / Canada : 888.558.2691

EXCEPTIONAL CIRCUMSTANCES

AIG ASSISTANCE can not be held responsible for delays or impediments in the execution of services in case of strike, riot, popular movement, reprisals, restrictions on free movement, any act of sabotage or terrorism, civil war or foreign heat or radiation from the decay of atomic nuclei, radioactivity, other acts of God or force majeure.

SUBROGATION OR RECOURSE AGAINST THOSE RESPONSIBLE FOR THE CLAIM.

To cover medical expenses, when compensation was paid, the Insurer is substituted in the rights and actions of the insured

to this indemnity against any person responsible for the damage. These provisions

do not apply except in cases of malice, Children, descendants, parents, employees of the Insured and any person usually living at home.



GUARANTEED LOSS THEFT OR DAMAGE TO BAGGAGE

NATURE OF COVER

The cover provides for reimbursement in the amounts and under the Deductibles shown in the « Schedule of Cover »:

- Loss, theft or damage in whole or partial of the Insured's Baggage during their delivery by a shipping company or during transfers organized by the Tour Operator,
- Theft of the Insured's Baggage during his stay,
- The complete or partial damage to baggage of the Insured, resulting from theft, fire, explosion, lightning strike, natural disaster
- Theft of the Insured's Baggage from vehicle that is not convertible, and duly closed and locked.

When the vehicle is parked on the highway, the cover is between 7 am and 10 pm (local time). In all cases, the Insured must provide evidence of the time the theft was committed.

In all cases, compensation is calculated on the basis of the value of replacement of objects similar net of obsolescence and can not exceed the amount of damages, nor take into account consequential damages.

The first year after purchase, the redemption value is calculated up to 75% of the purchase value. By the second year after purchase, the value is reduced by 10% per year.

OBJECTS OF VALUE ARE COVERED TO THE EXTENT OF AMOUNTS GIVEN IN THE "SCHEDULE OF COVER"

When the loss, theft or destruction or partial baggage and personal effects of the Insured, is the responsibility of a civil airline from which they were duly made, the Insurer's cover comes after exhaustion and exclusively in addition to compensation payable by the carrier and may not exceed the maximum amounts specified in the «Schedule of Cover».

TERMS IN CASE OF A CLAIM

In addition to the regulations under the section « Common terms in case of a claim », the Insured or his agent must:

- In case of theft, enter on the day the local authorities by filing a complaint.
- Enter a statement with the carrier stating the damage.
- In case of total or partial destruction, a declaration in writing, by a competent authority or by an officer, failing that by a witness.
- Take any action that would limit the consequences of the claim.
- Notify AIG by letter within the 5 days and 48 hours in case of theft, following his return to his Home unless in cases of unforeseeable circumstances or a force majeure.
- Indicate the number of this contract of insurance.
- Provide a copy of all original documents and information and the reason for his application and / or claim that is being claimed to AIG.

If stolen or lost items are found and surrendered to the Insured he undertakes to notify the management center and to restore to the latter, the amount already paid under this contract.

For damaged goods, they may be asked to justify the damage at the time of claim, either by sending it or the repair bill to the management center.

BAGGAGE DELAY COVER

EFFECTIVE DATE AND DURATION OF COVER

This cover shall be forfeited to the Insured in accordance with the dates and destination countries stated on his application.

It takes effect upon registration with the transport company and ceases with the arrival of the Insured at his place of stay.

COVER OBJECTIVE

The cover provides for reimbursement in the amounts specified in the "Schedule of Cover", for personal effects as well as clothing and toiletries strictly required by the Insured, when his baggage is duly registered and placed under the responsibility of the airline on which he is traveling and arriving more than 24 hours after the arrival of the Insured at the destination airport.

CLAIM TERMS

In addition to regulations under the Section "Common terms in case of a claim", the Insured or his agent must:

- search the reason for delay of baggage by the airline on which the Insured is traveling.
- Notify the Center by letter within 5 business days following the return to his home. After this period, the Insurer reserves the right to enforce the forfeiture of collateral.

DELAYED AIRCRAFT

The cover provides for the reimbursement sum, within the limits of amounts specified in the "Schedule of Cover", for meals, refreshments, hotel, transfers to / from the airport and unused land benefits provided that the plane was delayed by more than 6 hours, compared to the starting time of the Insured's original schedule.

Only regular airlines with published schedules are subject to this cover.

In case of dispute, «ABC WORLD AIRWAYS GUIDE» is considered as a reference book to determine flight schedules and matches.

OVERSEAS PERSONAL LIABILITY COVER

NATURE OF THE COVER

The Company guarantees the financial consequences of civil liability of the Insured if they may become liable under the law in force or case law because of injury and damage caused to others, and his defense and action in the amounts and after deduction of exemptions specified in the Schedule of Cover.

If a contract covering the liability of the insured was previously or concurrently subscribed to this contract, the cover occurs after exhaustion of the cover of this contract previously or simultaneously signed.

CLAIM TERMS

In addition to the regulations under the section "Common

terms in case of a claim", the Insured or his agent must:

Send to AIG a declaration by letter as soon as it is known, and at the latest within 15 days of any claim likely to cause this cover of the Company, stating the details of the circumstances and consequences. All correspondence, written warnings or court documents relating to a covered loss will be transmitted without delay to the claims manager.

- Indicate the number of this contract of insurance.
- Advise AIG also of all prosecutions, inquiries that they may be subject to in connection with an insured event.

The Insured can not propose any agreement, promise, payment or compensation without the written consent of the Company.

SPECIFIC COVER DEFINITIONS

INJURY

Any physical harm suffered by a person.

PROPERTY DAMAGE

Any alteration, deterioration, loss and / or destruction of a thing or of a substance, including any physical harm to animals.

Economic loss resulting from an injury and / or equipment

Pecuniary loss resulting from loss of use of a right, the interruption of a service rendered by a person or movable or immovable property or for loss of the benefits An economic loss is qualified in a row when the result of injury and / or material covered.

THIRD PARTY

Any person or entity other than the insured himself, the members of his Family, his ancestors and his descendants as well as accompanying persons, clerks, employees or not the Insured in the performance of their duties.

PERSONAL LIABILITY CLAIM

Any court or legal claim against the Insured. Constitutes a single event and all claims relating to the same event should be in the same claim.

PERSONAL ACCIDENT COVER

COVER LIMITS

This cover only applies for European residents.

NATURE OF COVER

Lump-sum payment in case of Accidental Death

In case of death occurring immediately or within 2 years of result of a Covered accident, the Company agrees to pay the amount indicated in the Schedule of Cover.

This capital is limited to funeral expenses if the deceased child is aged less than 16 years.

The beneficiary of the capital is the Spouse of the Insured or his Children or the legal successors of the Insured.

LUMP-SUM PAYMENT IN CASE OF ACCIDENTAL DISABILITY

When an Insured suffers a Covered accident and that it is medically established that persists a partial or total permanent disability, the Company shall pay to the Insured the amount indicated in the "Schedule of Cover" multiplied by the rate of disability of the insured, in accordance with the Schedule

Disability indicator for Workmen's Compensation in accordance with the established Act of October 30, 1946 after

the Social Security Code.

The Insured can not demand any compensation until the disability has been definitively recognized, that is to say before full consolidation (the date from which the state of the injured or sick is considered stabilized the medical perspective when deemed s permanent).

DISABILITY NOT EXCEEDING 20% IS NOT INDEMNIFIED

CLAIM TERMS

In addition to the regulations under the Section "Common terms in case of a claim", the Insured or his agent must:

- Report to AIG by letter as soon as they are known, and no later than 15 days, any claim likely to trigger company cover.
- Indicate the number of this contract of insurance.
- Provide a copy of the application form, the detailed circumstances of the accident and the names of possible witnesses, or the minutes of a report of the local authorities establishing the circumstances of the accident or the first medical report describing the nature of injuries and for an accurate diagnosis, the first medical report certifying that this is an accidental death indicating the precise cause of death, certificate of death, a certified medical document specifying the nature of death, legal documents establishing the quality of the beneficiary or beneficiaries , civil status, certificates of inheritance and the name and address of the solicitor in charge of succession.

Only the parts essential to the formation of the insurance claim are opposable to the insured.

Proof of death must be made by one of the beneficiaries of the covered beneficiary by the production of a death certificate or decree declaratory ruling that the death judged definitive or not.

In the latter cases, death is the amount paid to these conditions on the day of the expected date of disappearance.

ACCUMULATED ALLOWANCE

No accident can give rise simultaneously to the payment of accidental disability and death benefits.

However, if after having received compensation resulting from disability resulting from a Covered accident, the insured person dies within 2 years as a result of the accident, the Company shall pay (x) to the beneficiary (s) provided capital in case of accidental death after deduction of compensation already paid under the disability.

➔ AU PAIR COVER

COVER GRANTED TO THE HOST FAMILY AND / OR THE AU PAIR

REIMBURSEMENT OF FEES FOR THE HOST FAMILY

If the Subscriber is the Host Family, the Insurer will reimburse the Subscriber fees paid to an employment agency at par and left charged in the case where the insured could not carry out her stay due to a serious illness or accident :

This cover does not apply:

- If the agency is able to offer another person with the equivalent qualifications
- The nature of the illness or accident is clear from the exclusions of specific questions referred to in Articles 10 and 11 (excluding medical costs).

The bill for dues to the Au pair Company will be required to justify the claim.

REIMBURSEMENT OF TUITION FOR ANY INTERRUPTION OF STAY OF THE AU PAIR

If the Subscriber is the Au Pair, the Insurer will reimburse to the Subscriber the tuition fees in the event that the Insured should interrupt his Stay because of an unavoidable and justified obligation due to an external event to change family requiring a change of city, a medical repatriation or an early return. The amount of compensation paid is defined in the table of benefits.

An invoice for tuition fees will be requested as proof in the event of a Claim.

HOTEL EXPENSES IN CASE OF TRANSFER OF THE INSURED IN ANOTHER HOST FAMILY

If the Subscriber is the Au Pair and is awaiting a new placement, because of an obligation to change families, they will be covered upon presentation of original invoices, for accommodation expenses within seven days. The amount of compensation paid is defined in the "Schedule of Cover".

Parts required: cost of accommodation, where appropriate letter from the agency stating it is impossible to find another family accepting to host the Insured.

LIMITATION OF AIG COVER COMMITMENTS:

In case of a claim, our compensation will not exceed the amounts specified below:

- REPATRIATION ASSISTANCE: 1 500 000 € TTC per person, maximum T.T.C. € 3 000 000 per event.
- MEDICAL: 1 500 000 € TTC per person, maximum 3 000 000 € T.T.C. per event.

CONTRACT EXCLUSIONS

EXCLUSIONS TO ALL COVERS

Excluded from any contractual covers are:

- Accidents caused or provoked intentionally by the Insured or contract Beneficiary
- The impact of suicide or attempted suicide by the Insured.
- The absorption of drugs, narcotics and similar substances such as drugs not prescribed by a competent medical authority and their consequences.
- The consequences of an alcoholic state characterized by the presence in the blood of the Insured at a rate of pure alcohol equal to or greater than the legal limit for driving under French law
- nervous or mental diseases, unless otherwise mentioned herein.

Also claim with the following circumstances are excluded:

- When the insured practices sport professionally or as an amateur in a race involving the use of a land, air or water motor vehicle.
- When the Insured is a driver or passenger of an ultralight, hang gliding, kite flying, parachuting and paragliding.
- When the insured participates in brawls (except in self defense), or crimes of any kind.
- The consequences and / or events resulting from the Civil or foreign war, riots, civil commotion, strikes, acts of piracy, acts of terrorism, and a source of radioactivity epidemics, pollution, natural disasters, or climate events.
- Always excluded from the contractual covers is any

trip to, in or across the countries of Iran, Syria, Cuba, Crimea, North Korea and Sudan.

- Always excluded from the contractual covers are if the beneficiary or insured are on any official database of the police or government or alleged terrorist or are members of terrorist organizations, work with narcotics, involved as a supplier in the illegal trade of nuclear, chemical or biological weapons.

EXCLUSIONS SPECIFIC TO MEDICAL COSTS OVERSEAS AND REPATRIATION ASSISTANCE

Besides the common exclusions the following are never covered:

- The affections or benign lesions that can be treated on site (for cover Assistance, repatriation only)
- The relapse of a disease with a previously reported risk of sudden deterioration and near unbound.
- Hospitalizations for less than 3 consecutive days for nervous or mental illness
- The cost of burial, embalming and ceremony, unless mandated by local legislation.
- Costs incurred by the Insured without the prior approval of the Assistance.
- The cost of meals, hotel, road tolls, fuel, taxi or customs except as provided under the cover.
- The facts likely punishment for crime under the law of the country where the Insured is.
- The consequences of relapse of a prior disease or accident previously found and medical costs incurred by diagnosis or treatment of a physiological state (as in pregnancy) already known before the effective date of the cover.
- Voluntary termination of pregnancy and its consequences, except if necessary or medically recognized following a Covered accident or disease, treatments related to infertility.
- The maternity expenses, medical expenses related to mental illness / nervous costs of rehabilitation, chiropractic and physical therapy are excluded in the country of origin.
- Medical expenses consecutive cases of back pain, back pain, sciatica, herniated disc, parietal, intervertebral ligament, scrotal inguinal and umbilical white line.
- Spa treatments, examinations and tests or routine checkups, tests or preventive treatments, examinations and tests to control non-consecutive accident sickness guaranteed.
- The costs of organ transplantation not necessitated by a Covered accident or illness.
- The cost of cosmetic and reconstructive surgery and comfort treatments stipulated in this contract.
- Medical treatment for primarily cosmetic reasons (e.g. removal of warts, moles, scars).
- Spa treatments, rehabilitation, costs of eyeglasses, contact lenses, prostheses of any kind and orthodontics (non-accident related) examinations and tests or routine checkups, tests or treatments preventive examinations and tests of control not due to an accident or Covered illness.
- Medications not prescribed by a doctor.
- Acne unless treated with antibiotics.
- The cost of vaccination sessions of acupuncture, physiotherapy, a chiropractor or osteopath not due a Covered illness or accident.
- Fees and salaries not prescribed by a competent medical authority.
- Contraception methods.

EXCLUSIONS SPECIFIC TO COVER LOSS, THEFT OR DAMAGE TO LUGGAGE

Besides the common exclusions the following are never covered.

- The documents, identity documents, credit cards, magnetic cards, tickets and vouchers, cash and securities, keys, skis, bikes, surfboards, boats or other means of transportation, professional material, musical instruments, art objects, antiques, collectibles, merchandise, sunglasses, contact lenses, prostheses and appliances of every kind, clothes or accessories carried by the Insured, or perishable goods.
- Losses and damage caused by normal wear and tear, deterioration, inherent defect of the item.
- The mishandling of the item because of the Insured or any another person.
- Poor packaging or packaging failure.
- When objects are left unattended in a public place or in a locked area not available to many common occupants.
- Damage resulting from confiscation, seizure or destruction by order of an administrative authority.

EXCLUSIONS SPECIFIC TO OVERSEAS PERSONAL LIABILITY

Besides the common exclusions the following are never guaranteed :

- The professional indemnity and non-material damage resulting from an injury or damage secured through professional indemnity.
- Damage caused intentionally or caused by the Insured or in collusion with and by the officers of the Insured case of a corporation.
- Accidents caused by the Insured and his ascendants, descendants or any person residing with him, arising from the use automobiles or motor vehicles, boats sailing or motor aircraft, riding animals which the Insured or persons for whom it is civilly liable, the ownership, operation or custody, or from the participation of the Insured as a competitor of a competitive sport.
- The practice of snow skiing, ice skating or sledding on snow quality of a professional and competitive kind.
- The practice of dangerous sports, mountaineering, potholing, boxing, polo, karate, football, skydiving, flying, gliding, hang gliding, microlight, scuba diving with a stand-alone device.
- Damage to property caused by fire or explosion under provisions of section 1384 of the Civil Code, the same damage residing in any event excluded if they occurred on the premises which the Insured is the owner or occupier.
- Damage occurring in the country of residence of the Insured.

EXCLUSIONS SPECIFIC TO PERSONAL ACCIDENT

Besides the common exclusions the following are never covered:

- Accidents resulting from the use with or without driving motors of 2 or 3 wheels with a cylinder capacity exceeding 125 cm³.
- Accidents occurring when the insured uses as a passenger Air miles not belonging to a scheduled airline or «AIG» duly licensed to carry paying passengers on the liner.

WHAT TO DO IN CASE OF AN CLAIM

A. DECLARATION OF CLAIM

1 - for the benefit of the direct assistance and support cost of hospitalization:

- Contact mandatory and prior to any intervention, only the Assistance.
- Indicate the number of this insurance contract and the identification number of the Insured's cover on the membership form.

After verification, the Assistance delivers a number of support. Payment of fees is then carried out directly to hospital by the Assistance Services.

Coordinates of the Assistance: (also found in the General Conditions)

For assistance benefits and management of medical expenses limited to hospitalization:



AIG

BY PHONE

In France : 01.49.02.46.70

From abroad : +33.1.49.02.46.70

From USA / Canada : 888.558.2691

2 - All others contract covers

To quicken claim management, the Insured or his agent shall, on pain of disqualification send a letter or report, of the nature of the claim covered by the contract from the moment they are aware of it.

- Within 15 working days for the reimbursement of «medical expenses» out of hospital and for the guarantee «Overseas Personal Liability»

ANY REPRESENTATIONS SHOULD BE SENT TO THE CENTER OF CLAIM MANAGEMENT AT THE FOLLOWING ADDRESS:



AIG

Service Compensation

2 AU Tour AIG

34 Square Corolles

92079 PARIS LA DEFENSE 2

Tel. / Fax: 01 49 02 43 43

E-mail: declarations.pa@aig.com

In case of non-reporting or late reporting, safeguards will no longer be granted if the Insurer determines that the delay has caused him injury, not justified due to unforeseeable circumstances or force majeure and a statement within the time limit has been rendered impossible (Article L 113-2 of Insurance Code).

Any Insured person or Beneficiary intentionally providing inaccurate information or submitting fraudulent or falsified documents with the intent to defraud the Company will lose all entitlement to the benefits for the Claim in question.

B. DOCUMENTS NEEDED FOR REGULATION OF CLAIM

IN ALL CASES THE INSURER WILL NEED THE FOLLOWING DOCUMENTS:

- The identification number of the insured and contract number.

- A copy of the application for membership in this contract.

- A copy of the registration form to travel.

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

COVER FOR THE LOSS, DAMAGE OR THEFT OF LUGGAGE:

- Copy of complaint for theft carried out with the local authorities on the same day or no later than within 48 hours after the flight.

- Copy of the declaration of loss, theft, damage total or partial of the luggage carried out with the airline or hotel at which the Luggage had been under care. If stolen or lost luggage are found and returned to the insured, the latter undertakes to notify the Center and return to the latter, compensation already paid under this contract. For damaged goods, they may be asked to justify this by sending the item at the time of damage or the bill for repair to the center.

FOR NON HOSPITAL MEDICAL EXPENSES COVER

- The originals justifying the expenses

OVERSEAS LIABILITY COVER

- A sworn statement indicating the details of the circumstances and consequences.

- All correspondence, writings, summons, court-related documents of the claim

- Notify, also from prosecution, investigation of which the Insured may be the object in relation to the claim made.

The Insured can not propose any agreement, promise, payment or compensation without the written consent of the Insurer.

If additional medical evidence or other document cannot justify according to the covers involved, the Insured shall be personally notified by the Claim Management Centre or the Insurer.

C. TERMS OF CLAIM

Any settlement will be made after submission of a complete dossier accompanied by documents requested by the Claim Management Center.

Upon agreement of the parties, compensation shall be paid without interest within 15 days of its fixing.

If a control expert was needed for the settlement of the claim and that without valid reason the Insured or the legal representative refused to comply submit and, if after forty-eight hours notice in advance letter, he persisted in his refusal, the insurer would be in the obligation to deprive of any right to compensation for the loss in question.

Aggravation independent of whether accidental or pathological

Whenever the consequences of an accident or illness are compounded by empirical treatment, by the refusal or neglect the Insured to submit to medical care necessitated by his condition, compensation is calculated not on the action of the actual case, but those they would have had in a health topic to a normal subject rational and appropriate medical treatment.

Expertise

Damage is assessed by agreement or by default expertise settlement, subject to the rights of the parties. Each party shall select an expert. If the appointed experts do not agree, they appoint a third expert. The three experts

work together under agreement and a majority of votes. Misconduct by either party to appoint its expert, or by both experts agree on the third, the designation is carried out by the Commercial Court in the area where the claim occurred. This appointment is made upon request of either party made no earlier than 15 days after transmission to the other party a letter of formal notice with receipt. Each party shall pay the expenses and fees of its expert and if applicable, half of the third expert fees and expenses of its appointment.

SECTION 3 – MISCELLANEOUS

EFFECTIVE DATE AND TERMINATION OF GUARANTEES

Effective Date

Benefits take effect from the date of departure of the Insured as mentioned on the certificate of membership to leave as an Au Pair.

Termination of guarantees

Benefits cease on the date of return of the Insured as mentioned on the certificate of membership.

However, regarding the guarantee of medical expenses:

- For the MEDICAL EXPENSES OUTSIDE THE HOME COUNTRY: The warranties cease on the date of return of the Insured as mentioned on the certificate of membership. The coverage will however continue for a maximum of 90 days, beyond this date, for any loss occurring during the period of validity of the contract.
- For the MEDICAL EXPENSES IN THE HOME COUNTRY: Cessation of care as soon as the Insured returns to his country of origin.

However, in the event of definitive return following a repatriation, for an Insured domiciled in France, the Insurer shall cover the consequences of Accident or Sickness that occurred during the period of validity of the contract in accordance with the dates indicated on his Application for a maximum of 90 days from the date of return.

This support comes in under the limit of 30 000€, with no deductible, and in addition to the French Social Security for social insureds or, failing that, in real costs.

Temporary Return:

If the Insured is staying in his country of habitual residence temporarily for a period shorter than 30 consecutive days (e.g. holidays) while his expected stay abroad has not expired and that his contract

is still valid, according to the dates on his membership application and membership card, he will benefit from medical expenses support resulting from an accident or illness.

This support comes in under the limit of 30 000€, with no deductible, and in addition to the French Social Security for social insureds or, failing that, in real costs.

WAIVER

The Insured has the option to renounce his membership, if it follows a canvassing at home or if it was concluded at a distance, under the following conditions.

1. DOOR-TO-DOOR SELLING

In accordance with Article L112-9 of the Insurance Code: «1.- Any natural person who is being solicited at his home, residence or place of work, even at his request, and who signs in this context a proposal for insurance or a contract for purposes that are not part of his commercial or professional activity, may renounce it by registered letter with

acknowledgment of receipt during the period FOURTEEN calendar days from the date of conclusion of the contract, without having to justify reasons or to bear penalties.»

The exercise of the right of renunciation results in the termination of membership as from the date of receipt of the registered letter. The Insured is required to pay the portion of the contribution corresponding to the period during which the risk has occurred, this period being calculated until the date of termination. The balance is reimbursed by the insurer no later than the THIRTY days following the date of termination.

However, the totality of the contribution remains due to the insurer if the Insured exercises his right of renunciation whereas an event involving the guarantees of the contract and of which he was not aware took place during the period of validity waiver.

2. CONCLUSION OF REMOTE ADHESION

In accordance with Article L112-2-1 of the Insurance Code, the Insured has a period of FOURTEEN calendar days to exercise his right of withdrawal, by registered letter with acknowledgment of receipt, without having to justify reasons or to bear penalties, this period beginning to run from the day of signature of the certificate of adhesion.

3. MODEL OF LETTER OF WAIVER

To exercise his right of withdrawal, the Insured may use the following model letter:

I (name, first name), residing (full address), declare cancelling my contract number (indicate the number), subscribed on (date of the certificate of membership), through (name of the insurance advisor), in application of the provisions of Article L 112-9 of the Insurance Code (in case of door-to-door solicitation) L 112-2-1 of the Insurance Code (in the case of distance selling).

STATEMENT OF RISK

According to the law, this agreement is based on statements of the Insured. He must therefore respond to questions from the Insurer using the Application Form, which is such as to appreciate the risks he takes charge (Art. L 113-2 of the Insurance code).

PENALTIES FOR FALSE STATEMENTS

1. Penalty for intentional misrepresentation

Any inaccuracy, omission, concealment or misrepresentation that is intentional on the part of Subscriber or Insured on the elements of risk to the accession of the contract or under contract, will be punished even if it was not influenced by the "Claim" by the nullity of the contract (articles L 113-8 of the Insurance Code).

2. Penalty for false statements unintentionally

In case of omission, concealment, misrepresentation in the unintentional statement of risk, determined before any claim, the insurer is entitled to terminate the contract ten days after notification by registered letter restoring the portion of the premium paid for the time insurance no longer runs.

In case of omission, concealment, misrepresentation, unintentional found after an accident, the indemnity is reduced in proportion to the rate premiums paid over the rate of contributions which would have been due, if the risks had been fully and accurately reported.

MEMBERSHIP PRESCRIPTION

In accordance with the provisions of Articles L114-1 et seq of the Insurance Code, any action arising out of an insurance

contract are prescribed by two years after the effective date.

However, such period shall begin:

1. In case of concealment, omission, false or inaccurate information on the jeopardy, as the day the Insurer becomes aware;
2. In case of Loss, the day when the parties concerned were aware, proving they have ignored so far.

When the action of the Insured against the Insurer to issue the appeal of a Third party, the limitation period only runs from the day the third served legal action against the insured or has been compensated by the latter.

The requirement is extended to ten years in contracts for life insurance when the Beneficiary is a separate subscriber, and in contracts of insurance against accidents when the beneficiaries are the heirs of the deceased.

Membership is interrupted by one of ordinary causes of interruption, including:

any summons, including summary proceedings, or any command seizure that is to be prevented from prescribing; any clear recognition by the Insurer's right to cover the Insured, or any evidence of indebtedness of the Insured to the Insurer and in the other following cases provided by Article L114-2 of the Insurance code.

any designation of an expert after a claim; while sending a registered letter with acknowledgment of receipt by:

- Insurer to the Insured for non-payment of premium;
- Insured to the Insurer for payment of compensation.

Notwithstanding section 2254 of the Civil Code, parties to the insurance contract may, even by mutual agreement modify the duration of prescription, nor add to the reasons for suspension or interruption thereof.

REVIEW OF COMPLAINTS

When the telephone support does not satisfy the expectations of the insured, it has the opportunity to send a complaint to:



AIG Europe SA

AIG Tower
92079 PARIS LA DEFENSE Cedex 2

If a disagreement persists, the insured will still be able to appeal to the Mediator of the French Federation of Insurance Companies whose coordinates can be communicated by the AIG customer service team, this is without prejudice to other avenues of legal action.

The Insurer is a company incorporated under the Insurance Code and subject to control of the prudential supervisor located at



Prudential Control and Resolution Authority

4 place de Budapest, CS 92459,
75436 PARIS CEDEX 09, FRANCE

ELECTION OF SERVICE

The Insurer and its agents are based at the headquarters
AIG - TOUR AIG - 92079 PARIS LA DEFENSE 2 CEDEX.

SUBROGATION

Pursuant to Article L 121-12 of the Insurance Code, if of full or partial settlement of claims, the insurer is subrogated automatically in all rights and remedies of the Insured, up to the amount of benefits paid.

APPLICABLE LAW AND LANGUAGE

This collective agreement is governed by French law. The French language applies.

STATEMENT OF OTHER INSURANCE

If the Subscriber has subscribed during the period of insurance of this other contract of insurance contracts for the same risks, it must declare to the Company subject to the penalties provided for in Articles L.113-8 (nullity of the contract) and L.113-9 (reduction of benefits) of the Insurance Code.

INFORMATION REQUEST

It was agreed that at any time, the Company reserves the right to request from the Subscriber, any information to evaluate its fair value changes in risk related to the contract.

INCREASED RISK

When the modification is an increased risk (except modification of health status) as if the new state of things existed when the contract is signed, the Company would not contracted or would have done that through a higher premium, the Company may propose a new rate of premium.

If the Subscriber does not accept the new rate within thirty days after the proposal, the Company may terminate the contract after that period, provided they have informed the insured of this power, making it conspicuous type in the proposal letter.

DELIVERY OF THE INFORMATION MEMORANDUM

Pursuant to Article L.140-4 of the Insurance Code, the Subscriber agrees to submit to any Insured accepting this contract, a written record of this.

CUMULATIVE BENEFITS

If the risks covered by this contract are covered by another insurance, you must inform us of the name of the insurer from whom another insurance has been taken out (Article L 121-4 of the Insurance Code) as soon as this information was brought to your attention and at the latest when claiming.

CORRESPONDENCE

Any inquiries or further details and all insurance claims should be addressed to:



TOUR AIG

92079 PARIS LA DEFENSE 2 CEDEX

All correspondence must be disclosed in the manner prescribed by the regulations.

If the Insured shall forward their contact e-mail and / or cell phone AIG reserves the right (other than exercise his right of the Insured opposition) to transmit information via e-mail and / or SMS.

NATURE OF CONTRACT AND INCONTESTABILITY

The contract is a contract of group insurance governed by French law and the Insurance Code. The Insurer is a

company governed by the Code Insurance and subject to review by the Insurance Code and subject to review by the Control Authority Insurance Activities (CMAA) located - 61 Rue Taitbout - 75009 Paris.

COMPUTER AND FREEDOM

(Law No. 7801 of 06/01/78)

Data on insured collected during the subscription and when the claims are required to process the subscription request or disaster. They are for people empowered to AIG EUROPE SA and its intermediaries, partners and providers, underwriting, management and implementation contracts as well as claims management and monitoring.

They may also be communicated to the co-insurers and reinsurers as well as professional bodies responsible for skills to intervene in the contract to prevent or combat fraud. Any irregular declaration may be treated specific that to prevent fraud.

The Insured may access or rectify data concerning them by contacting AIG to Europe SA, AIG Tower - Paris La Defense Cedex - 34 Place corollas - 92400 Courbevoie, stating his name, address and if possible his client reference, together with a copy of his identity. The insured may also object to their details and its non-sensitive data that can be transmitted to other companies of Group AIG, as well as other companies or associations, are used for commercial prospecting by simple letter at the address above.

AUDIT AGENCY

The Insurer is a company incorporated under the Insurance Code and is subject to review by the Insurance Supervisory Authority and (ACAM) located 61, rue Taibout - 75436 Paris Cedex 09.

GOVERNING LAW AND JURISDICTION

This contract is a contract of group insurance governed by the law including the French Insurance Code. Any dispute generated by its interpretation, performance or breach will subject to the exclusive jurisdiction of French courts.

AIG Europe SA

Insurance Company, registered in Luxembourg (RCS No. B 218806) with registered office at 35 D Avenue J.F. Kennedy, L-1855, Luxembourg.

AIG Europe SA is approved by the Luxembourg Ministry of Finance and controlled by the Commissariat aux Assurances 7, boulevard Joseph II, L-1840 Luxembourg, GD of Luxembourg, Tel .: (+352) 22 69 11 - 1, caa @ caa. read, <http://www.caa.lu/>

The annual report on the solvency and financial situation of AIG Europe SA is available on the website <http://www.aig.lu/>.

Branch for France

Tour CB21
16 Place de l'Iris 92400 Courbevoie
RCS Nanterre 838 136 463.

The marketing of insurance contracts in France by the French branch of AIG Europe SA is subject to the applicable French regulations, under the control of the Prudential Control and Resolution Authority, 4 place de Budapest, CS 92459, 75436 Paris Cedex 09.

<https://acpr.banque-france.fr/>



Aon France trading under the trademark Chapka Assurances.

Head office | 31-35 rue de la Fédération | 75717 Paris Cedex 15 France | t +33(0)1 47 83 10 10 | aon.fr

ORIAS N°07 001 560 | Simplified joint-stock company with a capital of 46 027 140 euros | Paris Trade and Companies

Register N°: 414 572 248 | European Union VAT N°: FR 22 414 572 248

Financial guarantee and civil liability insurance in accordance with sections L.512-7 and L.512-6 of the French Insurance Code.