AMI ASSOCIATION

Assistance / Public Liability

Summary of benefits

As a member of the AMI Association, you have selected the Assistance and/or the Public Liability cover that the Association has taken out with Allianz IARD (joint stock company with a share capital of Euro 991,967,200, subject to the French insurance code, located 1 cours Michelet - CS 30051 - 92076 PARIS LA DEFENSE CEDEX, FRANCE – registration number 542 110 291 RCS Nanterre), under agreement number 78 295 612.

How the cover is applied and the details of the benefits to which you are entitled are set out in this leaflet.

This Summary is for information only. In case of conflict with contract n°78 295 612, the contract’s terms shall prevail.

Contents

1/ General ................................................................. 2
2/ Definitions .................................................................... 3
3/ Assistance cover .......................................................... 4
4/ Public liability (if the option has been selected) .................. 5
5/ General exclusions for Assistance and Public liability cover ..... 7
6/ Limitation ...................................................................... 7
7/ Legal action .................................................................... 9
8/ Basis of the insurance agreement ..................................... 9
9/ Option of cancellation ..................................................... 9
10/ Mediation .................................................................... 11
11/ Tables of benefits .......................................................... 13
1/ General

Qualification – affiliation
Those who qualify are Expatriates who are members of the AMI Association, regardless their nationality, who are between 18 and 65 years of age. Age is calculated by difference of years: year of affiliation minus year of birth. Children of the eligible person, who live therewith in the same home and who are under 25 years of age, as well as the spouse or cohabitee may also benefit from this insurance.

Upon their affiliation, these persons must fill out and sign the Membership form.

The Insurer reserves the right to make its acceptance subject to the production of any supplementary information that it deems necessary. As a result of the medical examination, the Insurer reserves the right to deny cover, reduce the extent and/or amount thereof, or to increase the premium.

In that event, the eligible person’s agreement is required prior to the start date of the cover.

Eligible persons and, if applicable, their beneficiaries, become Insured Member (hereinafter called “Member” or “You”) once admitted to this insurance.

Start date of cover
After being accepted by the Insurer, the Member receives a certificate of insurance.

Cover takes effect for each Member on the date of acceptance that appears on the certificate of insurance. However, under no circumstances may the cover start before the Member has paid the corresponding premium.

Renunciation
The Insured may renounce to the insurance contract within a period of 14 complete calendar days from the moment he/she is informed that the contract is signed, by sending a registered letter with acknowledgment of receipt to ACS, 153 rue de l’Université 75007 Paris, France. ACS will then reimburse, in full, the amount paid, within 30 days of receipt of his letter. If the insured requests the implementation of the guarantees during the period of renunciation, the right of renunciation is no longer applicable.

Sanctions in case of false declaration
Any information supplied by the Insured or one of their beneficiaries that is incorrect, falsified, exaggerated or any fraudulent acts on their part shall be the direct responsibility of the Insured and shall give rise to:

- the nullity of your contract in case of intentional misrepresentation (L 113-8 of French insurance code), premiums paid are kept by the Insurer, who is entitled, as a compensation, to the payment of all premiums due; in such a case, the Insured will have to reimburse all the claims paid by the Insurer under the contract;
- if the intentional misrepresentation, discovered before any claim, is not established, premium increase or termination of the contract (L 113-9 of the French insurance code)
- if the intentional misrepresentation, discovered after the claim, is not established, decrease of claim according to the ratio between the paid premium and the premium that should have been paid if the initial declaration had been consistent with the reality (L 113-9 of the French insurance code).

Duration of cover
The Member subscribes both for himself and on behalf of his spouse (or cohabitee) and minor Children who are accepted as beneficiaries, from the start date of his medical cover to December 31 of the current calendar year.

Membership of the Plan is tacitly renewed on January 1 of each year for a period of 12 months, unless the Member gives notice of its termination by registered letter sent to the Insurer on or before October 31 of the previous year.

Upon his acceptance for this insurance, subject to the sanctions specified by French law for false declarations, the Insured cannot be excluded for medical reasons or due to his/her age as long as s/he meets the requirements for insurability and as long as the Plan is effective.

In any event, the cover terminates:

For each Member, on the following date and in the following event:

- on the last day of the period of his/her affiliation as specified on his certificate of insurance,
- in the event that s/he fails to pay the appropriate premiums, in compliance with the corresponding provisions of the Code des Assurances (Insurance code),
• at the end of the calendar quarter following the date on which s/he is no longer a Member of the ACS Health in Europe plans n° G0384 or G0385, or ACS Health in France plan n° G0383,
• at the end of the calendar quarter following the date on which s/he is no longer deemed as eligible to the ACS Health in Europe plans n° G0384 or G0385, or ACS Health in France plan n° G0383.

For all Members, in the following event:
• on the termination date of agreement number 78 295 612 concluded between AMI and Allianz IARD.

Termination or suspension of cover simultaneously entails termination of the right of Members to receive benefits as of the date of termination.

2/ Definitions

The terms and expressions used in this agreement in italics and starting with a capital letter have the following meanings:

**Accident:** any unintentional bodily injury caused to the Insured, arising from abrupt, sudden and unexpected action with an external cause, **to the exclusion of an acute or chronic Illness.**

**Acts of Terrorism / Terror Attack:** any act of violence constituting a criminal or illegal attack against people and/or property in the country in which you are staying, and whose purpose is to disturb public order seriously. Such a “terror attack” should be identified as such by the French Foreign Ministry (Ministère des affaires étrangères français).

**Civil War:** armed opposition between various parties belonging to the same country, and any armed rebellion, revolution, revolt, insurrection, or coup d’état, and any application of martial law or border closure ordered by the authorities of the country in question.

**Consequential loss:** Any financial loss that results from the loss of enjoyment of a right, the interruption of a service rendered by a person or by an item of personal property or immovable property, or the loss of a benefit, and that is the direct consequence of covered Physical Injury or Material Loss.

**Deductible:** The part of the insurance benefit that the Insured pays.

**Domicile:** the main and usual place of residence in the Insured’s country of origin.

**Foreign War:** declared or undeclared armed opposition between one state and another state, as well as any invasion or state of siege.

**Illness, Sickness or Disease:** a degradation in health established by a medical authority, requiring medical treatment.

**Lapse:** loss of the Cover right for the Damage in question.

**Material loss:** Any damage, destruction, deterioration, loss or disappearance of a thing or substance and any physical attack on an animal.

**Natural Disasters:** abnormal intensity of a natural element not arising from human intervention.

**Physical injury:** any physical injury sustained by an individual and the distress resulting therefrom.

**Pollution:** degradation of the environment by substances that are not naturally present in the medium in question being discharged into the air, the water, or the soil.

**Strike:** concerted collective action consisting in the employees of a firm, of an economic sector or of a professional category ceasing to work in order to give weight to their claims.
**Subrogation:** legal situation whereby the rights of one person are transferred to another person (in particular: the Insurer taking the place of the Contrat holder for the purposes of proceedings against the opponent).

**Third Party:** any person other than the Insured Person who is responsible for the damage, injury or loss, to the exception of a family member.

Insured Persons which are not members of the same family are considered to be third parties between themselves.

### 3/ Assistance cover

**Repatriation assistance**

If the Insured is in one of the situations listed below, we provide the services described, requiring no more than a telephone request (reverse charges accepted from abroad) or a telex, fax or telegram request.

In all cases, the decision to provide assistance and the choice of the appropriate means shall lie exclusively with the Allianz IARD doctor, after making contact with the treating doctor at the location and, where necessary, the family of the beneficiary.

Only the medical interests of the beneficiary and compliance with the applicable health regulations shall be considered for deciding on the transport, the choice of the means used for transport and any place of Hospitalization.

**In no cases will Allianz IARD become a substitute for local emergency services.**

**Repatriation or medical transport**

If the Insured is ill or injured following a covered event and the Insured's state of health requires a transfer, we organize and pay for repatriation to:
- either the competent hospital closest to the Insured's place of expatriation
- either the competent hospital closest to the Insured's home in his country of origin
- either the Insured’s home in his country of origin;
if the local medical infrastructure does not have the capacity to provide appropriate care.

Depending on the seriousness of the case, repatriation or transport is carried out under medical supervision, if necessary, by the most appropriate of the following means:
- special medical aircraft
- regular scheduled airline, train, sleeper train, ship, ambulance.

**Accompaniment in case of repatriation or medical transport**

Following the repatriation or the medical transport of the Insured, we organize and pay for the additional costs of transporting members of the Insured’s family who are covered or a person insured under this agreement accompanying the Insured if the tickets provided for their return to their country of origin cannot be used because of the repatriation.

**Transport of the body in the event of death**

We organize and pay for transport of the Insured's body from the place where the body has been placed in a coffin to the international airport closest to the home of the Insured.

We also pay the ancillary expenses necessary for transportation, including the cost of the coffin, making transport possible, up to the amount indicated in the table of sums insured.

Costs of the ceremony, accessories, burial or cremation remain the responsibility of the families.

We organize and pay for the additional costs of transporting members of the Insured’s family who are covered or a person insured under this agreement accompanying the Insured if the tickets provided for their return to their country of origin cannot be used because of the repatriation.

**Return of the Insured after "consolidation" (when healing is complete)**

Following the repatriation of the Insured to his/her country of origin organized by Allianz IARD, if a medical authority determines that the state of health of the Insured has consolidated and that it allows the Insured to return to his/her country of expatriation, we pay for the Insured's transport to the international airport closest to his/her place of expatriation. We also pay for the transport of members of the Insured's family who are covered or of a person who is insured under this agreement and accompanying the Insured.
Special exclusions to personal assistance

In no circumstances can we be a substitute for local emergency services. As well as the exclusions appearing in the section entitled "General exclusions for assistance and public liability cover", we do not cover: convalescence and disorders (Illness, Accident) being treated that are not yet consolidated on the date the journey begins, pre-existing conditions that are diagnosed and/or treated that have been the subject of Hospitalization in the six months prior to the request for assistance, journeys undertaken for the purpose of diagnosis and/or treatment, pregnancies except for unforeseen complications, and, in all cases, after the 32nd week of pregnancy, conditions resulting from the ingestion of alcohol, the use of drugs, narcotics and similar products that have not been medically prescribed, and the consequences of suicide attempts.

MEDICAL EXPENSES (HOSPITAL, MEDICAL FEES & EXAMS, DRUGS ...) ARE NOT COVERED UNDER THIS POLICY.

Obligations of the Insured in the event of a claim

For any request for assistance, the Insured must contact us at any time of the day or night:

- by telephone 00 33 (0)1 55 98 57 77 or 00 33 (0)1 45 16 77 18
- by fax 00 33 (0)1 45 16 63 92 or 00 33 (0)1 45 16 63 94
- by e-mail: medical@mutuaide.fr

and obtain our consent prior to taking any initiative or committing to any expenditure.

When we have organized the Insured’s transport or repatriation, the Insured must send us his/her initial tickets, since they become the property of Allianz IARD.

Applicable limits in the case of force majeure

We cannot be held liable for failures in the execution of the Assistance services resulting from cases of force majeure or the following events: Civil or Foreign Wars, acknowledged political instability, popular movements, riots, Acts of Terrorism, reprisals, restrictions to the free circulation of people and goods, Strikes, explosions, Natural Disasters, meltdown of atomic cores, nor delays in the execution of services resulting from the same causes.

4/ Public liability (if the option has been selected)

This Public liability cover takes effect only if there is a lack of, or as an addition to, any public liability insurance already existing and taken out by the Insured with any other company.

We cover the financial consequences of the public liability that the Insured may incur with respect to, on the one hand, personal injury and/or Material Loss and, on the other hand, the Consequential Loss, caused accidentally to any person other than a member of the Insured’s family, that is the Insured’s fault or the fault of persons, things or animals under the Insured’s care, this being provided up to the amount, and with the deduction of an Deductible, indicated in the table of sums insured.

Special exclusions to public liability cover

Besides the exclusions specified under section entitled "General exclusions for Assistance and Public liability cover", our cover does not apply to:

- damage that the Insured has caused or provoked intentionally,
- damage resulting from the use of land motor vehicles, sailing boats and motor boats, and flying apparatus,
- damage caused to objects entrusted to the Insured
- damage resulting from any job-related activity,
- the consequences of any material and/or personal injury claims affecting the Insured’s personally and the members of his/her family,
• consequential damage except when it is the direct consequence of accidental or Material Loss and/or personal injury that is covered,
• damage the Insured caused due to a fire, explosion or flooding,
• damage resulting from the practice of air sports or hunting.

Limits of our cover
Transaction – Acknowledgement of liability
The Insured must not accept any acknowledgement of liability, or any transaction without our prior written consent.

However, simply the acknowledgement of the reality of certain facts is not considered an acknowledgement of liability, no more than the simple fact of having provided Emergency help to a victim when it is an act of assistance that anyone has a moral duty to perform.

The Insured must advise us within five working days, except for Acts of God or of force majeure, of any event likely to render him/her publicly liable; if this deadline is not met and, as a result, we suffer loss, the Insured risks the Lapse of his/her cover.

Procedure
In the event of any legal action being made against the Insured, we provide his/her defense and handle the trial for the deeds and loss falling within the cover provided by this agreement.

However, the Insured may associate himself/herself with our action provided that the Insured can provide proof of a specific interest that is not covered under this agreement.

The simple fact of paying for the Insured’s own defense for protective reasons may in no circumstances be interpreted as an acknowledgement of cover and in no way implies that we accept the detrimental consequences of events that are not expressly covered by this agreement.

Even if the Insured fails in his/her obligations after a claim, we are bound to indemnify the people to whom the Insured is liable. We nevertheless retain, in this case, the right to take action against the Insured for repayment of any monies that we may have paid or placed in downpayment on the Insured’s behalf.

Legal proceedings
With respect to means of obtaining redress:
• before the civil, commercial or administrative courts, we are free to obtain redress under the present agreement,
• before the criminal courts, the means of redress may not be used without the Insured’s consent,
• if the pending lawsuit before a criminal court relates only to civil interests, refusal to give his/her consent to use the planned means of redress gives us the right to claim an indemnity from the Insured equal to the loss that we suffer as a result.

Court costs
We pay the court costs, the discharge costs and any other payment expenses. However, if the Insured is sentenced to pay an amount greater than the cover limit, we each bear these costs proportional to our respective share in the sentence.
5/ General exclusions for Assistance and Public liability cover

We cannot take action when the requests for cover and benefits are the consequence of losses resulting from:

- criminal proceedings against the Insured,
- the consequences of a Civil or other War, an insurrection, Terror Attacks or popular movement,
- riot or Strike, except if the Insured does not take an active part in the event,
- a claim resulting directly or indirectly from the meltdown of an atomic core, or any irradiation originating from ionizing radiation.
- epidemics, Natural Disasters and Pollution,
- alcoholism, drunkenness, the use of medications, drugs, narcotics that are not medically prescribed,
- any intentional act that may involve the cover of the agreement,
- duels, bets, crimes, brawls (except legitimate defense),
- the practice of the following sports: bobsleigh, skeleton, mountain climbing, competitive luge, air sports except for parascending and those resulting from participation in or training for official matches or competitions organized by a sporting federation,
- activities when an insurer is banned from providing a contract or an insurance service due to a sanction, restriction or prohibition provided by conventions, laws or regulations, including those decided by the United Nations Security Council, the European Union Council or any other applicable national law,
- activities when they are subject to any sanction, restriction total or partial embargo or prohibition provided by conventions, laws or regulations, including those decided by the United Nations Security Council, the European Union Council or any other applicable national law. It is understood that this provision only applies in the case where the insurance contract or insured goods and/or activities fall within the scope of the decision concerning the restrictive sanctions, total or partial embargo or prohibition,
- the absence of random.

6/ Limitation

TIME LIMIT OF ACTIONS STEMMING FROM THE INSURANCE CONTRACT

The provisions relating to the time limit within which action stemming from the insurance contract may be taken are set out by Articles L 114-1 to L 114-3 of the French Insurance Code (Code des assurances), as reproduced below:

Article L 114-1 of the French Insurance Code:
Any actions stemming from an insurance contract are time barred two years after the event from which the actions stem. However, this time limit only starts running:
1 In the event of reticence/concealment, omission, misrepresentation or inaccurate declaration of the risk incurred, from the date when the Insurer learned of the said risk;
2 In the event of an insurance loss, from the date when the interested parties learned of it, if they prove they were unaware of it prior to that date.

When the action by the Insured Person against the Insurer is caused by recourse by a Third Party, the time limit for action only starts running from the date when the Third Party takes legal action against the Insured Person or has received compensation from the Insured Person. The time limit for action is increased to 10 years in life insurance contracts when the beneficiary is a person distinct from the Contrat holder and, in insurance contracts for personal accidents, when the beneficiaries are the assigns of the deceased Insured Person.

For life assurance contracts, and notwithstanding the provisions of point 2 above, the right to action by the beneficiary lapses at the latest 30 years after the death of the Insured Person.

Article L 114-2 of the French Insurance Code:
The time limit for action may be interrupted by any of the ordinary causes for interruption thereof, and by appointment of appraisers after a loss. Interruption in the time limit for action may also result from a registered letter with acknowledgement of receipt being sent by the Insurer to the Insured Person to obtain payment of the premium, and by the Insured Person to the Insurer to obtain payment of compensation.
**Article L 114-3 of the French Insurance Code:**
Notwithstanding Article 2254 of the Code Civil (French Civil Code), the parties to the insurance contract may not, even by mutual agreement, either change the length of the time limit for action, or add causes for suspension or interruption thereof.

**Additional information:**
The ordinary causes for interruption of the time limit for action indicated in Article L 114-2 of the French Insurance Code are set out in Articles 2240 to 2246 of the French Civil Code, as reproduced hereafter.
To learn of any potential updates of the aforementioned provisions, you may consult the official website: "www.legifrance.gouv.fr".

**Article 2240 of the French Civil Code:**
Recognition by the obligee of the right of the person against whom the obligee could claim inaction within the time limit interrupts the time limit for action.

**Article 2241 of the French Civil Code:**
Instigating legal proceedings, even summary proceedings, interrupts the time limit for action and the time limit beyond which rights lapse. The same applies when the matter is brought before an incompetent jurisdiction, or when the deed of referral to the jurisdiction is cancelled through procedural irregularity.

**Article 2242 of the French Civil Code:**
 Interruption resulting from instigating legal proceedings is effective until the proceedings end.

**Article 2243 of the French Civil Code:**
The interruption is null and void if the petitioner withdraws the petition or lets the proceedings lapse, or if the petition is dismissed definitively.

**Article 2244 of the French Civil Code:**
The time limit for action or the time limit after which rights lapse is also interrupted by protective measures being taken pursuant to the French Code of Civil Enforcement Procedures (Code des procédures civiles d'exécution) or by an enforcement being ordered.

**Article 2245 of the French Civil Code:**
One of the jointly and severally liable obligees being summoned or notified through legal proceedings or through an enforcement order, or recognition by the obligee of the right of the person against whom the obligee could claim inaction within the time limit interrupts the time limit for action against all of the others, even against their heirs. Conversely, one of the heirs of a jointly and severally liable obligee being summoned or notified, or that heir recognising such a right does not interrupt the time limit for action with regard to the other co-heirs, even for mortgaged debt, if the obligation is divisible. Such summons/notification or such recognition interrupts the time limit for action with regard to the other co-obligees only for the share for which that heir is liable. In order to interrupt the time limit for action for the entire obligation with regard to the other co-obligees, the summons or notification needs to be made to all of the heirs of the deceased obligee, or all of the heirs need to recognise the right;

**Article 2246 of the French Civil Code:**
Summons or notification made to the main obligee, or the main obligee recognising the right in question interrupts the time limit for taking action against the guarantor.
7/ Legal action

SUBROGATION
The Insurer is subrogated to the rights and actions that the Insured may have against the Third Party responsible for the loss, in the limit of the amount of compensation that the Insurer has paid. In case Subrogation could not operate in favor of the Insurer because of the Insured, the latter will be relieved of the obligations regarding the Insured in respect of the Subrogation that would have been possible.

8/ Basis of the insurance agreement

This agreement is governed by the French Insurance Code.

COURTS OF COMPETENT JURISDICTION – GOVERNING LAW
The pre-contractual and contractual relations are governed by French law and primarily by the French Insurance Code. Any legal action relating to this contract shall be brought before French courts which have exclusive jurisdiction. However, if you are domiciled in the Principality of Monaco, the Monaco Courts shall have sole jurisdiction for disputes you and us.

ANTI MONEY LAUNDERING
The controls that we are legally required to carry out as part of anti money laundering and to combat the financing of terrorism, especially cross-border flows, may lead us at any time to ask you for explanations or supporting documents, including concerning the acquisition of insured goods. Pursuant to the French Data Protection law (loi Informatique et Libertés) of 6 January 1978 amended by the law of 6 August 2004 and the French Monetary and Financial Code, you are entitled to access the data that concerns you by sending a letter to the French Data Protection Agency (Commission Nationale de l'Informatique et des Libertés (CNIL)).

9/ Option of cancellation

If you took out your contract remotely:

Sale of your insurance contract by telephone, by mail, or over the Internet is governed by Articles L. 112-2-1 and R. 112-4 of the French Insurance Code (Code des Assurances).

The following constitute remote insurance operations as defined by Article L.112-2-1 of the French Insurance Code: providing insurance operations to a subscriber who is a natural person, and who is acting outside any commercial or business activity, in the context of a remote system of sale or of provision of services that is organised by the insurer or the insurance intermediary who, for the contract in question, exclusively uses remote communications techniques up to and including the signing of the contract.

It is specified that the applicable rules for remote sales apply:
- only to the first contract, for fixed-term contracts followed by successive distinct operations or by a series of distinct operations that are of the same type and that are staggered over time;
- only with a view to and during signing of the initial contract for contracts that are renewable by tacit renewal.

Pursuant to the applicable provisions for remote sales of financial services, you are informed as follows:
- that a fund exists for covering victims of terrorism and of other offences (fonds de garantie des victimes des actes de terrorisme et d'autres infractions) as indicated in Article L. 422-1 of the French Insurance Code;
- that a fund exists for covering damage, injury, or loss consequent upon prevention, diagnosis, or treatment provided by healthcare professionals practicing in private practices (fonds de garantie des dommages consécutifs à des actes de prévention, de diagnostic ou de soins dispensés par les professionnels de santé exerçant à titre libéral) as indicated in Article L.426-1 of the French Insurance Code;
- that a national compensation bureau exists in France known as the Office national d'indemnisation des accidents médicaux, des affections iatrogènes et des infections nosocomiales (ONIAM) for paying compensation for medical
accidents, iatrogenic diseases or disorders, and nosocomial (hospital-acquired) infections as indicated in Article L 1142-22 of the French Public Health Code (Code de la Santé Publique);

- that you have a right to cancel throughout a cooling-off period of 14 full calendar days starting either as from the date of remotely signing/entering into the contract, or as from the date of reception of the “Specific Provisions” (“Dispositions Particulières”) and of the “General Provisions” (“Dispositions Générales”) if that date is later than the date of signing, without having to give any reason or having to bear any penalties;

- that the contracts to which the right of cancellation applies may not start being performed by the parties before the end of the cooling-off period without the consent of the policyholder. You have manifested your will for your contract to take effect on the date appearing in the “Specific Provisions”. A subscriber who has asked for the contract to start being performed before the expiry of the cooling-off period and who makes use of their right of cancellation, should pay for the fraction of premium or of subscription that corresponds to the period for which the risk has been covered; in addition, the Terror Attack (Attentats) contribution to the fund for covering terrorism victims (Fonds de garanties des victimes des actes de terrorisme) remains payable.

A subscriber who wishes to exercise their right of cancellation under the above-mentioned conditions, may use the letter template given below, as duly filled in by the subscriber.

The letter should be sent by registered letter with return-receipt requested (lettre recommandée avec avis de réception) to ACS, 153, rue de l’Université, 75007, Paris, FRANCE.

Letter of Cancellation Template:

“I the undersigned, M…………. residing at ………….. hereby cancel my Contract No. ………. taken out with ………………………, pursuant to Article L 112-2-1 of the French Insurance Code (Code des Assurances). I hereby certify that, at the date of sending of this letter, I have no knowledge of any loss that might involve the cover of the contract being applied.”

By way of derogation, this right of cancellation does not apply:

- to travel or baggage insurance policies or to similar policies that are short-term or that have terms less than one month;
- to civil liability insurance contracts for Land Motor Vehicles;
- to contracts performed fully by the two parties at the express request of the policyholder before the policyholder exercises their right of cancellation.

If you are already insured for the same risk:

You are prompted to verify that you are not already the beneficiary of insurance covering one of the risks covered by the new contract. If such is the case, you have the right to renounce this contract during the 14 (calendar) days following its conclusion, without any fees or penalties, if all of the following conditions are satisfied:

- you took out this contract for non-professional reasons;
- this contract was added to the purchase of a good or service sold by a supplier;
- you can show that you are already covered for one of the risks covered by this new contract;
- the contract you want to renounce has not been fully performed; and
- you have not filed any claim for damage covered by this contract.

In this situation, you can exercise your right to renounce this contract by letter or any other durable medium sent to ACS, 153, rue de l’Université, 75007, Paris, FRANCE, accompanied by a document proving that you already have cover for one of the risks covered by the new contract. We are required to reimburse the premium paid, within 30 days from your renunciation.

"I the undersigned M…………. residing at ………….. hereby renounce my contract No. ………. taken out with ………………………, pursuant to article L 112-10 of the French Insurance Code. I hereby attest that I have no knowledge at the date of sending this letter, of any damage covered by the contract."

MA20180125
WHAT IS THE PROCEDURE FOR EXAMINING COMPLAINTS?

Your usual contacts are able to study in depth all your requests and complaints. If, after this review, the answers do not meet your expectations, you can submit your claim to:

ACS :

ACS
Complaints Department
153 rue de l’Université
75007 Paris, France
Email : contact@acs-ami.com

Receipt of the complaint will be acknowledged within 10 days of its date of reception, unless the answer itself is given to you within this time-frame. In any case, in accordance with applicable legislation, an answer will be given to you within 2 months following the receipt of the complaint.

If the disagreement remains, you can submit your claim to:

Allianz IARD :

Allianz – Relations Clients (Customer Relations)
Case Courrier S1803
1, cours Michelet – CS 30051
92076 Paris La Défense Cedex, France
Email : clients@allianz.fr

Allianz adheres to the Mediation Charter of Insurance. In the event of persistent and final disagreement, you have the option, after exhausting the internal processing channels indicated above, of referring the matter to the Mediator of Insurance, whose contact details are as follows: LMA – TSA 50110 – 75441 PARIS CEDEX 09 France, www.mediation-assurance.org, without prejudice to the other channels for legal action.

The parties declare that they submit to French law.

AUTHORITY IN CHARGE OF OVERSEEING INSURANCE COMPANIES

L’Autorité de Contrôle Prudentiel et de Résolution (ACPR) (the Prudential Oversight and Resolution Authority) 61, rue Taitbout -75436 Paris Cedex 09, France.

INFORMING THE CONTRACT HOLDER ABOUT THE PROVISIONS OF THE COMMISSION NATIONALE DE L’INFORMATIQUE ET DES LIBERTES – CNIL (French Data Protection Commission)

We inform you that the information collected is processed for the purposes of handling the present application and for commercial relations. Some of this processing may be performed by service providers inside or outside Europe. Unless you object, your data may also be used by us, for prospecting purposes for the insurance products that we distribute. Pursuant to the French data protection law (“loi informatique et libertés”) of 6 January 1978, as amended by the law of 6 August 2004, you are entitled to access, amend, rectify, delete and object to the data concerning you by sending a written request to your broker.

Under our contract for controlling risks and combating fraud, we reserve the right to make any verifications of the information, and, if necessary, to refer the matter to the competent Authorities pursuant to the applicable regulations.
CONSUMERS' RIGHT TO OBJECT TO TELEPHONE MARKETING

If you do not wish to be contacted for the purposes of telephone marketing, you can have yourself added to a telephone marketing opt-out list, free of charge. These provisions apply to any consumer, i.e. any natural person acting for purposes unrelated to their commercial, industrial, craft or self-employed activities.

For any questions on this agreement, contact:

ACS
153, rue de l’Université - 75007 Paris - France
Tél. 00 33 (0) 1 40 47 91 00
Fax. 00 33 (0) 1 40 47 61 90
e-mail : contact@acs-ami.com

In case of difference between the French and English versions of this summary of benefits, the French version shall prevail.
### "Assistance and public liability" cover, if options have been selected

<table>
<thead>
<tr>
<th>What is covered</th>
<th>Amount covered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Repatriation assistance</strong></td>
<td></td>
</tr>
<tr>
<td>• Repatriation or medical transport</td>
<td>Actual expenses</td>
</tr>
<tr>
<td>• Transport of the body in the event of death</td>
<td>Actual expenses</td>
</tr>
<tr>
<td>- Repatriation of the body</td>
<td>€1500</td>
</tr>
<tr>
<td>- Funeral expenses required for transportation</td>
<td>Ticket (one way only)</td>
</tr>
<tr>
<td>• Repatriation of other family members</td>
<td>Ticket (one way only)</td>
</tr>
<tr>
<td>• Return of the Insured to the country of expatriation after &quot;consolidation&quot;</td>
<td></td>
</tr>
<tr>
<td><strong>Public liability (if the option has been selected)</strong></td>
<td></td>
</tr>
<tr>
<td>• Physical Injury, Material or Consequential Loss</td>
<td>€4 500 000</td>
</tr>
<tr>
<td>• Material and Consequential Loss only</td>
<td>€150 000</td>
</tr>
<tr>
<td>Deductible per claim</td>
<td>€150</td>
</tr>
</tbody>
</table>