



INSURANCE CONDITIONS SPECIFIC TO INSURANCE COVER FOR STUDENTS ON A TEMPORARY STAY ABROAD FOR A MAXIMUM OF 12 MONTHS

INTERNATIONAL TRAVEL SAFE



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1 GENERAL INFORMATION ABOUT THE INSURER

INSURER

The health and accident insurer is Mutuelle Générale d'Enseignement National (hereinafter MGEN), headquartered at 3 Square Max Hymans, 75015 Paris - France (Siren N° 775 685 399), authorized by the Autorité de Contrôle Prudentiel et de Résolution (ACPR) to operate in the fields of health/accident and assistance insurance for all the risks described in the CGPA (hereinafter INSURER), with the exception of assistance risks.

Under the present contract, the Insurer will be represented by SOS Evasan SA (hereinafter EVASAN) for claims reporting and management. Consequently, EVASAN is authorized to receive calls and manage claims on behalf of the insurer, who insures all the risks described in the CONDITIONS OF INSURANCE SPECIFIC TO "WORLDWIDE TRAVEL SAFE" COVERAGE.

ASSISTER, CLAIMS MANAGEMENT, ALARM CENTER

The assistance agent is SWAN TRAVEL INTARNATIONAL ASSISTANCE (hereinafter SIA), based at Siwar Center, Business area, Bloc B, Seaside road, Zouk Mosbeh, Lebanon, which provides all the insurance-assistance services described in the CONDITIONS OF INSURANCE SPECIFIC TO "WORDWIDE TRAVEL SAFE" COVERAGE.

The claims handler is SIA.

The insured shall inform SIA as soon as the claim first appears by calling the Call Center, which will handle the claim using its best efforts. Any call concerning a claim will be followed by written notification from the insured to SIA within 5 days of the occurrence of the event.

SIA can be contacted by the insured in case of emergency at Telephone+41 (0)22 929 52 52, E-mail: claims@evasan.com 24/24H 7j/7j, 365 days.

The generic term "INSURER" refers to MGEN and SIA within the scope of their respective activities.

CONTRACT ADMINISTRATOR, CLAIMS HANDLING

The insurance contract administrator is EVASAN who will manage the contract, the contractual documents issuance and their eventual modifications, the renewal of the insurance contract, as well as the collection of insurance premiums.

EVASAN can be contacted by the insured party by telephone for any administrative questions. : + 41 (0)22 929 52 51 from 08:00 AM to 05:00 PM (Monday to Friday) or by email: info@evasan.com

SIA is the claims manager.

The insured party must inform SIA in the first instance of a claim, by calling the Alarm Centre who will make every effort to process the claim. Every call concerning a claim declaration must be followed by a written notification from the insured party to the insurer within 10 days after the event occurrence.

2 GENERAL INSURANCE ARRANGEMENTS

2.1 DEFINITIONS AND FIELD OF APPLICATION

2.1.1 ACCIDENT

Any harmful, sudden, unforeseen or involuntary injury caused to the human body by an external and violent source which affects the physical integrity of the insured party and which could be objectively witnessed.

2.1.2 SERIOUS PHYSICAL ACCIDENT

This is an accident recognized by a medical doctor, implying for the insured party the termination of all professional or other activities, and stopping him from moving around by his own means.

2.1.3 ALEA

An unintentional, unforeseen, unavoidable, external event.

2.1.4 ATTACK

An attack is any act of violence, which is a criminal or illegal attack, taken against people and/or goods, with the aim of seriously disrupting public order.

Such an 'attack' must have been recorded by the Federal Department of Foreign Affairs.

2.1.5 INSURANCE CERTIFICATE

An insurance certificate is a declarative document which INSURER provides to the proposer upon his request, to allow him to undertake all the necessary administrative processes. INSURER will confirm their acceptance with the proposer in this document, under the condition that all essential elements of the contract are subsequently upheld. This document will only be issued after the outstanding premium has been collected. The certificate alone shall not act as the insurance policy in itself.

2.1.6 INSURER

MGEN and SIA insures all risks of assistance as described in Chapter 2: 'DELIMITATION OF THE INSURANCE CONDITIONS SPECIFIC TO ' WORLD WIDE TRAVEL SAFE' COVERAGE'(hereinafter TRAVEL SAFE).

2.1.7 INSURED PARTY

1. Provided that the payment has been collected, insured parties are children, people, or groups of people, from 7 to 65 years old, who are specifically mentioned on the compiled insurance proposal and have signed as beneficiaries of the insurance contract or on the nominative list attached to the contract.
2. In the case of collective contract signed by the educational institution, persons who expressly and in writing refused this insurance coverage within 14 days after the enrolment in the educational institution are formally excluded from the benefit of the guarantee.

2.1.8 LUGGAGE

Luggage or other containers (backpack, travel bag, etc.), as well as the personal belongings that they contain.

2.1.9 LEGAL BASIS

The insurance contract is governed by the presented INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE» COVERAGE relating to accessory coverage which appears in each contract agreed by the policyholder and is adapted to the situation of the insured party, if necessary. In addition to the mandatory provisions of the law, Swiss law on the insurance contract (LCA) is applied in a suppletive manner. INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE» COVERAGE apply if the specific conditions are respected.

2.1.10 BENEFICIAIRES

1. In the event of death following an insured accident or illness: the funds will be transferred to the heirs of the insured party.
2. For the other guarantees of insurance and assistance: the beneficiary is the insured party.

2.1.11 NATURAL DISASTER

The abnormal intensity of a natural event that has not arisen from human intervention and has been announced as a natural catastrophe by the competent authorities.

2.1.12 AN 'ALARM CENTRE'

Our intervention and assistance service consists of doctors, technicians, and operators that SIA makes available to insured parties on a 24h/24h basis, every day of the year.

2.1.13 INSURANCE CONTRACT

1. The insurance contract is the reciprocal and congruent expression of the will of the proposer and INSURER on all the essential points of their relationship.
2. The essential elements of the contract, which are cumulative, are the following:
   - Reading and approval of the INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE» COVERAGE.
   - Complete filling of the proposition form and any eventual annexes.
   - Collection of the insurance premium.
   - Acceptance to conclude with the proposer.
   - Acceptance and understanding of the contract language by the insured party and the policy holder.
3. By no means can an insurance contract, which has been concluded on behalf of other, be interpreted as a mixed contract which has also been concluded for the policyholder.

2.1.14 DEPRIVATION

Deprivation is the loss of rights to insurance entitlement for the accident in question.

2.1.15 DESTINATION AND REGION

1. The destination is the place where the insured party intends to go to start or continue his education.
2. The region is the geographical or political area, which is defined by the contract and INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE» COVERAGE, on which the contractual effects are deployed and within which the destination is located.

3. In the event of death and disability insured persons are covered with the insurance benefits Worldwide.

2.1.16 DOMICILE

The country of domicile or the habitual residence such as declared in the insurance policy or in the origin country of the insured party. By origin country is meant the country of nationality of the insured.

2.1.17 DURATION OF THE INSURANCE CONTRACT

The duration of the insurance contract is the guarantee period such as defined in the INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE» COVERAGE.

2.1.18 PERSONAL BELONGINGS

Items which are destined for the insured party's personal use during travel, such as clothes, shoes, toiletries.

2.1.19 HAZARDS

Hazards are when the insured party exposes himself to severe danger without taking or being able to take precautions to lower the risks to a reasonable level. In the event of an accident caused by a hazard, insurance payments can be reduced in half, or refused in particularly severe cases.

2.1.20 PRE-EXISTING HEALTH CONDITION

Any change, disease, illness or physical or psychological infirmity which has existed before the date of subscription to the insurance contract, in which the consequences or complications require medical treatment, a consultation, exams or medical intervention during the duration of the insurance guarantee. Before getting insurance and starting its enrolment, it is highly recommended that the insured party takes a complete medical check-up, at his own expenses.

2.1.21 THE EXTENT OF COST COVERAGE

The claims entered into the insurance conditions field must be effective, suitable and economical. The effectiveness, suitability and economical nature of action must be demonstrated through scientific evidence.

Failing this, INSURER reserves the right to reasonably reduce entitlements.

2.1.22 INSURED EVENT

An event which causes harmful consequences, which falls under one or more guarantees of the contract. Insured events are events which occur during the insured period, without being subject to exclusion, that are included in the insurance coverage.

2.1.23 VALUATION

1. Losses to insured goods are evaluated by mutual agreement, otherwise, by an amicable valuation, whilst maintaining the respective rights of both parties.
2. Each party will have to choose a valuation expert; if the chosen experts do not agree, they will appoint a third expert; the three experts will operate according to a majority vote.

3. If one party fails to appoint an expert, or if two experts do not agree on a third choice, the designation will be carried out by a competent legal authority. This nomination is done through a simple form signed by two parties, or one only, with the other party being summoned by registered mail.
4. Each party must pay for the costs and fees of his expert. The fees of the third-party expert and the costs of his nomination, if that took place, will be half covered by INSURER, with the insured party covering the other half.

2.1.24 COSTS OF TUITION AND ACCOMODATION

The amounts of the annual tuition and accommodation fees charged by the educational institution mentioned on the registration form. They are used as the basis for calculating the insurance premium.

2.1.25 DEDUCTIBLE

The fixed sum on the contract which the insured party will have to cover in the event of a claim.

2.1.26 STRIKE

Collective action consisting of stopping work by employees of a business, of an economic sector, of a profession which aims to support demands being made.

2.1.27 HOSPITALISATION

Being admitted to a hospital for a period of 24 hours and more for urgent medical assistance that cannot be postponed.

2.1.28 TEMPORARY TOTAL DISABILITY

State of the person who is completely unable to continue his studies, for the student. The disability must be proven through medical evidence and attested by a doctor.

2.1.29 NON-TRANSFERABLE DEBT OBLIGATIONS

The susceptible debt resulting from an insurance contract is non-transferable. In particular, the beneficiary cannot in any case transfer the amount to another party, such as close family or friends, a hospital, business, buyer, work colleague, authority, etc.

2.1.30 COMPENSATION

The coverage of expenses for all insurance benefits by INSURER in the event of a claim. The upper limit of the foreseeable services for each insurance coverage package is called 'the maximum sum of compensation'.

2.1.31 PLACE OF STABILISATION

A place where the insured party is transported to after an accident, with a purpose of making him able to an evacuation or a repatriation.

2.1.32 MAXIMUM AMOUNT OF COMPENSATION PER EVENT AND PER YEAR

1. Different insured parties who are affected by the same insured event - In a case where the guarantee is used to benefit multiple insured parties by the same event, where insured parties have the same insurance conditions, the maximum amount of compensation applicable is given by person and by year - See Table of Coverage.

2. The maximum aggregated amount of insurance per year - The coverage outlined in the following Table of Coverage, is subject to a maximum aggregated annual limit, regardless of the number of insured parties or relevant events during the year.

2.1.33 ILLNESS

A health alteration, determined by a competent medical authority and by social security if the person is employed, which has meant that the person has had to stop all educational or professional activity.

2.1.34 SUDDEN ILLNES

All non-intentional aggravation in the state of health which results in a consultation, treatment or medical assistance, which has not resulted from an accident and which is not related to a pre-existing health condition.

2.1.35 SERIOUS ILLNESS

Any health alteration determined by a medical doctor, which has meant that the person has had to stop working and needs appropriate medical assistance.

2.1.36 PRECIOUS ITEMS

Items in the composition or confection which fall under the category of precious metals (platinum, gold, silver), precious stones as well as pearls or another precious material (ivory, amber etc.).

2.1.37 VALUABLE ITEMS

The items which, without being precious items, have a considerable market value such as furs, works of art (paintings, statues etc.), glasses, binoculars, cameras, video cameras, audio-visual equipment, IT equipment, sports equipment (ski, tennis rackets, golf clubs, windsurf etc.).

2.1.38 INSURANCE GUARANTEE PERIOD

1. The insurance guarantee periods are periods of time determined in the contract, during which the insured party can value his rights to the coverage outlined in 'INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE» COVERAGE.
2. The insured period takes effect from 00:00 AM on the day following the date that INSURER (or the person having received permission from INSURER for this purpose) receives the full payment due and will end at midnight 12:00 PM on the date at the end of the contract.
3. If outlined in the insurance coverage, multiple periods of insurance can be triggered.
4. Both the departure date and the expiry date of the latest insurance period must be within the duration of the contract.

2.1.39 INSURANCE POLICY

The document which confirms the existence of the insurance contract, which determines the rights and obligations of all parties.

2.1.40 POLICYHOLDER

1. The physical or moral person who initiated and registered for the insurance contract for his own use or someone else's use, and as a consequence, is the person who is liable to settle payment.
2. In the case that the insurance contract is taken out on someone's behalf - excluding the policyholder - only the insured party can benefit from the policy and can make a claim. The contingent liabilities that the policyholder would have taken in regards to third parties, do not apply to the parties present on the contract, even if they had influenced his conclusion. This is subject to possible contractual exemptions.

2.1.41 PRESCRIPTION

All action deriving from the present contract should be settled within a prescribed period of three years, counting the event which initiated it, in the conditions outlined by LCA.

2.1.42 PARTIAL PAYOUT

If the insured party does not use any or only part of the services offered by INSURER, the latter is not required to make a refund. If the fees encountered as a result of the incident are less than those cited on the policy, the insured party cannot assert a claim on the difference.

2.1.43 INSURANCE PREMIUM

1. Insurance premiums can be paid in advance and are billed from the date when the coverage takes effect.
2. Collecting payment for the insurance premiums by the INSURER or EVASAN is an essential element of the contract, regardless of the method of payment.
3. However, there is no obligation to provide compensation if the contracted party only pay for the insurance premiums on the date he knows of or thinks that a claim is a possibility.

2.1.44 NEXT OF KIND

Any person, not necessarily a parent, who finds himself in direct relation with the insured party.

2.1.45 INSURANCE PROPOSAL

1. The proposal is what the proposer submits to INSURER with a view of concluding an insurance contract. This proposal is not the final agreement of the contract.
2. When INSURER makes the insurance proposal form available to the proposer, this acts as a simple quote. An insurance proposal does not replace the insurance policy in any case.

2.1.46 THE FINANCIAL GUARANTOR

The financial guarantor is the person who agrees to pay the costs of education and travel for the insured person.

2.1.47 CLAIM

A harmful, non-intentional event, which occurs within the period and time of the conditions outlined in the contract, in the legal and contractual limits, with EVASAN being obliged to issue compensation to the insured party.

2.1.48 SUBROGATION

INSURER is subrogated to the rights and claims of the insurance beneficiary and to the regard of the third parties responsible, as well as the insurer about the latter. This subrogation will come into motion through the costs incurred by INSURER through the execution of the insurance contract.

2.1.49 TERRORISM

An act of terrorism is committed by an organised terrorist group (and is recognised as this by the Swiss government), which occurs during travel or at the place of destination:

a) Within 30 days preceding the scheduled departure date (for cancellation coverage for the trip);

b) During the trip (for trip interruption coverage).

2.1.50 THIRD PARTY

1. Any physical or moral person, with the exclusion of the insured party himself, the members of his family and collaterals, as well as his ascendants and descendants.
2. Any other person who the insured party is entrusted to, who also is responsible for, either temporarily or permanently, such as teachers, professors, instructors, educators, child minders, nannies, coaches and trainers (non-exhaustive list).
3. Any person who is not found in the place of work or working body with INSURER and who is not a parent or guardian of the insured party, does not have partner or cohabitant or next of kin status.

2.2 COMMON ARRANGEMENTS

2.2.1 DUTIES OF THE INSURED PARTY

1. Medical confidentiality

   In order for the present insurance conditions to be accepted, the insured party must disclose all medical confidentiality to SIA team and in particular to the doctors and para-medical personnel who have examined him and/or assisted him after the claim. If need be, the insured party can ask SIA to withdraw this process after the occurrence of the claim and/or sign an ad hoc authorisation form that INSURER can ask him to complete. Any refusal from the insured party will result in the loss of his contractual rights.

2. Report a claim by telephone

   To provide you with a comprehensive service from EVASAN, we ask you to call the Alarm Centre immediately (open 24h/24h, 365 days a year), from the first onset of the claim, before any consultation:

   G**eneva:** +41 22 929 52 52

   Leban**on:** +961 9 223 994

   Montréal**:** (free call) : + 1 (877) 570 – 7080

   Fax: +41 22 929 52 55

   Email: **claims@evasan.com**

   info@siassistance.com

Remember to mention**:**

- The insurance contract number ;
- The nature of the claim and the assistance requested ;
- The telephone number and the email address of the insured party**.**

In case where the insured party is unable to inform SIA of the incident within 48 hours of its occurrence, a call to the Alarm Centre by the policyholder, financier, next of kin, police, hospital, or any person who intervenes in the incident, will constitute as a valid notification.

Non-respect of the obligation to inform the Alarm Centre beforehand can result in refusal to pay the insurance coverage on the part of INSURER.

3. Report a claim online on the website :

To benefit from the comprehensive services of SIA, the insured party can declare an accident online – through a quick, simple and secure procedure (via encrypted data transmission) by filling out the claim fields and submitting it at the following address : www.evasan.com/file-a-claim/

The insured party will receive the reference number for his claim file and information of which documents he will need to provide and EVASAN or SIA will immediately get in contact with the insured party. The declarations shared will only be consulted by SIA claim handlers and not by third parties.

4. Required documents in the event of a claim

Within the time limit, the insured party must provide INSURER with a claim declaration, at his own expense, with the following supporting documents enclosed. The insured party must provide INSURER with the following supporting documents:

- An accident report and/or a verbal process prepared by the police authorities;
- A copy of a nominative travel ticket which includes date and validity (plane, train, bus ticket etc.);
- A complete medical file established by a consulted doctor or hospital establishment visited following or in relation with the incident;
- Pharmacy prescriptions or other prescriptions;
- Medical and hospitalisation bills relating to the insured party, together with the bills for the medicines.
- In the event of death, a death and civil status certificate.
- In any other cases, any supporting documents;

These documents must be sent to EVASAN within the following deadlines:

a) Within 10 days from their reception by the insured party; or

b) Within 20 days of sending these documents; or

c) At the latest 60 days after the claim.

If the documents are not provided within this time, INSURER reserves the right to refuse any refund requests.

5. Information and other documents

On request from INSURER, the insured party must provide, at his own expense, any information on the facts to his knowledge and any supplementary supporting documents that could help determine the circumstances in which the claim was caused, to establish the consequences or to verify the authenticity of the claim declaration.

When putting his request in writing, INSURER may set a time limit of at least 7 days (formal notice) for the insured party to provide the information or required documents, beyond this date, the insured party will no longer have a right to insurance benefits.

2.2.2 DOUBLE INSURANCE

1. When the same party is insured against the same risk, for the same period, by more than one insurer, in addition to being insured by INSURER, in which the insured sums added together are greater than the insurance value, the policyholder must inform INSURER of this immediately and in writing.
2. If the insurance policyholder has intentionally omitted giving this information to INSURER or if they took out double insurance with the intention of making an illegal profit, INSURER will be automatically freed of any contractual obligation to this regard.

2.2.3 RETICENCE

If the proposer has, when settling the insurance contract, omitted to declare, or has inexactly declared an important fact that he is aware of or should be aware of, INSURER has the right to terminate the contract in writing, within the four weeks after that they have become aware of the disinclination. In this case, the obligation to cover a claim is withdrawn also for claims which have already taken place when the item that had been subject to the disinclination has influenced the likelihood and impact of the claim. INSURER has the right to be refunded for claims which fall under this category.

2.2.4 MAJOR INCREASE OF RISK

1. This is a significant increase of risk which the agreement had already determined before the contract was agreed. This is important as it helps influence INSURER on whether they agree or do not agree to a contract, or it will help them agree the conditions within the contract.
2. If the insured party invokes a significant increase of risk during the insurance contract, INSURER will automatically cease to be bound by the contract. The insurance policyholder or the insured party must inform INSURER of the risk by letter or by email within 8 days.
3. If the major increase of the risk arrives independently of the will of the insured party, the contract will only automatically cease to exist if the insured party has not declared the increased risk to INSURER, according to the process above.

2.2.5 EXCLUSIONS

The following situations and their consequences are excluded in the insurance coverage, and no claim will be paid by INSURER:

1. When the insured party has committed a crime or offence that has caused damage;

2. All health problems which are related to radiation (nuclear radiation);
3. All health problems which have been generated by making or using, voluntarily or involuntarily chemical, biological, biochemical substances or electromagnetic waves destined to make weapons (independently of the competing causes), as well as any damage or derogations caused by ABC methods, nuclear energy or any other radiation;
4. Any consecutive claim made as the result of a natural catastrophe, recognised as this by the authorities of the country or any consecutive claim resulting from a case of major force, coming from an abnormal natural force (e.g. volcanic eruptions, meteorite fall, tidal wave, earthquake);
5. Practice of hazardous activities by the insured party, which substantially change the risk covered such as the practice of high-risk activities, identified as extremely dangerous activities.
6. Non-declared or declared war, within 48 hours after the federal department for foreign affairs or, failing this, other official instances which have documented the start of hostilities.
7. A revolt, acts of sabotage, hooliganism, or vandalism, strikes, road blockages during large strikes, general problems of any nature and measures taken to re-establish public order.
8. Epidemics and pandemics.
9. Use of substances, medicine, alcohol and/or hallucinogens by the insured party which have led to or contributed to the claim.
10. Suicide or attempted suicide.
11. Occurrence of a claim in a country which is excluded from the contract or for a date which is outside the coverage period.

2.2.6 GENERAL EXCLUSIONS OF THE COVERAGE

1. In the following cases and without affecting the other exclusion clauses, INSURER reserves the right to cancel claims, or failing this, terminate the contract in the following cases:
    - Failure to get imperative approval from INSURER regarding an organisation, assistance, treatment, hospitalisation, or acquisition of medicine by the insured party.
    - Absence or delay in communication by the insured party for documents and original copies required for INSURER to control or liquidate the claim.
    - Any pre-existing health condition. Furthermore, INSURER reserves the right to reduce their benefits when the health state of the insured party is not pre-existing but reveals important risk factors such as diabetes, hypertension, hypercholesterolemia etc.
    - Incidents, disturbances and complications linked to pregnancy of which the risk was known or reasonably expected before the first day of travel;
    - Failure to announce the existence of another insurance policy covering the same risks by the insured party;
    - Absence of taking measures which could have reasonably been taken by the insured party to avoid the heightened risk and prevent it and the claim;
    - Any refusal by the insured party, or by the decision maker on his behalf, to honour the contractual services (e.g. offer of repatriation) outlined in the event of a claim will result in the suspension of the contract, the fees caused by the refusal of services will also be charged to the insured party. In the event of a change of mind before the start of the coverage period, the

fees linked to the initial service refusal (e.g. fees linked to prolonged hospitalisation, etc.) and a change in decision are at the expense of the insured party.

- Under the penalty of loss of the rights, the insured party and the policy holder must abstain from any interference with the management of the claim by SIA, without their previous authorisation.

3 DELIMITATIONS OF THE INSURANCE CONDITIONS SPECIFIC TO "WORLDWIDE TRAVEL SAFE" COVERAGE

3.1 SUBJECT TO PRESENT COVERAGE

1. Insure persons travelling away from their place of residence knowing that INSURER intervenes for the reasons and circumstances listed below, with the exclusion of all others.
2. INSURER will intervene and guarantee insurance benefits on the express condition that the event which makes them pay out a claim remains uncertain at the time of subscription and at the time of departure. As well as not being covered for events caused by a pre-existing diagnosed or treated illness and/or injury which has been part of continual hospitalisation, day hospitalisation, or ambulance hospitalisation in the three months which precede the request for assistance, which acts as a manifestation or worsening of that state.
3. This insurance coverage - complementary assistance adds to that of mandatory social insurance as well as that of other insurance and service contracts that the insured party has previously agreed to, in the case that the latter are insufficient. The same applies to the benefits that come from being a member of an association.

3.2 «WORLDWIDE TRAVEL SAFE» TABLE OF COVERAGE

The amounts indicated in the Table of Coverage are the maximum claim amounts per person per year. The claims which feature a * are subject to an aggregated maximum annual limit.

The Table of Coverage of the «WORLDWIDE TRAVEL SAFE» product is annexed to the INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE» COVERAGE.

The main claims feature in the insurance policy unique to the coverage purchased as well as the certificate of collective insurance agreement.

3.2.1 INSURANCE COVERAGE PERIODS

a) Definition

1. The period of validity for all the coverages corresponds to the travel dates indicated on the bill sent by the educational institution, with a maximum duration of 365 consecutive days.
2. Any insurance coverage period must start within the duration of the insurance contract and the start date must feature on the insurance policy.
3. Coverage takes effect on the date indicated on the insurance policy, but not before the conclusion of the insurance contract – nor before the expiry of any waiting period. No benefits will be awarded for claims occurring before the date. Claims occurring after the conclusion of the insurance contract are excluded from coverage obligation only to the extent that they are prior to the effective date of the coverage or have occurred during a waiting period.

b) Grace period

The period of coverage that the insured party benefits from, can be prolonged by 5 days if the insured party is objectively prevented from reaching his home state or habitual residence in Switzerland before the expiry date of the coverage (e.g.: closure of airports due to a natural catastrophe).

3.3 DETAIL OF COVERAGE

3.3.1 Main coverage: Assistance

1. SIA insures, in the legal and contractual limits, the assistance of people in difficulty whilst travelling outside their home country. Home country means the country of the passport of the foreign insured party or the place of habitual residence in Switzerland of the Suisse insured party.
2. Under the condition of being notified as soon as possible and having the objective possibility, SIA will make aid immediately available for the beneficiary of the insurance contract when he finds himself in difficulty following an accidental event, within the cases and conditions outlined in the contract. The supply of urgent aid does not influence the financial decision making according to the «WORLDWIDE TRAVEL SAFE» specific insurance conditions.
3. The assistance could consist of benefits in cash or kind. The benefits of ancillary coverage aim to implement principal coverage.

3.3.2 Ancillary coverage: cost of medical treatment

MGEN covers medical fees, including those which are linked to hospitalisation, brought on by a sudden illness or an accident which has occurred during the insured party's travel outside his home country or habitual residence.

3.3.3 Ancillary coverage: School trip cancellation

In case of cancellation of school trips such as extracurricular activities scheduled at the beginning of the school year and proposed by the educational institution, the expenses incurred for cultural trips, excursions, sports camps in territories are concerned, such as defined in Article 3.1. below.

3.3.4 Ancillary coverage: Trip interruption

In the event of the interruption of organised trips, INSURER will reimburse the non-consumed services which the student cannot ask for a refund from the package tour organiser.

3.3.5 Ancillary coverage: Plane delay

SIA indemnifies the insured for expenses resulting from a flight delay, including hotel, airport or terminal transfer fees, meals, and refreshments, within the limits of the contract.

3.3.6 Ancillary coverage: Luggage delay

In the event of a delay in receiving his luggage, the insured party will be compensated for emergency, essential purchases by SIA.

3.3.7 Ancillary coverage: Loss or theft of luggage

SIA will reimburse the insured party who is not responsible for the burglary and theft, loss or damage of an item of luggage.

3.3.8 Consecutive claims following catastrophes or natural events

All consecutive claims resulting from catastrophes or natural events which have occurred in the 168 hours from the onset (e.g. tsunamis, floods, volcanic eruptions and volcanic ash obstructing air space, landslides, tornadoes, cyclones and similar manifestations) are grouped together in the same claim, independently of the number of insured parties affected. When the amount of compensation goes beyond the maximum limit outlined in the policy, the claim payments will be made on a prorate temporis basis for each insured party who qualifies for compensation.

4 ASSISTANCE CONDITIONS

4.1 THE COUNTRY OF PROVENANCE, DESTINATION, COUNTRY OF STAY AND TERRITORY COVERED

1. According to the current insurance conditions, the country of provenance includes the country or countries where the insured party:

- has his legal home; and
- was a long-term resident before travelling to his destination; and
- the state or the states in which he is a citizen (nationality).

2. The destination is the place in which the insured party intends to travel to during his trip.
3. For the purposes of the present insurance conditions, the country of stay is the state in which the insured party is allowed to reside for a certain amount of time to exercise there one of the activities (studies, research of employment, etc.).
4. The territory is the geographic or political zone, that is defined by the contract, which displays the contractual effects, and inside which the destination and country of stay will be found.
5. The covered territory is outside a radius of 25 km (incl.) as the crow flies, calculated from his address of provisory or permanent residence and thorough the world during the travel of the insured.

4.2 SIA CONDITIONS

Assistance is offered under the following conditions:

a) Rescue and lifesaving

1. In the event of a disaster, SIA will pay part of the search and/or rescue charges by the competent authorities involved. The fees for rescue and recovery will be taken care in the following cases:

- Rescuing an injured person;
- Searching for someone who is lost when his disappearance is following an accident, for as long as required, according to the circumstances and his life expectancy and hope of finding him alive.

- Rescuing someone who has not been injured due to an abnormal external factor (falling into the crack of a glacier) but is susceptible to have health problems, and when the insured party is not able to break free himself. Exhaustion, loosing sense of direction or bad meteorological conditions alone, are not included in the coverage.
- Recovering the body of a deceased insured party;

2. However, fees to find the body of a deceased person who is insured will not be compensated for.
3. Use of a helicopter is covered when all other means are unreachable or difficult to reach (especially in the mountains) or when time plays a definitive role.
4. If the case does not fall under the previous category, as a general rule, a usual means of transport will be sufficient, when road conditions are normal.
5. It is the responsibility of the rescuer to judge the reasonable course of action to take (according to the technical problems that the recovery causes, its nature and the gravity of the injury, the route that needs to be taken for the transport etc.). Thereon, it is necessary to take into account that a lay party is not always in a position to judge the nature and gravity of the injury.

b) Medical evacuation and repatriation

1. Once the state of the insured party, victim of a sudden illness or accident, requires it and the doctors in charge give their opinion, SIA will organise and take care of the evacuation of the insured party to the nearest hospital centre. SIA will cover the charges in the event of a medical evacuation.
2. Once the state and situation of the insured party, victim of a sudden illness or of an accident, if need be and under the condition that the authorised doctors agree, SIA will organise and cover the charges for the repatriation of the insured party.
3. Failing this, repatriation flights are covered when medical treatment is insufficient abroad and it needs to be carried out in the home state of the insured party, unless the latter or his next of kin opt for repatriation to his habitual residence. The choice and suitable mode of transport (air, ground or by boat) will be decided by SIA, who will reasonably cover the costs of the repatriation which have been used for transport.
4. Medical evacuation assistance and/or, if necessary, the repatriation will only be provided through the agreement of SIA's medical service, in close collaboration with the attending doctor or doctors in the place of stabilisation.

c) Repatriation of the human remains.

1. In the event of death of the insured party during travel or stay, SIA will organise the repatriation of the human remains from the place of death to the place of burial in his home state or habitual residence. The repatriation will be carried out in conformity with national legislation and the international conventions and under the condition that the transfer is reasonable.
2. SIA will cover the transport costs of the human remains up to the maximum limit. SIA will take care of all the necessary formalities for the transportation of the human remains.

3. When it is absolutely necessary to make the transport possible, SIA will cover the following costs until the maximum amount is reached in the table of coverage, the cost to preserve, handle, put the body in a coffin, specific transport needs, preservation treatment which is compulsory by law and conditioning and the cost of the simplest coffin, which is in accordance with the transport provider and conforms to the local and international legislation. The following are explicitly ruled out: burial costs, embalming and the funeral ceremony or other.

d) Medical assistance

During his evacuation, if necessary, his repatriation, the insured party is supported and assisted by medical personnel and/or by paramedics who are specialised in his state, selected by SIA doctors.

e) Remote medical advice

When the insured party requires remote medical advice, SIA will supply it, under the costs of SIA, with a qualified independent doctor to respond to questions linked to his health state. The opinion given by the doctor and the consequences of this advice are unrelated to SIA.

f) Advice from local specialist doctors

If a first exam reveals that the insured party is found in a critical state and that this state needs specialist intervention, SIA will communicate with the insured party, on his request or that of the doctor who is treating him in the place of the incident, the name of the doctor of this specialism, provided there is one in the region where the insured party is found and for this reason SIA will not take any responsibility for the medical act carried out by the named doctor and any possible consequences.

g) Sending urgent medication

SIA will organise and cover the cost of sending medication required for the insured party's treatment if they are not available in the country where the incident takes place if they are available in Switzerland and their usage is authorised in the place of their usage. The cost to send medication will be covered by SIA.

h) Sending urgent messages

SIA will cover the cost of sending urgent messages on behalf of the insured party to any person identified by him, who is found in his state of residence or place of habitual residence when he is not able to get in contact with the desired person of his own accord.

i) Repatriation of other insured parties in the same incident

EVASAN will organise and cover the costs of repatriation of all the insured parties affected by the same incident who cannot return using the mode of transport initially booked, for all the insured people who are insured by SIA.

j) Covering travel for next of kin

When the insured party must be hospitalised for at least 7 days before his evacuation or repatriation, SIA will organise and cover costs for return travel in economy class for a next of kin to travel to the place of his hospitalisation. The costs of stay of the next of kin are covered by the latter.

4.3 EXCEPTIONAL CIRCUMSTANCES

1. The transportation of people (notably airlines) are likely to oppose travel for people suffering from certain illness, pregnant women, the applicable restrictions until the start of travel, and may need to be modified without notice (for example: medical exam, medical certificate, etc.). Therefore, the repatriation of these people can only be carried out when the transport provider has not refused, and evidently, in the absence of unfavourable medical advice in regard to the health of the insured party or expected child.
2. When it is expected that the insured party will have to stay in a foreign hospital, distanced from his homeland (for ten days or more) and that the costs of the transfer are permissible and are not disproportionate in regards to the circumstances, the transfer costs can also be settled under exceptional circumstances, taking family ties into consideration.

4.4 SPECIFIC COVERAGE EXCLUSIONS

In addition to the exclusions and limitations outlined in the INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE» COVERAGE is excluded from the insurance coverage, and no compensation is due by SIA, in the following situations and their consequences:

a) When the insured party abusively requests for the organisation for his evacuation or repatriation when suffering from an ailment or mild disease which could be treated in loco and which would not have stopped him from carrying on the travel or the stay;

b) Travel costs or transport costs encountered through requests from the patient or because of family ties - which are not outlined in the medical plan - will only be taken into account in exceptional circumstances.

c) Consecutive accidents with symptoms of epilepsy and malaria;

d) The removal and transplantation of organs, tissues or cells;

e) The consequences of taking medication that has not been prescribed by a doctor;

f) Running away and kidnapping;

g) Taking part in sport at a professional level or in the form of an official competition organised by a sport federation and for which a license is issued, as well as training at competitions;

h) Non-observance of official prohibitions, as well as disrespect for the official rules of safety, linked to the practice of a sporting activity and/or hobby;

i) The practice, of a motor sport at any level;

j) The use of motorbikes of 49 cm3 and more;

k) Any form of hunting;

l) When the insured party intends to move to the area where the claim occurred (seeking asylum, marriage, family reunification, etc.).

m) The cost of a meal in a restaurant as well as fees linked to excessive weight of luggage during repatriation by plane and the customs fees will not be covered by SIA.

5 EMERGENCY MEDICAL FEE CONDITIONS

5.1 MGEN CONDITIONS

1. MGEN will cover the costs for medical fees, as well as compulsory or complimentary medical insurance, relative to refund the treatment fees and hospitalisation brought on by an accident or a sudden non-pre-existing illness which has occurred during the insurance holder's travel outside the state or states where he is a citizen (nationality), sustained up to the amount of cover outlined in the insurance policy. The amount covered for urgent dental assistance is not greater than the amount outlined in the insurance policy.
2. The coverage extends to cover care on the territory of Worldwide.
3. During the first month of stay in a country situated outside Europe, the coverage shall be valid only for the costs arising from an accident or illness of an emergency nature provided that the treatment has been performed by a doctor, generalist, or specialist, or that the hospitalization was necessitated by the direct cause of the urgency and that it intervenes within 24 hours.
4. If the stay needs to be prolonged longer than a month because curative treatment is necessary, after agreement from MGEN, the coverage remains valid as long as the insured person cannot complete his return journey without putting his health in danger. The coverage cannot however be extended by more than another month.

5.2 DEDUCTIBLE

1. Compensation from MGEN is subject to deductible of given amount of money in the insurance policy.
2. When an incident is covered, MGEN will directly refund the policyholder the assistance (other persons), the insured party will need to transfer an amount equal sum to the deductible of assistance or any other service. If MGEN needs to reimburse the insured party for medical fees that they have already settled (other persons), they will transfer the sum due minus the sumo d the deductible.

5.3 SPECIFIC COVERAGE LIMITATIONS

1. In addition to the exclusions and limitations outlined in the INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE»COVERAGE, MGEN reserves the right to refuse the use of their services in the following cases:

a) Health checks, tests, and other medical investigations, as well as any treatment being undertaken by the insured parties, their doctor or the hospital establishment where they have been admitted, that has not been approved by the doctors at SIA.

b) Any treatment and any service supplied by the insured party's family member or next of kin are not covered;

c) Spontaneous consultations with specialists;

d) Treatment of symptoms that were not caused by the pathological state which was diagnosed;

e) Treatment of a pre-existing health condition as well as the consequences or complications;

f) Treatment of symptoms of an illness or ailment that is developing, that require medication, medical treatment or a consultation before the effective date of the contract or start of the insured period;

g) Costs which have resulted from an untreated illness or accident at the time of departure;

h) Psychical, psychological or psychiatric illnesses, as well as their symptoms and consequences;

i) Consequences of a disease that is being treated and needs a recovery period;

j) Conditions occurring during a trip for the purpose of diagnosis and / or treatment;

k) Costs resulting from medication or treatment where the therapeutic nature is not recognised by Swiss legislation.

l) Consequences of infectious risk situations declared in the context of an epidemic, exposure to infectious biological agents, chemical agents, debilitating, neurotoxic, when the consequences result in quarantine organised by local and/or national health authorities of the destination country and/or travel company.

m) Hospitalisation fees incurred from the day when SIA is able and has the right to carry out the repatriation of the insured party.

n) The acquisition of non-prescribed medicine by the insured party by a doctor that has been approved by SIA.

o) Costs of contraception, voluntary termination of pregnancy and of childbirth;

p) Costs related to implants, prosthetics, apparatus and optical devices (glasses, contact lenses, etc.);

q) Operations of an aesthetic nature;

r) Costs of re-education, physiotherapy and chiropractic, spa treatment and thalassotherapy.

s) Costs to buy a vaccination and for the vaccination to be performed;

2. Furthermore, the insured party is not covered when taking a trip in the following situations:

a) Dismissing medical advice;

b) After being diagnosed with a terminal illness;

c) Travelling with the intention of receiving medical treatment for a pre-existing health condition;

d) During an illness or when he is unable to work;

e) During pregnancy beyond the 6th month;

f) When a doctor has prescribed an operation which has never taken place before.

6 SCHOOL TRIP CANCELLATION CONDITIONS

6.1 SIA CONDITIONS

1. Under the condition that the insurance policyholder has settled the corresponding premium and that he has subscribed to this insurance contract for «WORLD WIDE TRAVEL SAFE» coverage on the date of booking the trip which has been supplied by the educational institution, and the day before cancellation fees are applied by the general conditions for selling the tour package, SIA will cover the refund of the costs of travel and extra-curricular

stays in a maximum of 30 days following the request to cancel the trip. The insurance takes effect from the effective date of the contract and expires at the moment of departure of the school trip. The purpose of the cancellation insurance is to obtain reimbursement of the expenses retained by the tour operator.

2. The right to compensation assumes the existence of a valid travel contract, which has been authorised by a travel agency, package holiday organiser or a transport operator. SIA will cover the costs incurred to cancel the trip on the date of the event to initiate the coverage, conforming with the General Conditions of the sale of travel and accommodation, with a maximum amount and deductible outlined in chapter 2 INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE»COVERAGE as well as in the «WORLDWIDE TRAVEL SAFE» Table of Coverage.
3. The refund of the cancellation fees (excluding the administration fees from the travel agency, package holiday operator or transport provider), will be carried out within the following conditions below:
   a) Cancellation must be reported before departure; and
   b) It must occur after the event, after the contract has been started, for one of the reasons mentioned.
4. The insured party will be reimbursed up to the maximum amount outlined in the «WORLDWIDE TRAVEL SAFE» Table of Coverage after the applicable deductible has been deducted. In all cases, the indemnity cannot exceed the fixed amounts outlined in the table of coverage.
5. Administration fees and the insurance purchase cannot be refunded.
6. If necessary and if authorised by SIA, the alternative travel document can only be issued to the insured party by SIA.
7. SIA reserves the right to assess the extent of the event which has caused the cancellation of the trip.
8. Cancellation insurance does not cover any of the financial losses of airlines, in any case, in the event of flight cancellation.

6.2 DEADLINE FOR THE CONCLUSION OF THE POLICY AND INSURANCE TAKING EFFECT

1. Except for a derogation granted by SIA, the cancellation insurance must be concluded in accordance with the General Conditions of sale of the travel agency, under the condition that the insured party has paid the corresponding premium and has agreed to the present insurance contract on the date that the trip was booked or, at the latest, the day before the enforcement of proposed penalties in the general conditions of sale of the trip. Several cancellation schedules exist. Here is for example the scale of the FSV (Swiss Travel Federation) regularly applied by travel agencies:
   - more than 30 days before the departure: 50 € of expenses of files per person.
   - between 30 days and 21 days before departure: 25% of the amount of the trip.
   - between 20 days and 8 days before departure: 50% of the amount of the trip.

- between 7 days and 2 days before departure: 75% of the amount of the trip.
- the day before departure: 90% of the amount of the trip.
- the day of departure and in case of no show: 100% of the amount of the trip

2. If the start of the insurance coverage started after the appearance of the event which caused the trip to be cancelled and to the knowledge of the insured party, the insured party will not be compensated.
3. Organized trips in Switzerland must be at least 25 km from the educational institution and are only covered if the insured party made an advanced purchase of air, train, sea travel, at least one night in a hotel, motel, holiday resort, B & B, camp site or any other related form of accommodation that can be rented for payment.

6.3 INSURED EVENTS FOR TRIP CANCELLATION

The insured party will be compensated if he has to cancel his trip because of the following reasons:

a) Death or serious accidental injury of the insured party, of his partner, father, mother, brothers and sisters.

b) Illness or unexpected aggravation of a serious illness already declared by the insured party;

c) Pregnancy complications before the sixth month of pregnancy if the nature of the trip is incompatible with the state of pregnancy, on the condition that the insured party was not aware of his condition when he booked the trip;

d) Being called to participate in a legal proceeding during the trip and found out after having reserved the trip and on the condition that a referral or dispensation request has already been refused in writing by the authorities;

e) Receiving an official urgent invitation to engage in military action which would be carried out during the trip and under the express condition that the insured party did not have knowledge of the date at the time of booking the trip or the start of the present insurance policy and received the invitation after reserving his trip.

f) In the event of an attack or natural catastrophe occurring in the destination;

g) Epidemics, pandemic, strikes, wars, and any other form of disruption to public order at the place of the destination which makes it impossible or inadvisable to travel by the authorities in the place of departure or destination because of the danger to human life, bodily integrity or the safety of the insured party.

h) Prohibition to enter the territory of the visited state, when all necessary procedures have been completed within the required time and under the terms required by the authorities of this state.

6.4 MAXIMUM COMPENSATION COVERAGE AND DEDUCTIBLE

SIA will refund the insured party as outlined in the Table of Coverage «WORLDWIDE TRAVEL SAFE» after the applicable deductibles have been deducted.

6.5 SPECIFIC COVERAGE LIMITATIONS

In addition to the exclusions and limitations outlined in the INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE» COVERAGE, SIA reserves the right to reject compensation claims in the following cases:

a) Cancellation caused by the hospitalisation of a person at the time of making the reservation or the subscription of the contract;

b) Pregnancy complications when the person who is pregnant is more than 6 months pregnant at the time of departure;

c) An illness needing physical or psychotherapeutic treatment, including depression and anxiety which has not needed a minimum of 5 days of hospitalisation from the date that the trip was cancelled;

d) Forgetting a vaccination;

e) Epidemics in the departure country;

f) Any event which can jeopardize the safety of the insured party during the planned trip and when travel to the destination is not recommended by the federal department of foreign affairs (DFAE) (https://www.eda.admin.ch);

g) A decision taken by airport authorities, civil aviation authorities or any other authority when an announcement is made 24 hours before the date of departure of the insured party;

h) Events occurring between the reservation date of the trip by the insured party and the date of signing the present contract;

i) Missing a flight on which the insured party had a confirmed reservation regardless of the reason;

j) The non-admission of not arriving more than one hour before check-in to register bags or/and other services;

k) Accidents resulting from the practice of hazardous activities when the standard regulations in regards to safety are severely violated. These can be considered as hazardous activities as well as other activities started without taking into consideration the precautions to lower the risks to a reasonable level.

l) Not being able to present important travel documents for whatever reason, such as passport, visa, transport tickets, vaccination certificates, except in case of theft of the passport or identity card on the departure date;

m) Illnesses, accidents which have been already diagnosed and have relapsed or dramatically worsened or hospitalisation between the date the trip was purchased and the start of the present contract;

n) Accidental or pathological consequences, brought on by the disintegration of the atomic nucleus or by ionizing radiation; However, the insured party will remain covered by lesions caused by treatments based on radiation or radiation resulting from the misuse or malfunction of a device used by someone part of the medical profession or as a consequence of a treatment in which the insured party was subjected to following an insured claim;

o) Psychological, mental or depressive illness without hospitalisation, or resulting in hospitalisation lasting less than 3 days;

p) Cancellation due to events in the insured party's family life or private life, during school holidays, work experience being carried out by the insured party in an industrial, commercial, agricultural or administrative company or organisation;

q) Cancellation, late departure or an interrupted journey due to insolvency or bankruptcy of the travel provider, his inability to organise the trip and, more generally, any reason which they are accountable for;

r) Costs resulting from trip cancellation, by a transport provider or travel agency or tour operator, because of the onset of a natural catastrophe or another event, or public disorder of any form in the destination place;

s) Cancellation, late departure or journey interruption as a result of an event or disease already known or should have been reasonably known at the time of the subscription of the policy;

t) Reservations and package holidays when the cancellation deadline is subject to fees accrued already, at the start of the insurance contract;

u) The increase by the travel supplier of the prices indicated on the list of prices communicated to the insured;

v) Trip interruption during the first two days of the trip;

w) The extension of the stay beyond the date originally scheduled for the return to compensate for the late departure;

x) Administration fees, visas or the insurance fees are not refundable;

6.6 DUTIES OF THE INSURED PARTY

1. To be able to benefit from the services of SIA, the insurance policyholder or the beneficiary must promptly advise the travel agency in writing, as well as SIA within 5 working days following an event resulting in a claim mentioning the cause of the incident, starting time and whether they are going to continue his journey.
2. The notification sent to SIA must be supported with all necessary documents which identity the factors and conditions leading to the event, such as:

   a) Insurance contract number or insurance policy or the insurance certificate;

   b) Original cancellation bill from the travel agency and/or cruiser organizer;

   c) Original receipts of costs caused by a delayed departure, interrupted trip or cancellation;

   d) In the event of illness or accident, a medical certificate specifying the cause, nature, gravity and foreseeable consequences of the illness or the accident, as well as a copy of medical prescriptions with the receipts from the pharmacy or tests and physical exams. It is imperative that the medical certificate is attached and is marked as confidential and is addressed to SIA's medical officer. In this respect, the insured party must allow the doctor to break medical confidentiality in regards to the Medical officer. On pain of forfeiture, the insured party initiates the processing of the claim, he must send all contractual documents mentioned, without these, it cannot be processed, apart from in the event of major force,

or something that would prevent him being able to be supplied as evidence. If the insured party goes against this without a valid reason, his right to a claim may be withdrawn by SIA.

e) Attestations and convocations by the police, law or administrative authorities;

f) Tickets and other travel documents;

g) Parts of travel documentation (contacts, reservations, etc.);

h) In the event of pregnancy complications, a photocopy of the pre-natal exam and photocopy of sick leave document;

i) In the event of death, a certificate and a justification of the family relationship (copy of Civil Status);

j) In other cases, any supporting documents;

k) In the event of an accident, the insured party must mention the causes and circumstances and provide the names and addresses of the people responsible and any possible witnesses.

7 INTERRUPTED SCHOOL TRIP CONDITIONS

7.1 SIA CONDITIONS

In the event of interruption of compulsory or optional school trips scheduled at the beginning of the school year and organized by the educational institution, fees for off-campus mandatory excursions and expeditions and all weekend activities, SIA will reimburse any non-consumed expenses that the student cannot ask to be reimbursed, the replacement or compensation when it is necessary to organise the return of the student to his Swiss address or to the dormitory of the educational institution where he studies as a result of the sudden illness, bodily injury, death of student, his parents, his financial sponsor.

7.2 INSURED EVENTS

1. Any student who must interrupt the trip must inform SIA who will transfer the calculated indemnity on a prorata temporis basis for the duration of the missed trip and on the basis that the insurance sum agreed to, but within the limits of the maximum amount per person and per event, regardless of the number of people who are travelling together. The departure and return dates are counted as days of the trip completed by the student.
2. No compensation will be given if a participant has to return after violating internal disciplinary rules or engaging in illegal activities in the country of his stay.
3. SIA reserves the right to withdraw the insured party's right to compensation in the event of an interrupted trip/stay if it happens after the trip is interrupted in the 2 days before this.

7.3 DUTIES IN THE EVENT OF CLAIM

1. Student or his beneficiaries must:

   a) Inform SIA, of the claim in writing, within 5 working days at the latest. Beyond this time frame, the insured party will no longer have the right to compensation, if the delay is inconvenient for SIA.

b) Send SIA all necessary documents to compile a file and proof, as well as evidence and the amount of the claim.

2. In all cases will be systematically requested to the student: the originals of the detailed invoices of the tour operator showing terrestrial services and transport services.
3. Communicate all necessary medical information with EVASAN medical advisors on request for the file.

7.4 SPECIFIC COVERAGE LIMITATIONS

In addition to the exclusions and limitations which are covered in the INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE»COVERAGE, SIA reserves the right to withdraw their services in cases where the trip is interrupted after the following:

a) Aesthetic treatment, courses, voluntary termination of pregnancy and its consequences;

b) Prolonging the trip beyond the original return date with a view to compensate for the late departure;

c) A psychological, mental or depressive illness without hospitalisation or hospitalisation for less than 3 days in the country of stay;

d) Civil or foreign war, riots, uprising, strikes, acts of terrorism, hostage taking, sabotage, radioactivity, any event that has resulted from nuclear or anything caused by any source of radiation in the departure country, transit country or destination;

e) Missing a flight on which the insured party has a confirmed reservation, regardless of the reason;

f) The non-admission of not arriving more than one hour before check-in to register bags or/and other services;

8 MISSED DEPARTURE AND PLANE DELAY CONDITIONS

8.1 CALCULATING COMPENSATION IN THE EVENT OF A MISSED FLIGHT

1. In the event of a missed flight or train at the start of a trip, for whatever reason, except in the event of a timetable change by the transport provider, EVASAN will refund the purchase of a new ticket up to 80% of the initial sum of the flight (transport service for only the same destination and by the same means of transport initially purchased), provided that the insured party leaves within the following 24 hours or by the next available flight;
2. If the insured party misses his departure because of a delay in public transport which was due to a mechanical problem because of bad weather, a road accident, a road closure by the police, you may be entitled to compensation if:
   a) The non-refundable and non-used part of your travel reservation was paid in advance.
   b) The cost of a single plane ticket in economy class gives you a more direct route to reach your next destination or port of call; or
   c) The cost of a single plane ticket in economy class by a commercial airline gives you a more direct route to get back to your original place of departure;

d) The cost of accommodation, restaurants, phone calls and necessary taxi costs encountered because of the delay will be refunded up to € 100.- per day and per insured, until the maximum amount of € 500.- per event. The original receipts must be submitted with the claim request.

3. If the insured party misses his connection due to a change by the airline, on which the insured party is registered and insured, regardless of the part of the trip impacted, the insured party could be entitled to compensation for the following:

   a) The cost of a single plane ticket in economy class by a commercial airline to allow for a more direct route to reach his connection; or

   b) Costs linked to a ticket which has been charged and billed by an airline, or within the limit of € 500.- for the cost of a one-way ticket in economy class, from a commercial airline to be able to make a more direct journey to the place of arrival or departure.

   c) The cost of accommodation, restaurants, telephone calls and possible taxi fares encountered because of the delay, up to € 100.- per day and within limit of € 500.- per person. The original receipts must be included in the claim request.

8.2 PLANE DELAY CONDITIONS

1. Following a plane delay lasting longer than 6 hours from the initial scheduled time, SIA will compensate the insured party up to the maximum limit outlined in the Table of Coverage. This coverage is valid on all regular single and return flights from airlines whose schedules are published.
2. Compensation is not cumulative in the event of delay on the scheduled flight and the return flight. This coverage does not apply if the insured is transferred to another company within the originally scheduled times or on another flight than originally planned.
3. The coverage comes into effect from the date and time indicated on the plane ticket and expires upon arrival at the destination airport.

8.3 DUTIES IN THE EVENT OF A CLAIM

The insured party must:

a) Complete and / or have a declaration of delay stamped by a competent person from the airline on which the insured person is traveling or by a competent person from the airport;

b) Send SIA, the following documents within 7 days upon his return:

- A completed declaration of the delay
- A photocopy of the plane ticket,
- A copy of the receipt of the insured ticket and boarding pass.

8.4 SPECIFIC COVERAGE LIMITATIONS

In addition to the exclusions and limitations outlined in the INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE» COVERAGE, SIA reserves the right to withdraw the insured party's right to compensation in the following situations:

a) civil or foreign war, riots, uprising, strikes, acts of terrorism, hostage taking, sabotage, radioactivity, any event that has resulted from nuclear or anything caused by any source of radiation in the departure country, transit country or destination;

b) Any event that endangers the safety of the insured person during the journey when the destination is not recommended by the Federal Department for Foreign Affairs;

c) A decision by the airline authorities, civil aviation authorities, or any other body who has made an announcement 24 hours before the departure date of the insured party;

d) Events occurring between the reservation date of the trip by the insured party and the date of signing the present contract;

e) Missing a flight on which the insured party has a confirmed reservation, regardless of the reason;

f) The non-admission of not arriving more than one hour before check-in to register bags or/and other services.

8.5 DELAY RETURN DUE TO AN IMPEDIMENT

1. If, because of a major force or any other serious and possible disruption, the insured person needs to show proof that he is not in a position to return to his home state or habitual residence on the date scheduled (and inside the insured period), SIA can make the maximum sum outlined in the table of coverage, available in advance, to cover all or part of the costs resulting from the involuntary prolongation of his stay abroad.
2. The insured party undertakes to repay this advance to SIA within 30 days following his return to his domicile.

9 COVERAGE CONDITIONS FOR LUGGAGE DELAY

9.1 SIA CONDITIONS

SIA will compensate the insured party up to the maximum amount outlined in the policy for the following events occurring during the trip:

a) Purchase of emergency and necessary goods as well as clothes and toiletries, in the case when the checked-in luggage is put under the responsibility of an airline which the insured party is carrying out insured travel with, arrives at the airport more than eight hours after the arrival time of the insured party.

b) Compensation is doubled when the insured party is not in possession of his luggage within 48 hours after his arrival at the airport. This sum will be settled subject to deduction of the indemnity that the insured party would have received for a delay as specified above.

9.2 SPECIFIC COVERAGE LIMITATIONS

1. In addition to the exclusions and limitations outlined in the INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE» COVERAGE, SIA reserves the right to withdraw the insured party's right to compensation in the following cases:

a) Delays caused by non-standard flights (e.g. 'charter'). Only standard flights from airlines, of which their timetable is published, are applicable for compensation. In the event of any dispute, the 'ABC World Airways Guide' will be referred to, to determine the flight time and connection times.

b) If the delay occurs when the insured party has arrived home or in his habitual residence;

c) If, within eight hours from the moment where he becomes aware of the plane delay or of the loss of his luggage, the insured party does not fill in the declaration required from the airline;

d) In a case where luggage is confiscated or requisitioned by the customs services or governmental authorities.

2. Also, SIA is free from granting compensation for the following items:

a) Items which are necessities, clothes and toiletries which would have been purchased more than one day after the effective time of arrival at the destination airport;

b) Items which are necessities, clothes and toiletries which would have been subsequently bought upon reception of the luggage from the transport provider.

10 COVERAGE CONDITIONS FOR LUGGAGE AND PERSONAL BELONGINGS

10.1 SIA CONDITIONS

On the condition that the luggage has been entrusted to a public transport company throughout the entire duration of the journey, SIA will indemnify the insured party the amount outlined in the policy for the following events occurring during travel for the duration of the insurance policy less deductibles outlined in the Table of Coverage.

Events which would be grounds for compensation are the following:

a) Robbery, simple theft and break-in robbery minus the deductible indicated in the table of coverage;

b) The deterioration, total or partial destruction, including damage caused by the force of nature minus the deductible outlined in the table of coverage;

c) Loss en route by the transport provider who is duly authorised; Compensation is calculated based on the purchase price, minus depreciation. The maximum amount of compensation for one, a pair or all items, is indicated in the Table of Coverage. The maximum total amount that SIA will reimburse for all the items of a value equal to the maximum limit for valuable items in the Table of coverage.

10.2 CALCULATING COMPENSATION

1. In the event of total loss, SIA will compensate the insured up to the amount defined in the Table of Coverage and subscribed in the policy. Compensation relates to the market value of luggage or item, minus its depreciation. The latter is calculated based on the purchase value minus the depreciation or simple usage, calculated as follows:

a. The 1st year: 40% of the purchase value.

b. From the 2nd year + 15% extra per year with a maximum of 60% of the purchase price of the good.

2. In the event of partial damage, the depreciated value will be calculated before, minus 10% per year starting from the purchase date.
3. For all valuable items, compensation is limited to 50% of the insured value.
4. Cash and travel documents are insured only in the event of theft and up to 20% of the insured sum, but with maximum of € 1'000.- for cash and € 1'500.- for travel documents.
5. Administrative documents such as passports, identity cards, driving licences are covered for the cost of reconstitution up to the maximum amount of € 800.- per year of insurance.
6. In the event of theft or loss of credit cards and mobile phones, SIA will organise the blocking of these items to the expense of the insured party. Replacing these items is not covered.
7. The coverage can be obtained under the condition that travelling does not exceed 183 days per year. Trips to Switzerland must be at least 20 km away from domicile or educational institution and are only covered if the insured has booked beforehand travel tickets and at least one night in a hotel, motel, a holiday centre, bed and breakfast, camping or any other related form of accommodation that can be rented for payment.
8. The coverage takes effect from the time that luggage is checked-in by the transport provider or when keys are handed back at a rental or bedroom. It expires upon return once the luggage is collected by the insured party from the transport provider or keys are picked up from a rental or bedroom.
9. Luggage encompasses travel bags, suitcases, personal effects and items excluding clothing which is being worn by the insured party.
10. Valuable items, as outlined below, are also included in the insurance, but only in the following conditions:
    a) Jewellery, items made from precious metal, pearls, precious stones and watches are insured only against theft and only if they are put into the safe in a hotel or are being worn by the insured party;
    b) Photographic material (excluding mobile phones), film, radio, sound or image recording or production equipment as well as their accessories, are only insured against theft and only when they are being worn or used by the insured party.

10.3 SPECIFIC COVERAGE LIMITATIONS

1. In addition to the exclusions and limitations of the INSURANCE CONDITIONS SPECIFIC TO 'TRAVEL AIR BAG' COVERAGE, SIA reserves the right to withdraw the insured party's right to compensation for incidents involving the following items:
    a) Luggage and personal belongings during transportation by a transport provider, airline or business covered by a public liability insurance;
    b) Documents which are videotaped, microchip supported, alarms, information, telephone or personal material, keys, pens, lighters, bikes, trailers, caravans and, more generally, transport engines, glasses, contact lenses, hearing aids, medical or dental appliances, cosmetics, perfumes, antiques, art or collector items, musical instruments, deeds, manuscripts,

investment securities, perishable goods, bicycles, sports equipment and luggage damage (only if the luggage is totally unusable following an incident);

c) Damage as a result of a powder or liquid spillage which was being transported in the personal belongings or luggage;

d) Compensation requests following a loss, theft or damage of personal items when they have been sent as freight or bill of lading;

e) Compensation requests for which the insured party cannot produce original receipts, proof of ownership or a valuation from an insurance company (enlisted before the incident) if the items are lost, stolen or damaged.

f) The loss, theft or damage of professional goods, samples, work tools, mechanical accessories or other items used for studies;

g) Valuable items which, outside the period of use, are not stored in a locked place;

h) being placed in a safe closed with a security key; 'Beauty cases' or 'brief cases' as well as jewellery boxes are not considered safes;

i) All items, including souvenirs, acquired during travel;

j) All items left inside a vehicle, even if it is locked.

k) Cash and traveller's checks are covered up to the maximum limit of € 1'000, -.

l) Petrol coupons, stamps, samples, merchandise, tickets for a show or event.

m) Items left for even a short time in an accessible area to everyone, outside the direct line of sight of the insured party;

n) Objects whose type of custody is not commensurate with their value;

o) Damage made to items left to everyone, without surveillance, lost, misplaced, that the insured party has left or have been damaged through neglect;

2. Also, SIA reserves the right to grant compensation in the following cases:

a. Confiscation or retention of luggage by customs, administrative or police authorities;

b. Damage due to smoking accidents, wet or leakages, due to normal wear and tear and inherent flaws in the insured item;

c. Damage caused by insects, other animals or other climatic conditions;

d. Indirect damage, such as deprivation, fines.

10.4 DUTIES OF THE INSURED PARTY

1. To be able to benefit from compensation from SIA, the insured party must send a notification in writing with the following supporting documents in the first instance for a claim:

a) Ask for an original copy of an attestation from competent services explaining the cause (police report, confirmation from the airline);

b) A case record which includes the incident number, registered with the police authorities within 24 hours of the onset of the incident;

c) Proof of withdrawal of money from the bank;

d) Original receipt of the costs to repair the item along with the price of the original purchase;

e) In any case, the original receipt must be registered to the name and address of the insured party, along with the date and price of purchase;

f) The declaration of loss or replacement request for administrative documents such as ones released from local consular officials;

g) Travel advice provided by the federal department for foreign affairs (DFAE) regarding risk destinations must be observed by the insured party, especially in regards to the precautions to take.

h) The insured party must make SIA aware of any damaged items if they are entitled to compensation.

i) Proof of property or valuation by an insurance company (which was enlisted prior to the incident) if the items are lost, stolen or damaged;

j) Report of inconsistent damage, transport or check-in ticket in the event of luggage being lost, misplaced or damaged;

k) Damage report with detailed and numbered inventory;

l) Witness reports.

m) Copy of the claim in writing presented to the hotelier, depositary or transport provider about the affected item;

n) Original receipt of the reparation costs;

o) Original receipt of acquisition of the affected item which includes the date and price; Receipt of foreign exchange transaction for the acquisition of foreign items.

2. If the insured party retrieves all or part of his stolen or lost items, they must inform SIA immediately, regardless of when this takes place:

3. If the items are retrieved before the compensation is paid, the insured party must take possession of these items and SIA will compensate the damage if there is any.

4. If the items are retrieved after the compensation is paid, the insured party can decide if he would like to keep them and refund the compensation to SIA, minus the damage or loss. The insured party will have 15 days to make this choice. After this time, SIA will assume that the insured party has opted to neglect.

5. Affected goods that are refunded by SIA become the property of SIA.

11 ADMINISTRATIVE ARRANGEMENTS

11.1 CALCULATING TIME LIMITS

1. The deadline which is set per day does not include the day which it starts from.

2. The deadline which is set per month or per year expires at midnight of the corresponding calendar day which it starts from; If there is not a corresponding date the next month, the period will expire the last day of the month.

11.2 COMMUNICATIONS ET NOTIFICATIONS

1. Notifications sent to SIA, must be also sent in writing.
2. Agents, brokers, and other insurance intermediaries are not able to receive these notifications, which are considered as not received from SIA.
3. If the policyholder or the insured party does not inform the SIA contract administrator of the contract registered in the insurance proposal of a change in address, a declaration of intention is sufficient for validity from the contracting party, if it is sent to the last address registered for the policyholder or insured party. This declaration takes effect from the date which it is addressed, reaching the contractual party if there has not been any address change.

11.3 INSURANCE PREMIUMS AND REFUNDS

1. Collecting payment for the insurance premiums by the insurer is an essential element of the contract, regardless of the method of payment.
2. Insurance premiums can be paid in advance. The insurance premiums are annual. They are billed from the date when the coverage takes effect.
3. In any case, the first premium must be paid at the latest the day the policyholder or insured party is given the insurance policy.
4. Compensation for insurance premium due with insurance claims is forbidden.
5. Failure to pay for the insurance premium by the expiry date will automatically pass the insurance premium to the debtor, without that INSURER will only give them formal notice.
6. If SIA renounces or defers the contract, their obligation to provide compensation is reinstated for all new claims for which the debtor would have paid for all the insurance premiums specified until this date as well as, the basis of evidence, fees for giving notice (failing this evidence, SIA can bill an administrative fee of € 100.-
7. The insurance coverage takes effect at 00:00 AM on the day following the date of reception by INSURER (or by the person who got permission from INSURER for this purpose) of the total insurance premiums due. However, there is no obligation to provide compensation if the contracted party only paid for the insurance premiums on the date they know of or think that a claim is a possibility.

11.4 MODIFICATION OF THE INSURANCE CONDITIONS

1. In the event of a change in the insurance premium, the policyholder can terminate the contract in the conditions governing the termination;
   a) The invalidity or cancellation of certain conditions by an administrative or legal body.
   b) A change or repeal of law or rules on which the insurance contract was settled on;
   c) Changes of legislation, administrative practice or legal practice that affect the terms, interpretation, or validity of the contract or of certain of its provisions.

The new conditions will be brought to the attention of the insurance policyholder at least two months before the date at which the change will take effect, subject to urgent events, such as, events of major force or of imperative legal, administrative, or judicial cases.

2. In the event of the insurance contract not being cancelled by the insurance policyholder, the new conditions will be assumed to have been accepted.
3. INSURER reserves the right to change the wording of certain contractual conditions at any time and without any notice, when their adoption is to correct typographical errors or obvious mistakes, to clarify or remove uncertainty around a point which is already covered in the text, or to improve the conditions for the insured party exclusively.

11.5 SAFEGUARD CLAUSE

1. The invalidity of a clause which features on the present insurance conditions, does not put into question the validity of other clauses.
2. To replace the invalid clause, INSURER will introduce a reasonable clause, which is as close as possible, to the greatest possible and lawful degree, of the initial intention of the parties.

12 FINAL CLAUSES

12.1 INSURANCE CONTRACT DURATION

1. The insurance contract is agreed for a maximum duration of one year.
2. Provided that the insurance contract is not cancelled by one of the parties, the insurance contract can be renewed from year to year.
3. The insurance contract will start running from the day (at 00:00 AM) after the date outlined in the insurance policy and will close twelve months after.

12.2 TERMINATION OF THE INSURANCE CONTRACT

1. Each party has the right to cancel the contract by sending a registered letter to the other party to cancel the annual insurance contract and/or to seek an automatic renewal with 3 months written notice from the expiry date of his current annual contract.
2. In the event of an increase of the insurance premiums or a change in the insurance conditions, the policyholder can terminate the contract, by sending a registered letter to the contract administrator or INSURER in one month's notice following their notification of the changes, and his cancellation will take effect the date that the announced changes will take effect.
3. Under the condition of the legal or contractual clauses stipulating the invalidity, retroactive termination, immediate termination or insurance contract termination in another time frame, the commission of a non-intentional mistake by the insured party and/or the policyholder is allowed by INSURER in the following conditions:
   a) Cancelling the insurance contract within a month, after having noticed the mistake;

b) Requesting a change in the insurance contract within a month after having noticed the mistake, with the change taking retroactive effect from the date when they discovered the defect. In a case where the contracting party declines a change to the proposed contract or if they don't accept it within 14 days following its reception, INSURER reserves the right to cancel the contract within 14 days.

4. If, in the context of insurance contracts grouping several insured persons, the conditions of a termination are given only for certain of them, the exercise of the right of cancellation may be limited to those persons.

5. If the policyholder cancels the collective insurance contract in its entirety, or cancels it for a certain number of people, he must, under the pain of possible invalidity of the cancellation, prove that the relevant insured parties are aware of the change and accept it. If certain insured parties concerned who have been subject to a cancelled contract, request for a renewal, they can renew the contract they were in, by sending a registered letter to the EVASAN within 2 months of receiving a notification of the cancellation by the policyholder.

6. The insurance policy is automatically cancelled in the event of death, insolvency or bankruptcy of the policyholder. The insured parties however have the right to seek renewal of the insurance contract in the conditions outlined in paragraph 5 above, within 2 months from the date of death, insolvency or bankruptcy of the policyholder.

12.3 APPLICABLE LAW AND JURISDICTION

1. The insurance contract is bound by the present insurance conditions as well as the specific conditions which apply to ancillary coverage which feature in each contract taken by the insurance policyholder, such that, it is adapted to the needs of the insured party where appropriate (additional CPA). In addition to the above previsions, Swiss law on the insurance contract (LCA) is applied in a suppletive manner.

2. In the event of divergences between the different linguistic versions of the INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE»COVERAGE, the French version is the legally valid binding version. In the event of legal proceedings between the parties regarding the interpretation or application of the insurance contract, the place of jurisdiction shall be subject to the application of international treaties: (a) Those who are resident of Switzerland of one of the parties when the action is brought against the insured party; (b) Those who are at the home of the defendant when the intended action is being taken by the insurer. If applicable, we reserve the right to impose the provisions specific to the Lugano Convention on 16th September 1988.

12.4 CONCILIATION AND COMPETENT JURISDICTION

1. Before engaging in any legal or arbitrary procedure linked to the contract and the insurance conditions, each party must engage with each other in writing to try to reach an amicable solution within 10 days following the start of the dispute.

2. In the event of failure of the attempt to reconcile, INSURER will organise internal, free opposition proceedings for the insured party. Opening of the latter does not suspend any legal or contractual deadlines.

3. In case of legal proceedings, the courts of Portugal shall have jurisdiction to hear disputes concerning the interpretation or execution of this contract.
4. The application of the mandatory provisions, conventional or legal, in the field of jurisdiction remains reserved.
5. If there is still a chance of reconciliation between the two parties, in written agreement, an arbitration procedure involving one or three arbitrators.

13 ENTRY INTO FORCE

The present INSURANCE CONDITIONS SPECIFIC TO «WORLDWIDE TRAVEL SAFE» COVERAGE enters into force on 01.06.2023 removing any right to previous insurance conditions covering the same product.

"WORLDWIDE TRAVEL SAFE" TABLE OF COVERAGE

The amounts outlined in the table below are the maximum amounts of compensation available per person per year.

INSURANCE CONDITIONS		Maximum amount of compensation and deductibles per insured party per year
BEFORE THE TRIP		
A	ASSISTANCE	
1	Useful information	Actual cost
B	CANCELLATION OF TRIP	
1	Due to an accident or death	Up to € 5'000.-/ per person and € 25'000.-/ per event
2	In the event of illness and all other justified causes *Deductible*	Up to € 2'000.-/ per person and € 10'000.-/ per event *Min. 10 % of compensation – min. € 100 / per person*
DURING TRIP		
C	INSURANCE ASSISTANCE	
1	Medical evacuation and medical repatriation	€ 250'000.- *

2	Medical costs abroad Dental emergency *Deductible*	€ 100'000.- ** € 450.- *€ 25.-*
3	Search and rescue fees for sea and mountains	€ 40'000.-
4	Medical support	Actual cost
5	Remote medical advice	Actual cost
6	Advice from local specialist doctors	Actual cost
7	Medicine supply	Actual cost
8	Provision of a plane ticket for the next of kin of the insured party	Return ticket +Taxi
9	Travel for next of kin in the event of hospitalisation (greater than 7 days)	Return ticket + € 150.-/ per night (Maximum 7 days)
10	Repatriation of human remains + Fees for first preservation	€ 35' 000.-
11	Funeral costs	€ 5'000.-
12	Repatriation of the rest of the insured party or of accompanying person	2 Return tickets +Taxi
13	Extending stay (after the planned return date)	€ 150.-/ per night (Max.3 days)
14	Early return in the event of hospitalisation or death of a family member In the event of an attack In the event of professional replacement	Return ticket Return ticket Return ticket
15	Accompaniment for insured minors	Return ticket
16	School trip interruption	Pro rata € 5'000. -/per person With a limit of € 20 000.- per event
17	Plane delay *Deductible*	€ 250.- /per person and maximum € 1'000.- per event *6h*
18	Envoi de messages urgent	Actual cost
D	LUGGAGE AND PERSONAL BELONGINGS***	
1	Delay in luggage delivery *Deductible*	€ 500.-/ per person *12h*

2	Theft, breakage, loss during transit by the transport provider - Maximum per item - High value items, total sum - Personal money - in cash - in cash, less than 16 years old *Deductible*	€ 2'000. -/ per person € 75. - € 250.- € 500.- € 250.- € 100.- *12h*

INFORMATION

The coverage as above (excluding cancellation) are applicable only during the duration of the corresponding services during the effective duration of the trip, with a maximum of 92 days from the departure date.

The phrase 'All other justified causes' refers exclusively to cancellation insurance.

* With an aggregated maximum limit of € 1'000'000.- per year.

** with an aggregated maximum limit of € 500'000.- per year.

*** with an aggregated maximum limit of € 10'000.- per year, of which € 1'000.- for valuable items.