



General terms and conditions

Contract N° IB1800371FRCA0

- Cancellation or modification
- Curtailment
- Services insured by the curtailment cover





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Pre-contractual Information document

Dear Customer,

Considering the characteristics of your Stay, the protection you are seeking and the information you provided us, we recommend the cover included in this insurance contract. Before subscribing to this insurance contract, please read this information document carefully, as well as the General and Special Terms and Conditions.

Please remember that travel insurance of the services described in this contract is optional and that it is not a condition for the purchase of one of the services of your Stay.

Information covering the right to cancel defined by article L. 112-10 of the French Insurance Code

Please make sure you are not already party to a policy that covers one of the risks covered by the new contract. If such is the case, you have a right to cancel this contract during a period of fourteen (calendar) days starting from the signature date, without cost or penalties, if all the following conditions are met:

- if you have subscribed to this contract for non-professional purposes;
- if this contract is associated with the purchase of goods or services sold by a supplier;
- if you can prove that you already have coverage for one of the risks covered by this new contract;
- if the contract you wish to withdraw from has not been fully performed;
- if you have made no claims covered by this contract.

In this situation you are entitled to cancel this contract by letter or any other permanent medium sent to the new contract's insurance company, accompanied by a document proving that you already have coverage for one of the risks covered by the new contract. The insurer has a duty to refund the paid premium within thirty days of your cancellation.

If you wish to cancel your contract but do not meet all the above mentioned criteria, check the cancellation terms defined in your contract.

Points for attention

This contract is for all persons residing in France seeking protection from the events covered by the insurance contract.

Your general terms and conditions contain exclusions and limits which you must be aware of before subscribing.

This information document and the general terms and conditions applicable to your insurance cover are communicated before your subscription and then sent to the address you gave us. The general terms and conditions include a section on the data privacy covering your personal details which sums up all your relevant rights.

If there are contradictions between different documents, the most favourable measure will be applied.

Useful information in the event of a claim:

Notify us of a claim as quickly as possible so that we can help you.

You must send all the necessary documents to support your claim for cover (your special terms and conditions list these documents in the section on the coverage you wish to use).

To declare a claim, you can contact us using the following details:

- E-mail: claimssejour-montagne@roleurop.com
- Phone: +33 805542804
- Web site: <https://sejour-montagne.eclaims.europ-assistance.com>

You can also write to:



EUROP ASSISTANCE Service Indemnisations GCC
P.O. Box 36347
28020 Madrid, Espagne

Complaints procedure

We do everything we can to provide the best levels of service. However, if you are not satisfied, you should first send a letter of complaint to:



EUROP ASSISTANCE International Complaints
P.O. Box 36009 - 28020 Madrid - Spain
complaints_eaib_fr@roleurop.com

We will acknowledge receipt of your complaint within 10 days unless we can directly provide an answer. We commit to provide a final answer within 2 months.

As you have adhered to the Group Insurance Policy through the Policyholder or an authorized distributor (including the Travel Organizer) and that your claim relates to his/her duty to advise or pre-contractual information in relation to the Group Insurance Policy or Membership, you must send your claim to the Policyholder or the authorized distributor.

If you are not satisfied with the way your complaint was handled, you can send a written notification to:



Financial Services and Pensions Ombudsman
Lincoln House - Lincoln Place - Dublin 2
D02 VH29 Ireland
Phone: +353 1 567 7000 - Email: info@fspo.ie
Website: www.fspo.ie

If no solution has been found, you can then turn to the Ombudsman:



La Médiation de l'Assurance - TSA 50110
75441 Paris cedex 09
<http://www.mediation-assurance.org/>



General terms and conditions Cancellation, modification and curtailment insurance

This insurance contract is a group insurance policy concluded by ESF+ in the interest of its customers who live in the United-Kingdom who have purchased a Stay through their internet website becoming Members of the insurance program.

This insurance contract is not mandatory.

The insurance contract is composed of the present General Terms and Conditions completed by the Particular Terms and Conditions and your Membership Certificate. In case of contradiction, Particular Terms and Conditions supersede General Terms and Conditions, and the Membership Certificate supersedes both General Terms and Conditions and the Particular Terms and Conditions.

International sanctions

The Insurer will not provide cover nor pay a claim nor provide any benefit or a service described in the policy if this would expose the insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America. For further details please visit: <https://www.europ-assistance.com/en/who-we-are/international-regulatory-information>

Caution

You will be covered under this Policy only if you have respected the official recommendations regarding travel issued by a governmental authority of your country of residence at the Departure Date. Recommendations include the "advice against travel or all but essential travel".

1/ Definitions

ABROAD

Any country other than Your Home Country and the Sanctioned Countries specified below.

ACCIDENT

A sudden external event which causes non-intentional bodily injury to any natural person.

ACCREDITED ORGANISATION OR INTERMEDIARY

ESF+, the Syndicat National des Moniteurs du Ski Français and the regional Syndicates, the ESF and hospitality professionals, transport professionals or any distributor of the insured service, including equipment hire outlets.

CANCELLATION

Firm and definitive withdrawal of the Insured of the whole insured services and package from the Accredited Organisation or Intermediary.

CIVIL PARTNER

the live-in partner of the Insured living under the same roof and having with the Insured a relationship recognized by the law of the Home Country.

DEPARTURE DATE

The start date of the Stay specified on the invoice issued to the Member by the Policyholder or by the Accredited Organisation or Intermediary.

END DATE

The end date of the Stay specified on the invoice issued to the Member by the Policyholder or the Accredited Organisation or Intermediary.

EXCESS

Amount that will remain at Your expense.





FAMILY MEMBER

Husband, wife or civil partner, parents, in-laws, children, sons-in-law and daughters-in-law, brothers and sisters, brothers-in-law and sisters-in-law, grandparents and grandchildren of the Insured.

GROUP INSURANCE POLICY

This group policy, entered into by the Policyholder in the interest of its customers, who may join it.

HOME

Your respective legal place of residency in Your Home Country where Membership has been made.

HOME COUNTRY

The Country where Your Home is.

INSURED/YOU

The Member and the person(s) staying with the Member and for whom a premium has been specifically and namely paid.

INSURER/US

EUROP ASSISTANCE S.A., a French limited company governed by the French Insurance Code, headquartered at 1, promenade de la Bonnette, 92230 Gennevilliers, France, with a share capital of € 46,926,941 registered at the register of trade and companies of Nanterre under the number 451 366 405, underwriting this Group Insurance Policy through its Irish branch EUROP ASSISTANCE S.A. IRISH BRANCH, whose principal place of business is Ground Floor, Central Quay, Block B, Riverside IV, SJRQ, Dublin 2, D02 RR77, Ireland and registered with the Irish Companies Registration Office under number 907089

EUROP ASSISTANCE S.A. is regulated by the French supervision authority (ACPR), 4 place de Budapest, CS 92459, 75436 Paris cedex 09, France. The Irish branch operates in accordance with the Code of Conduct for Insurance Undertakings (code of ethics for insurance companies) released by the Central Bank of Ireland, it is Registered in the Republic of Ireland under number 907089 and is acting in Your country under the freedom of services regime.

MEMBER

The customer of the Policyholder who has agreed to the Membership and residing in the United-Kingdom for the duration of the subscribed insurance contract.

MEMBERSHIP

The adhesion of the Member to the Group Insurance Policy, in order to benefit from the covers therein provided in relation to a specific Stay.

MEMBERSHIP CERTIFICATE

Written confirmation or electronic document provided to the Member in order to confirm the Membership.

MODIFICATION

Deferral by the Insured of the dates of the insured services, subject that this deferral is made before his departure.

POLICYHOLDER

ESF+, located at 6, allée des Mitailières, 38240 Meylan, France

PRE-EXISTING MEDICAL CONDITION

An Illness that had been diagnosed to the Insured before Your Membership to the Group Insurance Policy.

PROFESSIONAL PREMISES

Property owned or rented by the Insured or a company owned by the Insured for the purposes of his/her professional activity.



PROFESSIONAL SUBSTITUTE

The person that replaces the Insured at work, during the Stay.

SERIOUS DAMAGE

Material damage that exceeds an amount above €5000 if it affects Your Home or Your secondary residency or that affects the normal conduct of the business, if it affects Your Professional Premises.

SERIOUS ILLNESS

Illness diagnosed by a licensed doctor and, more specifically:

- (a) when a Serious Illness relates to an Insured, it is necessary that a licensed doctor states that you cannot attend the Stay;
- (b) with regard to persons other than an Insured, it is necessary that a licensed doctor states that the person has to stay in hospital for treatment for more than 48 hours.

SERIOUS INJURY

Injury caused by an Accident and, more specifically:

- (a) when a Serious Injury relates to an Insured, it is necessary that a licensed doctor states that you cannot attend the Stay;
- (b) with regard to persons other than an Insured, it is necessary that a licensed doctor states that the person has to stay in hospital for treatment for more than 48 hours.

STRIKE

The collective ceasing of work or refusal to work by a body of employees as a form of protest.

TERRORISM

An act including, but not limited to, the use of force or violence and/or the threat thereof, carried out by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or governments, committed for political, religious, ideological or similar purposes including with the intention of influencing any government or putting the public, or any section of the public, in fear. Any act of terrorism must be officially regarded as such by a public authority of the place where it occurred.

STAY

The service booked on the website/platform of the Policyholder or the Accredited Organisation or Intermediary including the services described in the General Terms and Conditions of the contract for which the corresponding insurance premium has been paid.

STAY COMPANION

Any person other than an Insured that has booked to stay with the Insured.



THIRD DEGREE FAMILY MEMBER

Uncles and aunts of the Insured.

THIRD-PARTY

Anyone who is not an Insured, a Family Member, a Third Degree Family Member or a Stay Companion.

VIOLENT ROBBERY

Threat or use of physical violence [against the Insured].

2/ Membership

Consent of the Member to adhere to the Group Insurance Policy may be given either electronically (through an internet website or e-mail), or orally in the case of distance sales via telephone, or in writing in case of purchase at the premises of a distributor.

In order to be eligible for the Membership, each of the following conditions must be met:

- (a) the Member must have purchased a Stay from the Policyholder or an Accredited Organisation or Intermediary authorized by the same;
- (b) Stay purchased by the Member shall last no more than 90 consecutive days;

Membership is subject to the payment of the premium by the Member.

3/ Duration

DURATION OF THE MEMBERSHIP

Subject to the payment of the premium by the Member, the Membership start date is the date on which the Member was confirmed the purchase of the Membership, by email.

DURATION OF THE COVERS

If you purchased a cancellation cover, you are covered from the start date of the Membership until Stay starts.

If you purchased a Curtailment of Winter Sports Activities cover, you are covered from the Departure Date until the End Date.



CANCELLATION RIGHT

The Member, having adhered to the Group Insurance Policy, is entitled to withdraw from the Membership that was purchased over 30 days before the Departure Date in the following cases:

- If the covered period is more than a month and the Membership has been concluded with distance sales techniques (e.g. by telephone, email or website), with immediate effect from the notification of withdrawal.

In this case, you can withdraw within a period of 14 days from the start date of the Membership by sending an email to: esf+@snmsf.com

In this case, you can use the following template: "I hereby, (Mr./Mrs., name, full name, address) withdraw from the insurance program subscribed on (date), proven by Membership Certificate no. XXXXX. Signature."

- If you are in position to evidence that you are already covered by a previous insurance contract with respect to a cover provided by the Group Insurance Policy and to the extent you have not requested application of any of the covers of the Group Insurance Policy.

In this case, you can withdraw within a period of 14 days from the start date of the Membership by sending an email to: esf+@snmsf.com

In this case, you can use the following template: "I hereby, (Mr./Mrs., name, full name, address) withdraw from the insurance program subscribed on (date), proven by Membership Certificate no. XXXXX. Signature."

You may also waive your withdrawal right by requesting – if applicable – the performance of the Group Insurance Policy covers.

In this case, you can withdraw within a period of 14 days from the start date of the Membership by sending an email to: esf+@snmsf.com

You can use the following template: I hereby, (Mr./Mrs., name, full name, address) notify my withdraw from the Group Insurance Policy to which I adhered on (date), proven by Membership Certificate no. XXXXX. Date and Signature. »

We will refund full amounts paid within a maximum of thirty (30) calendar days from the receipt of Your request provided that no claim for compensation has been made or claim report requested or is in the process of being reported, and that no incident likely to give rise to such claim occurred.

4/ Geographical scope

The insurance provides a cover for the stay and accommodation in France.

5/ Premium

The premium is disclosed to the Member within a reasonable time prior to Membership and it includes taxes and charges if any. It is paid to the Insurer at the date of the Membership.

6/ Settlement of claim

The amount of loss for which we may be liable shall be payable as soon as possible after suitable proof of loss is received, or a settlement agreement on the claim has been agreed by us.

The payment of any indemnity owed to the Insured shall be made in the same currency used by the Member to pay the premium.

Regarding the assistance covers, You have to contact us immediately when the insured event occurs. If We did not intervene to take charge of You and that You are nevertheless entitled to recover under the Group Insurance Policy, You will have to provide Us with the necessary supporting documentation.



7/ Misrepresentation or non-disclosure

Intentionally false or incorrect statements or intentional reticence by the Member voids the Membership when such intentionally false or incorrect statements or intentional reticence changes the object of the risk or diminishes the Insurer's opinion thereof, even if the risk omitted or misrepresented by the Insured has had no influence on the loss. In such case, the Insurer is entitled to keep all paid premiums and he is entitled to the payment of all outstanding and due premiums as damages.

False or incorrect statements or reticence by the Member whose bad faith is not established, does not void the Membership. If discovered after any loss, such false or incorrect statements or reticence prejudice the right to be totally covered for the loss or claim: in such case, the indemnity is reduced in proportion to the rate of the premium paid in relation to the rate of the premium that would have been payable had the risks been fully and accurately declared.

8/ Increase or reduction of the risk

The Member shall notify by registered letter to the Insurer any increase in the risk covered by the Group Insurance Policy as a consequence of the Membership, within 15 days as from the date the Insured becomes aware of such event.

The Member shall notify in writing to the Insurer any reduction in the risk covered by the Group Insurance Policy.

9/ Subrogation

After incurring costs, the Insurer shall take over all rights and claims that the Insured may have against any Third Parties liable for the incident to the Insured.

Our right of recovery is limited to the total cost incurred by us in performance of this Group Insurance Policy.

You will reasonably cooperate with us for the exercise of our subrogation rights.

10/ Other Insurance

The Member shall immediately notify in writing to the Insurer whether she/he has entered into another insurance contract(s) which covers the same risk(s) and disclose the name(s) of the other insurer(s).

11/ Applicable law and jurisdiction

The Group Insurance Policy, the Membership, their interpretation, or any issue relating to their construction, validity or operation and performance shall be subject to the laws of France.

Any dispute or claim arising out of or in connection with the Group Insurance Policy, the Membership, or their subject matter or formation (including non-contractual disputes or claims) shall be subject to the exclusive jurisdiction of the French courts.

12. Statute of limitation

Pursuant to Article L. 114-1 of the Insurance Code:

All actions arising from this Group Insurance Policy shall be time-barred two years from the event that gave rise to such action. However, said limitation period shall run:

- (i) in the event of non-disclosure, omission, fraudulent representation or misrepresentation of the risk underwritten, only as from the date on which the Insurer becomes aware thereof;
- (ii) in the event of loss, only as from the date the relevant parties become aware of such loss, if they prove that they became unaware of such facts up till then. When the Member's action against the Insurer arises from a third party's claim against the Member, the limitation period shall run only from the date on which the third party brings a legal action against the Member or the latter has paid a compensation to such third party.

Pursuant to Article L. 114-2 of the French Insurance Code:

The limitation period shall be interrupted by the ordinary causes of the limitation period and by the appointment of experts following a loss,

The limitation period may also be interrupted by the Insurer sending the Member a recorded delivery letter or a registered electronic mail in respect of the action for payment of the premium and by the Member to the Insurer in respect of the settlement of the claim.

Pursuant to Article L. 114-3 of the French Insurance Code:

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

The ordinary causes of interruption of the limitation period are specified in article 2240 to 2246 of the French Civil Code: the debtor's acknowledgment of the right of the person against whom the limitation period is opposable, a judicial demand, a forced execution act.

13/ Personal data protection

The purpose of this privacy notice is to explain how, and for what purposes, we use your Personal Data. Please read this privacy 11/notice carefully.

1. WHICH LEGAL ENTITY WILL USE YOUR PERSONAL DATA

The Data Controller is EUROP ASSISTANCE S.A Irish branch., whose primary place of business is located on the Ground Floor, Central Quay, Block B, Riverside IV, SJRQ, Dublin 2, D02 RR77, Ireland, the branch being registered with the Irish Companies Registration Office under number 907089. EUROP ASSISTANCE S.A. is a company regulated under the French Insurance Code whose registered head office is 1, promenade de la Bonnette, 92230 Genevilliers, France, a société anonyme registered in the Nanterre Commercial and Companies Registry under number 450 366 405.

If you have any questions concerning the Processing of your Personal Data or if you want to exercise a right in respect to your Personal Data, please contact the DPO at the following contact details:



Europ Assistance S.A Irish branch., DPO
Ground Floor, Central Quay, Block B, Riverside IV,
SJRQ, Dublin 2, D02 RR77, Ireland
EAGlobalDPO@europ-assistance.com

2. HOW WE USE YOUR PERSONAL DATA

The Insurer will use your Personal Data to:

- insurance underwriting and risk management;
- policy underwriting and administration;
- claims handling;
- data sharing for fraud prevention purposes.

The Insurer is entitled to process your Personal Data on contractual requirement basis.



3. WHICH PERSONAL DATA WE USE

Only Personal Data strictly necessary for the above mentioned purposes will be processed. In particular, the Insurer will process:

- Name, address and identification documents;
- Bank details.

4. WITH WHOM WE SHARE YOUR PERSONAL DATA

We may share such Personal Data with other EA and / or Generali Group subsidiaries and external organisations such as our auditors, reinsurers, co-insurers, claims handlers, agents, distributors that from time to time will need to provide the service covered by your insurance policy and all other entities that carry out any technical, organizational and operational activity supporting the insurance.

5. WHERE WE TRANSFER YOUR PERSONAL DATA

We may transfer such Personal Data to countries, territories, or organisations that are located outside the European Economic Area (EEA) and are not recognised as ensuring an adequate level of protection by the European Commission such as, USA. In such case, the transfer of Your personal data to non-EU entities will take place in compliance with appropriate and suitable safeguards in accordance with the applicable law. You have the right to obtain information and, where relevant, a copy of the safeguards adopted for the transfer of your Personal Data outside EEA by contacting the DPO.

6. YOUR RIGHTS IN RESPECT TO YOUR PERSONAL DATA

You can exercise the following rights in respect to your Personal Data:

- ▶ **Access** – you may request access to your Personal Data;
- ▶ **Rectify** – you may ask the Company to correct Personal Data that is inaccurate or incomplete;
- ▶ **Erase** – you may ask the Company to erase Personal Data where one of the following grounds applies;
 - a. Where the Personal Data are no longer necessary in relation to the purposes for which they were collected or otherwise processed;
 - b. You withdraw consent on which the processing is based and where there is no other legal ground for the processing;
 - c. You object to automated decision-making and there are no overriding legitimate grounds for the processing, or you object to the processing for direct marketing;
 - d. The Personal Data have been unlawfully processed;
 - e. The Personal Data have to be erased for compliance with legal obligation in Union or Member State law to which the Company is subject;
- ▶ **Restrict** – you may ask the Company to restrict how it processes your Personal Data where one of the following applies;
 - a. You contest the accuracy of your Personal Data, for a period enabling the Company to verify the accuracy of your Personal Data; The processing is unlawful and you oppose the erasure of the Personal Data and request the restriction of their use instead;
 - b. The Company no longer needs the Personal Data for the purposes of the processing, but they are required by you for the establishment, exercise or defense of legal claims;
 - c. You have objected to processing pursuant to the right to object and automated decision-making, pending the verification whether the legitimate grounds for the Company override those of you.
- ▶ **Portability** – you may ask the Company to transfer the Personal Data you have provided us to another organisation or / and ask to receive your Personal Data in a structured, commonly used and machine readable format.

Your rights, including the right to object, can be exercised by contacting the data protection officer of the Insurer under: EAGlobalDPO@europ-assistance.com

The request of exercise of rights is free of charge, unless the request is manifestly unfounded or excessive.

7. HOW YOU CAN LODGE A COMPLAINT

You have the right to complain to a Supervisory Authority; the contact information for that supervisory authority is provided below:

Irish authority:



Office of the Data Protection Commissioner.
Canal House, Station Road,
Portarlinton,
Co. Laois,
R32 AP23, Ireland.
info@dataprotection.ie

French Authority:



Commission Nationale de l'Informatique et des Libertés.
3 Place de Fontenoy - TSA 80715
75334 PARIS CEDEX 07.

Vous pouvez saisir la CNIL via son outil de plainte en ligne :



@: <https://www.cnil.fr/plaintes>
Tel : +33 (0)1 53 73 22 22

8. HOW LONG WE RETAIN YOUR PERSONAL DATA

We will retain your Personal Data for 5 years after the end of the effective period of Membership.

14/ To contact us for a claim

If you wish to submit a claim to us, You can go to our easy-to-use website:

<https://sejour-montagne.eclaims.europ-assistance.com>

This is the quickest way to contact us.





You can also write us at the following address:



EUROP ASSISTANCE Service Indemnisations GCC
P.O. Box 36347
28020 Madrid – SPAIN
Email: claimssejour-montagne@roleurop.com

15/ Complaints procedure

We strive to offer you the highest level of service. However, in case of dissatisfaction you must first send your complaint by mail to the following address:



INTERNATIONAL COMPLAINTS
P. O. BOX 36009
28020 Madrid, Spain
complaints_eaib_fr@roleurop.com

We will acknowledge receipt of your complaint within 10 days unless we can directly provide an answer. We commit to provide a final answer within 2 months.

As you have adhered to the Group Insurance Policy through the Policyholder or an authorized distributor (including the Travel Organizer) and that your claim relates to his/her duty to advise or pre-contractual information in relation to the Group Insurance Policy or Membership, you must send your claim to the Policyholder or the authorized distributor.

If you are not satisfied with the way your complaint was handled, you can send a written notification to:



Financial Services and Pensions Ombudsman
Lincoln House - Lincoln Place - Dublin 2
D02 VH29 Ireland
Phone: +353 1 567 7000
Email: info@fspo.ie
Website: www.fspo.ie

If no solution has been found, you can then turn to the Ombudsman:



La Médiation de l'Assurance
TSA 50110
75441 Paris cedex 09
<http://www.mediation-assurance.org/>

The solution proposed by the Ombudsman is not binding upon the parties. You can therefore act in any other legal way at any time.

16/ Supervisory authority

The Supervisory Authority is:



Autorité de Contrôle Prudentiel et de Résolution (ACPR)
4, place de Budapest - CS 92459
75436 Paris cedex 09 - France





Particular terms and conditions cancellation, modification and curtailment insurance

◆ Cancellation or modification

1/ What You are covered for:

The object of the cover is to guarantee You against the financial loss you incurred due to the cancellation or modification of the covered Stay in case one of the following insured events occurs before the Stay starts, subject to the application of the exclusions and the limits mentioned in the Table of guarantees.

THE PROPORTIONATE COST OF THE FOLLOWING ITEMS WILL ANYWAY NOT BE CONSIDERED PART OF THE FINANCIAL LOSS TO BE COVERED: AIRPORT TAXES, INSURANCE PREMIUM, SERVICE FEES AND BOOKED ACTIVITIES DURING THE STAY.

The insured events are:

1. Serious Illness, or Serious Injury or death of:
 - An Insured;
 - A Family Member;
 - The person designated for the custody of minors or disabled persons You are responsible for;
 - The Professional Substitute.
2. Death of a Third Degree Family Member.
3. Serious Damage to the residence or professional premises of an Insured (destruction occurring after the date this contract has been subscribed to following a fire, an explosion or a water damage, subject to the said premises being over 50% destroyed, and thefts requiring the presence of the Insured that occurred within 48 hours prior to the Departure).
4. Redundancy of the Insured Person.
5. Summons of an Insured to appear as a party, witness, jury member in court or any other public authority.
6. Serious damage to the Insured's vehicle occurring in the 7 days preceding the departure, and whose the vehicle unrepairable within the required time for the Insured to reach the place of the Stay, on the initially date scheduled and as long as that vehicle is essential for the Insured to get there or to continue their Stay.
7. Surrender of a child for adoption by an Insured.
8. Obtaining a job or internship due to start before or during the Stay if the Insured is a registered job seeker.
9. Vaccination contra-indication.

10. Summons to attend an exam (following a fail unknown when the insured services were booked – only applicable to higher education – the said exam must be set during the Insured' Stay).
11. Professional transfer, modification or rejection of paid leave dates by the employer. The paid leave must have been granted by the employer before the booking of the Stay. Are excluded from this cover the following socio-professional categories: business leaders, liberal professions, artisans and temporary shpw business workers. An Excess mentioned in the Table of guarantees amounts remains at your expenses.
12. Terrorist attack (the cover is valid if a Terrorist attack occurs within a radius of 100km of the Stay location within 48 hours of the Stay starting date).

The liability of the Insurer is limited to the amounts stated in the Table of Guarantees.

If the event only applies to one Insured, the other Insureds are entitled to be covered for the same cancellation event.





2/ What You are not covered for

You are only covered in relation to the insured events enlisted in the section "What you are covered for" and to the extent therein described.

IN ADDITION, YOU ARE NOT COVERED FOR THE CONSEQUENCES OF ANY OF THE FOLLOWING EVENTS, WHICH ARE EXCLUDED FROM THIS COVERAGE:

1. those intentionally caused – totally or partially - by an insured, a family member or a stay companion;
2. serious illnesses or serious accidents derived from the consumption of alcoholic beverages whereas the insured had an alcohol level superior or equal to the maximum allowed by the french legislation in force or those of the applicable legislation in case of accident abroad, the consumption of drugs, narcotics, psychotropics drugs, stimulants or any other similar substances. to know whether such influence existed, irrespective of the type of accident at issue, please refer to the provisions set by the applicable laws concerning the driving of motorized vehicles and pedestrian safety in force when the incident occurs;
3. consumption of narcotics, drugs or medicines other than those which have been prescribed by a doctor;
4. suicide, attempted suicide or self-harm on the part of an insured, a family member or stay companion;
5. the consequences of an outbreak, epidemic or pandemic of any contagious infectious disease or new strains, recognized by the World Health Organization (WHO) or any competent authority of your Home Country or any country planned to be visited or crossed during the travel. This exclusion does not apply if an epidemic leads to a Serious Illness or the death of an Insured, a family member, the person in charge of looking after minors or disabled adults for whom you are the legal representative or legal guardian or the professional substitute;
6. the consequences of quarantine and/or measures restricting freedom of movement decided by a competent authority that could affect the Insured or a travel companion before or during his travel;
7. wars, demonstrations, insurrections, acts of terrorism, sabotage, and strikes;
8. lack or impossibility of vaccination or to follow the necessary medical treatment in order to travel to certain countries;
9. the consequences of a serious illness of the insured diagnosed before the membership to the group insurance policy except for former cancer patient:
 - when it has been diagnosed before the age of 18 of the insured and that the treatment protocol has been complete since the age of 5 without relapse, it is not necessary to declare the cancer;
 - when it has been diagnosed after the age of 18 of the insured and that the treatment protocol has been completed since the age of 10 without relapse, it is not necessary to declare the cancer;



10. the consequences of an accident occurring before the membership to the group insurance policy;
11. the consequences of psychosis, neurosis, disorder of the personality, disorder, psychosomatic disorder or depressive state of the insured;
12. the participation of the insured in bets, challenges or fighting;
13. the practice of sports in competition (except sports supervised by esf) or motorised competitions (racing or rally);
14. the practice of one of the following dangerous activities, boxing, weightlifting, wrestling, martial arts, mountaineering, bobsleigh, immersion with respiratory equipment, caving, ski jumps, skydiving, paragliding, flights in ulm or glider, adventure sports such as rafting, bungee, whitewater (hydrospeed), swimming, canyoning;
15. the consequences of the damage caused by any nuclear fuel or from any other source or ionizing radiation;
16. the telluric movements, floods, eruptions volcanic and, generally, any phenomenon triggered by the forces of nature;
17. the consequences resulting from the use or possession of explosives or firearms;
18. the consequences of alcoholic cirrhosis.

2/ Documents and information required to claim in respect of the cancellation of the Stay

It is necessary to provide the following documents to allow the management of a Claim:

1. Documents that evidence the facts constituting an insured event under this coverage (medical report, death certificate, hospital documents, police report, complaints filed at police stations...).



2. Form provided by Us to be completed by the registered medical practitioner attending the Insured or other person receiving medical treatment related to the cancellation. This document shall only be necessary in cases where insufficient information on the person's medical condition has been provided.
3. Copy of confirmation email and/or receipts for the Stay that was purchased.
4. Copy of documents of the costs caused by cancelling the Stay, issued by the Accredited Organisation or Intermediary and which gives a breakdown of the amounts and associated services, as well as a copy of the general conditions of the sale of the Stay.
5. Copy of document that confirms cancellation of the Stay, issued by the Accredited Organisation or Intermediary, showing the financial loss suffered as a consequence of the cancellation of the Stay.

6. If the cancellation is due to one of the above insured event involving a Family Member or a Third Degree Family Member, a document that evidences the relationship between the Insured and the Family Member or Third Degree Family Member must be presented (for example a certificate of birth/family affiliation for each of the parties involved), if such documents exist in the country in which the Insured booked the Stay.

If you have any issue to provide the above documentation, you can always provide another document having the same legal value (e.g. self-certification) and including the relevant information.

We commit to respect confidentiality of information provided in the course of the insurance or a claim. All medical information should be sent in an envelope marked "confidential / medical secrecy" in order that document to be read only by the Medical service of the Insurer.

◆ Curtailment

1/ What you are covered for

The object of the cover is to guarantee You against the financial loss You incurred due to the curtailment of the covered Stay in case one of the insured events listed below occurs and subject to the application of the exclusions. You are covered from the Departure Date until the End Date.

Please note: If You need to return Home earlier than planned, You must contact Us as soon as possible.

The Insurer covers the financial loss corresponding to the services for the days of the Stay not used and the costs incurred by the Insured to return to your respective Home up to a maximum amount stated in the Table of guarantees and after the application of the excess stated in the Table of guarantees.

THE FOLLOWING ITEMS WILL BE EXCLUDED OF THE REIMBURSED AMOUNT: AIRPORT TAXES, INSURANCE PREMIUM, SERVICE FEES AND BOOKED ACTIVITIES DURING THE STAY.

We will provide this cover if the cutting short of your Travel is necessary and unavoidable as a result of one of the following insured events:

1. Serious Illness, or Serious Injury or death of:
 - An Insured.
 - A Family Member.
 - The person designated for the custody of minors or disabled persons You are responsible for.
 - The Professional Substitute.
2. Death of a Third Degree Family Member.
3. Serious Damage to the Home or professional premises of an Insured.
4. Exceptional climatic event preventing the performance of the covered service

SPECIFICITIES OF THIS COVER:

You must contact us first to authorise your early return back to Your respective Home

We will calculate claims for cutting short your Travel from the day when you return to your Home or the day you go into hospital as an inpatient. Your claim will be based solely on the number of complete days you have not used, including the day when you checked-out to return Home.

If you have to cut short your Travel and you do not return to your Home we will only be liable for the equivalent costs which you would have incurred had returned to your Home.

THE COSTS OF YOUR ORIGINALLY PLANNED RETURN TRAVEL TO YOUR HOME ARE NOT COVERED IN CASE WE HAVE PAID ADDITIONAL TRAVEL COSTS FOR YOU TO CUT SHORT YOUR STAY.

2/ What You are not covered for

You are only covered in relation to the insured events enlisted in the section "What you are covered for" and to the extent therein described.

IN ADDITION, YOU ARE NOT COVERED FOR THE CONSEQUENCES OF ANY OF THE FOLLOWING EVENTS WHICH ARE EXCLUDED FROM THIS COVERAGE:

1. the consequences of a serious illness of the insured diagnosed before the membership to the group insurance policy except for former cancer patient:
 - when it has been diagnosed before the age of 18 of the insured and that the treatment protocol has been complete since the age of 5 without relapse, it is not necessary to declare the cancer;
 - when it has been diagnosed after the age of 18 of the insured and that the treatment protocol has been completed since the age of 10 without relapse, it is not necessary to declare the cancer;
2. the consequences of an accident occurring before the membership to the group insurance policy;
3. those intentionally caused by an insured, a family members or stay companion;
4. serious illnesses or serious accidents derived from the consumption of alcoholic beverages whereas the insured had an alcohol level superior or equal to the maximum allowed by the french legislation in force or those of the applicable legislation in case of accident abroad, the consumption of drugs, narcotics, psychotropics drugs, stimulants or any other similar substances. to know whether such influence existed, irrespective of the type of



accident at issue, please refer to the provisions set by the applicable laws concerning the driving of motorized vehicles and pedestrian safety in force when the incident occurs;

5. consumption of narcotics, drugs or medicines other than those which have been prescribed by a doctor;
6. suicide, attempted suicide or self-harm on the part of an insured, a family member or stay companion;
7. the consequences of an outbreak, epidemic or pandemic of any contagious infectious disease or new strains, recognized by the World Health Organization (WHO) or any competent authority of your Home Country or any country planned to be visited or crossed during the travel. This exclusion does not apply if an epidemic leads to a Serious Illness or the death of an Insured, a family member, the person in charge of looking after minors or disabled adults for whom you are the legal representative or legal guardian or the professional substitute;
8. the consequences of quarantine and/or measures restricting freedom of movement decided by a competent authority that could affect the Insured or a travel companion before or during his travel;
9. wars, demonstrations, insurrections, acts of terrorism, sabotage, and strikes;
10. the consequences of psychosis, neurosis, disorder of the personality, disorder, psychosomatic disorder or depressive state of the insured;
11. the participation of the insured in bets, challenges or fighting;
12. the practice of sports in competition (except sports supervised by esf) or motorised competitions (racing or rally);
13. the practice of one of the dangerous following activities : boxing, weightlifting, wrestling, martial arts, mountaineering, bobsleigh, immersion with respiratory equipment, caving, ski jumps, skydiving, paragliding, flights in ulm or glider, adventure sports such as rafting, bungee, whitewater (hydrospeed), swimming, canyoning;
14. the consequences of the damage caused by any nuclear fuel or from any other source or ionizing radiation;
15. the telluric movements, floods, eruptions volcanic and, generally, any phenomenon triggered by the forces of nature;
16. the consequences resulting from the use or possession of explosives or firearms;
17. the consequences of alcoholic cirrhosis.

3/ Documents and information required to claim in respect of the curtailment of the Stay

Documents that evidence the facts constituting an insured event under this coverage (medical report, death certificate, hospital documents, police report, complaints filed at police stations...).

Form provided by Us to be completed by the registered medical practitioner attending the Insured or other person receiving medical treatment related to the curtailment of the Stay. This document shall only be necessary in cases where insufficient information on the person's medical condition has been provided.

Copy of the proof of purchase of the insured service(s).

Copy of documents of the costs caused by curtailing the Stay, issued by the Accredited Organisation or Intermediary and which gives a breakdown of the amounts and associated services, as well as a copy of the general conditions of the sale of the Stay.

If the curtailment is due to one of the above insured event involving a Family Member or a Third Degree Family Member, a document that evidences the relationship between the Insured and the Family Member or Third Degree Family Member must be presented (for example a certificate of birth/family affiliation for each of the parties involved), if such documents exist in the country in which the Insured has booked the Stay.

If you have any issue to provide the above documentation, you can always provide another document having the same legal value (e.g. self-certification) and including the relevant information.

The Insurer commits to respect confidentiality of information provided in the course of the insurance or a claim. All medical information should be sent in an envelope mentioning "confidential / medical secrecy" in order that document to be read only by the Medical service of the Insurer.

◆ Services insured by the curtailment cover

We reimburse the price that You have paid for one or several of the following services:

- Accommodation;
- Ski lift package;
- Skiing lessons;
- Rent and/or breakage of skis;
- Day care services;
- Transport and Leisure booked before the Departure Date.

We reimburse the price of the services not used up to the maximum amounts stated in the Table of guarantees, if one of the insured events occur.

We will calculate the compensation on the basis of the number of days (or hours for skiing lessons) of insured services and paid to the Accredited Organisation or distributor.





Table of Guarantees

The amounts given below are subject to the application of any exclusion and to the conditions described in the General and Particular Conditions.

COVER

COVER LIMITS

EXCESSES

Cancellation or modification



Cancellation of skiing lessons, ski lift package, leisure activities, transport, ski equipment rental and/or day care services

Refund of cancellation costs of skiing lessons, ski lift package, leisure activities, transport, ski equipment rental and/or day care services in the event of:

- cancellation

€ 1,500 per insured and
€ 7,700 per insured Event for all
insured under this contract within
the limit of the total cancellation
cost amounts

Nil

- modification

€ 300 per insured or claim

20% of the amount of cancellation
costs per insured



Cancellation of Accommodation (rental and/or hotel booking)

Refund of cancellation costs in the event of:

- cancellation

€ 2,000 per insured and
€ 10,000 per insured Event for all
Policy holders within the limit of
the total cancellation cost
amounts

€ 20 per claim (Accommodation
rental)

- modification

€ 300 per Insured or per claim
(Accommodation rental)

20% of the amount of cancellation
costs with a minimum of 150€ per
Insured or per claim (Accommodation
rental)



COVER

COVER LIMITS

EXCESSES

Curtailment



Curtailment of skiing lessons, ski lift package, leisure activities and transport booked before the Departure Date, ski equipment rental and/or day care services

Refund of curtailment costs of skiing lessons, ski lift package, leisure activities and transport booked before the Departure Date, ski equipment rental and/or day care services

€ 1,500 per insured and
€ 7,700 per insured Event for all
insured under this contract

€ 20 per insured



Curtailment of the Accommodation (rental and/or hotel booking)

Payment of compensation equal to the cost of the unused Accommodation services (number of nights)

€ 1,500 per Insured and
€ 7,700 per insured Event for all
Insured

€ 20 per insured





EUROP ASSISTANCE SA

Company governed by the Insurance Code - A French limited liability company (Société Anonyme) with capital of € 46,926,941, registered under number 451 366 405 at the Nanterre Trade and Commerce Register, with its registered office located at 1, promenade de la Bonnette, 92633 Gennevilliers cedex, France, also acting in the name and on behalf of its Irish subsidiary, under the business name of EUROP ASSISTANCE SA IRISH BRANCH which has its main establishment located on the Ground Floor, Central Quay, Block B, Riverside IV, SJRQ, Dublin 2, D02 RR77, Ireland, registered in Ireland under certificate N° 907089.



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