PERSONAL ACCIDENT POLICY FOR SPECIALTYsolutions RISKS

Provided that the premium has been paid in the required manner, AIG Europe S.A. will provide the insurance cover set out in this Policy and *Policy Schedule* and in any attached memoranda or endorsements for the *Period of Insurance*. This Policy will not be in force unless it is signed by a person authorised by AIG Europe S.A.

The *Insurer* will only provide cover for those people who are shown as being insured on the *Policy Schedule* or any attached memoranda or endorsements for the *Period of Insurance* as long as the required premium has been paid and the *Insurer* has accepted it.

The *Policyholder* should read this policy, your completed application form and *Policy Schedule* to make sure that they understand the cover provided and the limitations applying. If there are any elements of the cover that require clarification or do not meet the needs of the *Policyholder*, the *Policyholder* should in the first instance raise these with their insurance intermediary, where applicable.

The Policyholder's Completed Application Form is a precise record of the information you provided us when applying for this insurance cover. **Your acceptance of this insurance policy confirms that your answers have been provided honestly and with reasonable care.** Please note that failure to do so may result in your policy being cancelled or we may refuse to deal with any claims or reduce the amount of a claim payment, as detailed under the **Impact of Misrepresentation** section, which you should read carefully.

The appropriate Stamp Duty has or will be paid to the Revenue Commissioners in accordance with the provisions of Section 5 of the Stamp Duties Consolidation Act, 1999 as amended.

AIG Europe S.A.
30 North Wall Quay
International Financial Services Centre
Dublin 1

AIG Europe S.A. is authorised by the Luxembourg Ministere des Finances and supervised by the Commissariat aux Assurances, and is regulated by the Central Bank of Ireland for conduct of business rules

SPECIALITYsolutions

Unique Solutions for Unique Risks

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Section 1 – INTRODUCTION AND GENERAL POLICY DEFINITIONS

In this Policy the following terms shall have the following meanings:

1.1 Accident
A sudden external and unexpected event causing *Bodily Injury*. In cases where a sudden and unexpected event was caused by a pre-existing condition, only injuries or death directly related to the event will be covered.

1.2 Accumulation Limit
The maximum amount the *Insurer* will pay under this and any other accident insurance issued by the *Insurer* in the name of the *Policyholder* for all the *Insured Person*s suffering *Bodily Injury* in the same *Accident* or series of *Accidents*, caused by or consequent upon the same cause, event or circumstance.
The consequent reduction of liability in view of the *Accumulation Limit*s shall be made proportionally to the sums insured for each *Insured Person*.

1.3 Beneficiary
In case of death of the *Insured Person*, the beneficiary is, unless otherwise confirmed in writing by the *Policyholder* or *Insured Person*, the legal heir according to the laws of the Republic of Ireland. In all other circumstances, the beneficiary is the *Insured Person*.

1.4 Bodily Injury
Injury to the body caused by an *Accident* during the *Period of Insurance* but not including*:*
- *Sickness*, unless this results from injury to the body;
- post-traumatic stress disorder; or
- a psychological or psychiatric illness or condition except incurable insanity where such condition is a direct consequence of an *Accident*;
- any naturally occurring condition or degenerative process; or
- any gradually operating cause.

1.5 Child or Children
Unmarried children of the *Insured Person*, aged under 23 years, either residing with the *Insured Person* or living away from home for full-time education purposes.

1.6 ***Coma*** means a state of deep often prolonged unconsciousness in which an individual is incapable of sensing or responding to external stimuli and internal needs.

1.7 Completed Application Form
The application form provided by the *Insurer* to the *Policyholder* at pre-contractual stage of a contract of insurance. The *Policyholder* must answer all of the questions on the *completed application form* honestly and with reasonable care, failure to do so may be regarded as a *Misrepresentation* (see Impact of Misrepresentations section).

1.8 **Convalescence** means a period of recuperation on the orders of a *Medical Practitioner* after *Hospitalisation* of at least five (5) consecutive nights.

1.9 Cooling Off Period
Means the 14 working days from the policy start date of each *Period of Insurance* shown in the *Schedule* or within 14 days of receiving the policy, whichever is the latter.

1.10 Covered Activity or Activities
Means those activities set out in the *Covered Activities* section of the *Policy Schedule*, with respect to which *Insured Persons* are provided accident insurance benefits under this Policy.

1.11 *Hospitalisation*
An over-night stay in a *Hospital* as an in-patient, such confinement being certified necessary by a *Medical Practitioner*.

1.12 *Hospital*
An institution which has accommodation for residential patients and facilities for medical diagnoses, surgery and treatment. It does not include a long-term nursing home, a rehabilitation centre, a geriatric or a convalescence home or an extended care facility

1.13 *Insured Person*
Any person up to the age of 80 years, unless otherwise agreed with the *Insurer* in writing, as described in the *Policy Schedule* as being an *Insured Person.*

1.14 *Insurer*
AIG Europe S.A. Also referred to as *Us* herein.

1.15 *Medical Practitioner*
Any suitably qualified medical practitioner in practice and with a current medical practising certificate/licence in accordance with the requirements of the applicable legislation other than:
- an *Insured Person*;
- a *Spouse*, *Child* or other member of the immediate family of an *Insured Person;*
- an employee of the *Policyholder*.
The term *Medical Practitioner* includes doctor, consultant, specialist and surgeon.

1.16 *Misrepresentation*
Innocent, negligent or fraudulent answers provided by the *Policyholder* to the questions on the *Completed Application Form*.

1.17 *Partner*
A person with whom the *Insured Person* resides permanently under marriage-like conditions and who usually lives at the same address, provided that neither of them is married or in a Civil Partnership or Civil Union.

1.18 *Period of Insurance*
The period of time during which cover is provided under this Policy as shown in the *Policy Schedule.*

1.19 *Personal Information*
Personal Information shall mean information that relates to an *Insured Person* or other individuals (e.g. the dependants of an *Insured Person*)

1.20 *Policyholder*
The entity who has taken out this insurance with the *Insurer* and which is named as such in the *Policy Schedule***.** Also referred to as *You* or *Your* herein.

1.21 *Policy Schedule*
Document provided to the *Policyholder* by the *Insurer* showing details of the cover the *Policyholder* has taken out.

1.22 *Pre-Contract Application Form*
The application form provided by the *Insurer* to the *Policyholder* at pre-contractual stage of a contract of insurance. The *Policyholder* must answer the questions on the pre-contract application form honestly and with reasonable care, failure to do so may regarded as a *Misrepresentation* (see Impact of Misrepresentations section).

1.23 *Renewal Date*
Annual anniversary of the first date of cover in each *Period of Insurance*

1.24 Scheduled Flight

A flight which originates or ends at an internationally recognised airport according to the published schedule of an airline.

1.25 Sickness

Any fortuitous bodily illness or sickness diagnosed during the *Period of Insurance*, but excluding any illness or sickness which arises out of a condition or defect for which medical treatment was advised, sought out, or should have reasonably been sought out, or received within 24 months before the date coverage under this Policy began.

1.26 Spouse

The *Insured Person*'s wife or husband from whom he/she has not been physically separated by law, *Partner,* or any other person in a Civil Partnership or Civil Union with the *Insured Person* and usually living at the same address.

1.27 Sum Insured

The maximum amount of cover up to which the *Policyholder* or an *Insured Person* can claim.

1.28 War

Any activity arising out of, or attempt to participate in, the use of military force between nations, civil war, revolution and invasion, insurrection, use of military power or usurpation of government or military power, intentional use of military force to intercept, prevent, or mitigate any known or suspected act of Terrorism.

Section 2 - GENERAL POLICY CONDITIONS

2.1 Area of Cover

Worldwide.

2.2 Arbitration

Except as otherwise specifically provided in this policy, any dispute regarding any aspect of this policy or any matter relating to cover thereunder which cannot be resolved by agreement within 60 days, may be referred, to binding arbitration by either party, upon giving 7 days' notice to the other, in Dublin, before a member of the Bar Council of Ireland agreed by both parties, or to be appointed by the Chair of the Bar Council in default of agreement, according to it's then prevailing arbitration rules The language to be used in the arbitration proceedings shall be English. The arbitration shall be conducted by an arbitrator having knowledge of the legal and insurance issues relevant to matters in dispute. The decision of the arbitrators shall be final and binding and provided to both parties, and the arbitrators shall not be asked to, and shall not award attorneys' fees or other costs. The costs of the arbitrator and any arbitration fees will be borne equally by the *Insurer* and the relevant *Policyholders*. Thereafter it shall be the arbitrators decision to award the costs of any arbitration upon resolution of the dispute. It is agreed by all parties, in the event that separate disputes arise between the *Insurer* and several *Policyholders* on related matters, these shall be resolved together or consecutively as the arbitrator shall consider appropriate.

2.3 Period of Insurance

The *Period of Insurance* starts on the date stated in the *Policy Schedule* and is renewable annually thereafter.

2.4 Completed Application Form

The *Policyholder* must answer all questions on the *Completed Application Form* honestly and with reasonable care. Failure to do so may result in the policy being cancelled or the *Insurer* may refuse to deal with any claims or reduce the amount of a claim payment, as detailed under the *Impact of Misrepresentation* section.

2.5 Alteration of risk

The *Policyholder* must either immediately or as soon as reasonably possible inform the *Insurer* if any of the answers or information given in the *Completed Application Form* is inaccurate or has changed. Further, the *Policyholder* must notify the *Insurer* immediately of changes in its activities during the *Period of Insurance*, including changing type of activity, any acquisition, establishment or disposal of companies. Failure to do so may be regarded as a Misrepresentation – for full details please refer to the Impact of Misrepresentation section below. If such change involves an increased risk, the *Insurer* can amend the premium and the provisions of the insurance. The *Policyholder* can refuse the amendment by cancelling the Policy within consecutive 30 days of the notification of the amendment. The *Insurer* may change the premium and conditions of this insurance at the start date of each *Period of Insurance*.

2.6 Governing Law and Jurisdiction

This Policy is governed by the laws of the Republic of Ireland and any dispute arising from its interpretation will be subject to the exclusive jurisdiction of the Courts of the Republic of Ireland.

2.7 Policy Cancellation and Cooling Off Period

a) *Policyholder*'s right to cancel within 14 working days (cooling off period)

The *Policyholder* has 14 working days from the policy start date of each *Period of Insurance* shown in the schedule or within 14 days of receiving the policy, whichever is the latter, without penalty. The *Policyholder* will however be charged a pro rata premium for the period the *Policyholder* was on cover, so long as you have not claimed. Premium will be returned to the *policyholder* within 5 working days from the date we receive notice of cancellation from the *policyholder.* The *Insurer* will require the cancellation request to be in writing (by email or letter) with the policy number details included. Cancellation will only take effect upon the *Insurer's* receipt of the *Policyholder's* written cancellation request.

b) *Policyholder's* right to cancel after the cooling off period
After the *cooling off period* the *Policyholder* may cancel this policy by giving 30 consecutive days notice by emailing personalaccident.ie@aig.com with the policy number details included, the *Insurer* will not impose any financial cost other than the cost of the premium for the period of cover. Cancellation will only take effect upon the *Insurer*'s receipt of the *Policyholder*'s written cancellation request.

c) *Insurers* right to cancel the policy
The *Insurer* may cancel this policy by giving 30 consecutive days' notice in writing to the *Policyholder* at the *Policyholder's* last known address or by email, and a pro rata refund would be issued.

An *Insured Person* has no rights to cancel the policy held by the *Policyholder.*

2.8 Complaints

AIG Europe S.A. wants to give you the best possible service. If you feel you have cause for complaint you should contact:

The Customer Complaints Officer
AIG Europe S.A., 30 North Wall Quay, IFSC, Dublin 1, D01 R8H7.
Phone: +353 1 208 4908
E-mail: customercomplaints.ie@aig.com
Website: www.aig.ie/complaints

We will acknowledge the complaint within 5 business days of receiving it, keep the complainant informed of progress and provide an answer within one month (unless specific circumstances prevents us from doing so, in which case the complainant will be informed).

If you are a consumer and you are not satisfied with the final outcome of your complaint, you can make a complaint to the Financial Services and Pensions Ombudsman:

Financial Services and Pensions Ombudsman
3rd Floor, Lincoln House, Lincoln Place, Dublin, D02 VH29.
Phone: +353 1 567 7000
E-mail: info@fspo.ie
Website: www.fspo.ie

As AIG Europe S.A. is a Luxembourg based insurance company, complainants who are natural persons acting outside of their professional activity may also, in addition to the complaints procedure set out above, if they are not satisfied with AIG's Irish Branch response or in the absence of response after 90 days:

- raise the complaint with *our* head office by writing to AIG Europe SA "Service Reclamations Niveau Direction" 35D Avenue JF Kennedy L- 1855 Luxembourg - Grand Duché de Luxembourg or by email at aigeurope.luxcomplaints@aig.com ;
- access one of the Luxembourg mediator bodies the contact details of which are available on AIG Europe S.A.'s website: http://www.aig.lu/: or
- lodge a request for an "out of court resolution" process with the Luxembourg Commissariat Aux Assurances (CAA) by writing to CAA, 11 rue Robert Stumper, L-2557 Luxembourg, or by email at reclamation@caa.lu or online through the CAA website: http://www.caa.lu.

All requests to the CAA or to one of the Luxembourg mediator bodies must be filed in Luxembourgish, German, French or English.

If the insurance contract has been concluded online, the complainant may also use the European Commission's platform for Online Dispute Resolution (ODR) using the following link: https://consumer-redress.ec.europa.eu/index_en

Following this complaint procedure or making use of the one of the above options does not affect the complainant's right to take legal action.

Insurance Compensation Fund

The *Policyholder* may be entitled to compensation from the scheme in the unlikely event that AIG Europe S.A. cannot meet its obligations. The maximum amount that could be available in respect of any sum due to a *Policyholder* is 65% of the sum due or € 825,000, whichever is the lesser. Further information on the Insurance Compensation Fund is available on the Central Bank of Ireland's website though the following link: https://www.centralbank.ie/regulation/industry-market-sectors/insurance-reinsurance/solvency-ii/insurance-compensation-fund

2.9 Fraud

In addition to fraudulent *Misrepresentation* and negligent *Misrepresentation* (as applicable), any deliberate dishonesty or hiding of information will make this Policy invalid. If this happens, the *Beneficiary* will lose any benefit due and must pay back any benefit that the *Insurer* may have already paid. The *Insurer* will not refund any premiums.

2.10 Data Processing, Data Files and Privacy

In this Section, "*You/Your*" means the Insured or the *Insured Person* as applicable. AIG Europe S.A. is committed to protecting the privacy of customers, claimants and other business contacts.

"**Personal Information**" identifies and relates to *you* or other individuals (e.g. *your* partner or other members of your family). If *you* provide Personal Information about another individual, *you* must (unless *we* agree otherwise) inform the individual about the content of this notice and *our* Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with *us*.

The types of Personal Information *we* may collect and why – Depending on *our* relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with *your* consent where required by applicable law) as well as other Personal Information provided by *you* or that *we* obtain in connection with *our* relationship with *you*. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis

Sharing of Personal Information - For the above purposes Personal Information may be shared with *our* group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or

regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. *We* are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. *We* may search these registers to prevent, detect and investigate fraud or to validate *your* claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer - Due to the global nature of *our* business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in *your* country of residence). When making these transfers, *we* will take steps to ensure that *your* Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in *our* Privacy Policy (see below).

Security of Personal Information – Appropriate technical and physical security measures are used to keep *your* Personal Information safe and secure. When *we* provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on *our* behalf, the third party will be selected carefully and required to use appropriate security measures.

***Your* rights –** *You* have a number of rights under data protection law in connection with *our* use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend our use of data. These rights may also include a right to transfer *your* data to another organisation, a right to object to *our* use of *your* Personal Information, a right to request that certain automated decisions *we* make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about *your* rights and how *you* may exercise them is set out in full in *our* Privacy Policy (see below).

Privacy Policy - More details about *your* rights and how *we* collect, use and disclose *your* Personal Information can be found in *our* full Privacy Policy at: https://www.aig.ie/privacy-policy or *you* may request a copy by writing to: Data Protection Officer, AIG Europe S.A., 30 North Wall Quay, International Financial Service Centre, Dublin 1 or by email at: dataprotectionofficer.ie@aig.com.

2.11 Reasonable Care

The *Policyholder* and each *Insured Person* shall take all reasonable steps to avoid and/or minimise any loss or injury.

2.12 Notices

Any notice served by the *Policyholder* or *Insured Person* under this policy must be sent to the following address unless otherwise agreed in writing by the *Insurer*: The Accident & Health Department, 30 North Wall Quay, International Financial Services Centre, Dublin 1.

2.13 Payment of the Premium

The *Policyholder* will pay premiums as noted on the *Policy Schedule* and supply information in the form and at frequency required by the *Insurer***.**

2.14 Failure to Comply with Policy Conditions

Where the *Policyholder* or an *Insured Person* does not comply with any obligation to act in a certain way specified in this Policy, payment under any claim may be affected.

2.15 Interest on Benefit Payable

The *Insurer* will not pay interest on any benefit payable.

2.16 Assignment

This policy may not be assigned unless otherwise agreed by the *Insurer* in writing**.**

2.17 Optional Additional Covers

Cover under any of the optional additional covers is subject to all of the conditions, provisions, limitations and exclusions of this Policy except as they are specifically modified by the additional Cover.

2.18 Subrogation

In the event of any payment under this Policy, the *Insurer* shall be subrogated to the extent of such payment to all of the *Policyholder*'s rights of recovery, contribution and indemnity and the *Policyholde*r will provide all reasonable assistance and will do nothing to prejudice such rights. Without prejudice to the foregoing, the *Insurer* will not exercise its rights of subrogation against a *Policyholder* in connection with a claim unless it is permitted to do so under sections 23, 24 and 25 of the Consumer Insurance Contracts Act 2019 (Ireland).

2.19 Third Party Contract Rights

Nothing in this policy is intended to confer a directly enforceable benefit on any third party other than the *Policyholder*, unless permitted pursuant to section 21 of the Consumer Insurance Contracts Act 2019 (Ireland).

2.20 Impact of Misrepresentation

The impact of any *Misrepresentation* by the *Policyholder* to any of the answers provided on the *Completed Application Form* is as follows:

(a) Innocent Misrepresentation:
Where the *Policyholder* have answered all questions in the *Completed Application Form* honestly and with reasonable care but where the *Policyholder* made an innocent *misrepresentation* (that is, one that is neither negligent nor fraudulent) the *Insurer* will pay any covered claim event subject to the terms and conditions of this policy.

(b) Negligent *Misrepresentation*:
If the *Policyholder* make a negligent *Misrepresentation* or fail to take reasonable care in completing the *Completed Application Form* the cover under this policy may not fully operate and in the event of a claim the *Insurer* will exercise one of the following remedies:

(a) If knowing the full details the *Insurer* would not have entered into the insurance contract, the *Insurer* may avoid the contract, refuse all claims and return any premiums paid by the *Policyholder*.

(b) If the *Insurer* would have entered into the insurance contract, but on different terms (excluding terms relating to the premium), the contract of insurance may be treated as if it had been entered into on those terms.

(c) If the *Insurer* would have entered into the contract of insurance but have charged a higher premium, the Insurer may reduce proportionately the amount to be paid on the claim.

(d) Where there is no outstanding claim under the contract of insurance, the *Insurer* may either:
(i) give notice to the *Policyholder* that in the event of a claim the *Insurer* will exercise the remedies in paragraphs (a) to (c), or
(ii) terminate the contract by giving reasonable notice to the *Policyholder*.

(c) Fraudulent *Misrepresentation*:

If the *Policyholder* make a fraudulent *Misrepresentation* or where any conduct by the *Policyholder or Insured Person* involves fraud of any kind the *Insurer* shall be entitled to avoid the contract of insurance and refuse any claims.

Section 3 - GENERAL POLICY EXCLUSIONS

Unless otherwise stated in the *Policy Schedule*, the *Insurer* will not pay any claim which is directly or indirectly caused by or contributed to or arising from:

3.1. *War* (whether declared or not) unless agreed by the *Insurer* in writing;

3.2. Intentional self-injury, suicide or attempted suicide, criminal act or attempts to commit a criminal act;

3.3. Flying except whilst travelling as a commercial passenger on a *Scheduled Flight* or charter flight;

3.4. An *Accident* proved to have occurred due to the influence of alcohol and/or any drug or drugs over the *Insured Person* and not prescribed by a *Medical Practitioner* and/or where any prescribed drugs have been taken by the *Insured Person* contrary to manufacturer's instructions;

3.5. Any *Bodily Injury* or *Sickness* that existed prior to the *Period of Insurance*;

3.6. *Bodily Injury* contributed to by *Insured Person* participating in, practising or training for, any hazardous or professional sport except where listed on the *Policy Schedule* as a *Covered Activity or Activities.*

3.7. *Bodily Injury* sustained at unauthorised \ unofficial competitions, charity events, recreational activities and fundraisers.

Section 4 - CLAIMS PROVISIONS

Claims Procedure
The *Insurer* should be notified as soon as reasonably practical after the event that a claim is to be made. The claim may be rejected if it is made so long after the event that the *Insurer* is unable to investigate the claim fully. It may also result in the *Insured Person*) not receiving the full amount claimed if the amount claimed is increased as a result of the delay.

For a claim under this policy, please notify:
The Accident & Health Claims Department,
AIG Europe S.A., 30 North Wall Quay, International Financial Services Centre, Dublin 1
Telephone: **+353 (0)** 1 859 9856
E-Mail: irelandexpressclaims@aig.com

4.1 Documents required for processing claims
The *Policyholder* or *Insured Person* must provide at their own expense all reasonable and necessary evidence (including post-mortem examinations) in support of a claim. An *Insured Person* must undergo any reasonable medical examinations in connection with any claim as the *Insurer* may require at the expense of the *Insured Person*.

4.2 Claim Settlement

Assessing the loss

The *Insured Person* or his or her legal representative undertakes to provide the *Insurer* with all the documents required to determine whether any matter notified is covered under this Policy. If the *Insured Person* refuses without a valid reason to provide such documents or to undergo a medical examination by a *Medical Practitioner* designated by the *Insurer* and if, after notice sent 48 hours beforehand by registered letter, the *Insured Person* still refuses, the *Insured Person* shall not be entitled to any benefit under this policy.

If additional medical documents or any other supporting documents are necessary, the *Insured Person* or his or her legal representative shall be personally informed in writing.

Deterioration independent of *Accident* or illness

If the consequences of an *Accident* are worsened by an existing physical or medical condition or by the *Insured Person* refusing or neglecting to undergo the medical treatment required by his or her condition, any benefit payable shall be calculated not on the actual consequences of the condition but on those that would have occurred in a healthy person who undergoes suitable, rational medical treatment.

4.3 Sanctions Clause

The *Insurer* shall not be deemed to provide cover and the *Insurer* shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the *Insurer*, its parent Company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Luxembourg, the European Union, *United Kingdom* or the United States of America.

Section 5 – OPERATIVE TIME

The Operative Time stated in the *Policy Schedule* is defined according to one of the following:

5.1 During *Covered Activity or Activities*

- While an *Insured Person* is participating in a *Covered Activity* sponsored, organised or supervised by the *Policyholder*.

5.2 Whilst Travelling directly to/from place of *Covered Activity or Activities*

- While an *Insured Person* is travelling directly between the *Insured Person's* place of residence and the place of activity that is being sponsored, organised or supervised by the *Policyholder*.

Section 6 – CORE COVERAGE

6.1 Accidental Death

The *Insurer* pays the amount indicated in the *Policy Schedule*, if the *Insured Person* dies within two years from the *Bodily Injury* caused by an *Accident*.

The *Sum Insured* for the accidental death of a *Child* younger than 18 year shall be limited to €25,000.

Additional Cover

Disappearance
The amount payable indicated in the *Policy Schedule* for Accidental Death, if the *Insured Person* disappears and after a suitable period of time it is reasonable to believe that the *Insured Person* has died from the *Bodily Injury* caused by an *Accident.*
As a condition of payment, the *Beneficiary* shall agree in writing that any benefits received shall be repaid to the *Insurer* if it later transpires that the *Insured Person* has not died from the *Bodily Injury* caused by the *Accident.*

Children's Bonus
Increase to the amount paid for Accidental Death by 5% for each *Child* of *the Insured Person*, up to 10% of the *Sum Insured* for Accidental Death.

Funeral Costs
The funeral and cremation costs up to €5,000 in the case of an *Accident* of the *Insured Person* which results in his death.

Life-saver Bonus
Accidental Death based on an insured sum of €25,000 for a person, that is not the *Policyholder* or *Insured Person*, who sustains *Bodily Injury* while trying to save the life of an *Insured Person*.

Section 7 – OPTIONAL ADDITIONAL POLICY COVERS

Description of Cover, definition and exclusions that apply will be stated for each Cover. Providing the appropriate premium for each Cover is paid and it is shown as applicable in the *Policy Schedule*, the *Insurer* will provide the insurance as set out below in each Cover.

7.1 Permanent Total Disability

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* sustains a *Bodily Injury* which solely and independently of any other cause and within 24 months from the date of the *Accident* results in *Permanent Total Disability* or *Permanent Total Disablement,* the *Insurer* will pay the *Insured Person* the benefit shown on the *Schedule*.

The following disablement scale shall be used to determine the percentage of disablement:

	Permanent total loss of:	Percentage of disablement:
a)	loss of both limbs	100%
b)	loss of one limb and one eye	100%
c)	loss of both eyes	100%
d)	loss of one limb	50%
e)	loss of one eye	50%
f)	*Total Paralysis*	100%
g)	incurable major brain damage	100%
h)	*Loss of Speech*	100%
i)	*Loss of Hearing* in both ears	100%
j)	Total *Loss of Hearing* in one ear	25%
k)	*Permanent Total Disablement*	100%

Definitions applicable to this Cover

Permanent Total Disability means disability which in all probability will continue for the remainder of the *Insured Person's* natural life.

Permanent Total Disablement means disablement which totally prevents an *Insured Person* from working in gainful employment of any and every kind which in all probability will continue for the remainder of the *Insured Person's* natural life.

Loss of Limb

In the case of a leg, means:

a) loss by permanent physical severance at or above the ankle or
b) permanent and total loss of use of a complete foot or leg.

In the case of an arm, means:

a) loss by permanent physical severance of the four fingers at or above the meta carpo phalangeal joints (where the fingers join the palm of the hand) or
b) permanent and total loss of use of a complete arm or hand.

Loss of Eye means permanent and total loss of sight in both eyes if the *Insured Person* is officially confirmed to be blind

Total Paralysis means total loss or impairment of muscle function or sensation

Loss of Speech means total and permanent loss of speech

Loss of Hearing means total and permanent loss of hearing

Conditions applicable to this Cover

Permanent Total Disability resulting from exposure to severe weather conditions will be considered to have been caused by *Bodily Injury*.

The *Insurer* will not pay any benefit for *Permanent Total Disability* until at least 13 weeks after the date of the *Accident* and the *Insurer* will only then pay under this cover if the *Insured Person* has not died as a result of the *Accident* during that period.

Provisions applicable to this Cover

Benefit under item (h) *Permanent Total Disablement* will not apply after an *Insured Person* reaches 65 years of age.

7.2 Accident Medical Expense

This Cover applies to a *Covered Activity or Activities* during the *Operative Time* that occurs on or after that date. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

Coverage applies in respect of Medical *Expenses* in order to treat the *Bodily Injury* resulting from an *Accident*.

The *Insurer* will pay benefits for the *Usual and Reasonable Costs,* subject to any excess and the maximum amount stated in the *Policy Schedule* for covered Medical *Expenses*, if, as a result of a *Bodily Injury*, the *Insured Person*'s medical condition requires *Immediate Medical Treatment.*

Definitions applicable to this Cover

Expenses means costs actually incurred by the *Insured Person* for services and supplies which are recommended by the attending *Medical Practitioner* and not recoverable from any other source. They include:

(a) the services of *Medical Practitioners;*
(b) confinement and use of operating room in a Medical Institution;
(c) anaesthetics (including giving the anaesthetic), x-ray examinations or treatments, and laboratory tests;
(d) ambulance service;
(e) drugs, medicines, and therapeutic services and supplies; or
(f) physiotherapy treatments.

Immediate Medical Treatment means treatment by a *Medical Practitioner* commencing within 5 days of the date of the *Bodily Injury*.

Usual and reasonable costs means fees and charges where they are incurred, but not to include charges that would not have been paid if no insurance existed and excluding charges for medical treatment that is not medically necessary within the *Period of Insurance.*

Exclusions applicable to this Cover

The *Insurer* will not pay any benefit where *Bodily Injury* or the incurring of Medical *Expenses* is the result of or is contributed to by:

(i) *Sickness* (not resulting from *Bodily Injury*); or
(ii) Any naturally occurring condition or degenerative process; or
(iii) Any gradually operating cause; or
(iv) *Expenses* paid or payable 24 months after the date of the *Accident*.

7.3 Accidental Damage to Teeth

This Cover applies to a *Covered Activity or Activities* during the *Operative Time.* It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* has been the victim of a covered *Accident* which solely and independently of any other cause results in Accidental Damage to Teeth, the *Insurer* will pay the *Insured Person* the amount appropriate in the *Policy Schedule* under Accidental Damage to Teeth in respect of dental expenses necessarily incurred within two years from the date of *Accident*.

Definitions Applicable to this Cover

Dental Practitioner means any suitably qualified dental practitioner other than:

(i) An *Insured Person;*
(ii) A *Spouse, Child* or other member of the immediate family of the *Insured Person; or*
(iii) An employee of the *Policyholder.*

Exclusions Application to this Cover

The *Insurer* will not pay any claim related to;

(i) routine or preventative dental care, including but not limited to Root canals.
(ii) Dental expenses incurred within two years of the date of *Accident* for treatment which either takes place or is expected to take place after the expiry of the two years from the date of *Accident*.

This insurance is underwritten by AIG Europe S.A., an insurance undertaking with R.C.S. Luxembourg number B 218806. AIG Europe S.A. has its head office at 35 D Avenue J.F. Kennedy, L-1855, Luxembourg, http://www.aig.lu/. AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances and is regulated by the Central Bank of Ireland for conduct of business rules.

AIG Europe S.A. Ireland branch has its registered branch office at 30 North Wall Quay, International Financial Services Centre, Dublin 1, D01 R8H7 and branch registration number 908876 and is regulated for conduct of business in Ireland by the Central Bank of Ireland.

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If a solvency and financial condition report of AIG Europe S.A. is available, it can be found at http://www.aig.lu/