

Certificate no.00100774 - Partner : OPRA SA

First name, Last name : . .

Date of birth : 26/01/1982

Address : .

Postal code, city : 13127 VITROLLES

PURPOSE OF THE INSURANCE

The purpose of this contract is to guarantee the insured persons against any accidents which they could be the victim of during the whole duration of the contract, and during sport practice according to one of the following two categories :

Category A : Any aerial sport with or without piloting (except as a passenger on regular flights), skydiving, speleology, all types of racing of land vehicles (cars, motorcycles...)

Category B : Any other sport

By practice, we mean any disaster occurring during the exercise of the sporting or recreational activity, the journey or events in the changing rooms are excluded.

SPORTS PRATIQUES

Category A sport : Any aerial sport with or without pilotage (except as a passenger on scheduled flights), skydiving, speleology, all types of land vehicle races (cars, motorcycles, etc.)

GARANTIES :

Accidental death and total permanent disability 2nd category French Social Security after an accident. According to general conditions, see Notice No. **ADP20181647** attached.

INSURED AMOUNT - RECIPIENTS

Amount of the sum insured : 10000 €.

Recipients : Ayants droits.

INSURED PERIOD :

From the 04/09/2019 16:08 to the 07/09/2019 16:08 (Duration : 1 to 3 days).

DECLARATIONS

The insured person(s) declare(s) that they :

- Are over the age of 15 and under 70 at the time this certificate takes effect,
- That the activities provided for in this contract be carried out as part of an amateur practice,
- Want to be insured only during the practice period of the activity,
- Are not in a state of disability (if there is an existing disability, only the accidental Death coverage is acquired).

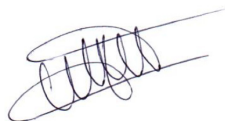
I, the undersigned, authorise the contractor to subscribe me to an insurance policy in accordance with the provisions of the contract referenced above .

I adjoin to this document, a bank card payment of € 10.39 corresponding to my premium.

I acknowledge having read the information notes of the insurance contract signed between GROUPAMA SPECIAL LINES and OPRA and affirm to have kept a copy. I certify the accuracy and sincerity of the statements above, which will serve as a basis for my insurance policy. **I acknowledge that any intentional concealment or false declaration will lead to annulment of the policy in accordance with Article L.113-8 of the Insurance Code.**

Signed in Vitrolles, the 03 September 2019

The company on behalf of :



Groupe Special Lines pour le compte de GROUPAMA Rhône-Alpes Auvergne

Entreprise régie par le code des assurances
50 Rue de Saint-Cyr 69251 LYON CEDEX 09
Siret : 779 838 366 000 28
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26 Rue Bachelier Béranger - BP 90248 - 13747 - Vitrolles Cedex
RCS Salon de Provence 498 729 656 - Inscription ORIAS N° 09 049 322 www.orias.fr
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conforme aux articles L 530.1 et L 530.2 du Code des Assurances