



**TRAVEL INCONVENIENCE INSURANCE FOR HOLDERS OF
A VISA CARD OR MASTERCARD ISSUED BY BCC CORPORATE
TERMS AND CONDITIONS**

Policy signed by BCC Corporate SA, Boulevard de l'Impératrice 66, 1000 Brussels, and AIG Europe Limited. AIG Europe Limited. Registered in England. Company number: 01486260. Registered Office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom. Belgian branch office located at Boulevard de la Plaine 11, 1050 Brussels, Belgium. Tel: (+32) (0) 2739 9000. RPM/RPR Brussels - 0847.622.919.

AIG Europe Limited is an insurer Authorised by the UK Prudential Regulation Authority, 20 Moorgate, London EC2R 6DA, United Kingdom. The Belgian branch of AIG Europe Limited is registered with the Belgian National Bank (NBB) n° 1136. The NBB is located at De Berlaimontlaan 14, 1000 Brussels.

DECLARATIONS

ELIGIBLE AND INSURED PERSONS

The Cardholder, holding one of the following cards :

- Visa Corporate with BIN codes 485778, 485754, 485756
- Mastercard Corporate with BIN codes 558799, 558742, 558761, issued by the Policyholder; his spouse and their fiscally dependent children under 25 years of age, living in the Country.

Moreover, also covered are "Lodged Cards" or also called "Travel Key" and "Epay Cards" which can be identified under one of the above listed BIN codes (first numbers on a card).

For the Travel Key and Epay Cards with the above-mentioned BIN number, the Insured Persons are the employees of the company, holder of the Travel Key or Epay Card and the persons that are engaged by the company for a specific mission, provided that they are themselves holders of a VISA / Mastercard with one of the above mentioned BIN codes. The benefit applicable will then be the one linked to the Card of the Insured Person.

If, within one and the same company, a single Visa/Mastercard with above mentioned BIN codes is used as means of payment for the purchase of several travel tickets, the authorized persons travelling with these tickets will be considered as Insured Persons, provided they themselves are holders of a Visa/Mastercard with one of the above mentioned BIN codes. The benefit applicable will then be the one linked to the Card of the Insured Person.



Notwithstanding the fact that the travel ticket is paid for by the AirPlus Company Account (with the BIN 1220 or 1920), the insurance package will be in place as though the BCC Corporate Card was used for Payment.

INSURER: AIG Europe Limited, Belgian branch

POLICYHOLDER: BCC Corporate SA

SECTION 1: TRAVEL INCONVENIENCE

1. DEFINITIONS

Abroad: outside the Country.

Child: person up to 25 years of age, fiscally dependent from the Insured Person and living in the Country.

Country: the country where the Cardholder is domiciled.

Covered Journey: the first 90 days of a trip outside the Country

Hi-Jack: the unlawful seizure or control of an aircraft or conveyance (or the crew thereof) in which the Insured Person is travelling as a fare paying passenger

Kidnap, detention: the wrongful abduction and holding under duress, or by fraudulent means, of any Insured Person by any person(s) or group making ransom demand or series of ransom demands for the release of such Insured Person(s).

Luggage: personal goods belonging to the Insured Person, or for which he/she is responsible; which are taken by him/her, sent in advance, or acquired by him/her during the Covered Journey.

Policyholder: the underwriter of the policy.

Spouse: the legally married husband or wife or partner with whom the Cardholder lives in a marital way, provided this person has been residing at the same address as the Cardholder for more than six months.

War: war, invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection, military or usurped power and any act of collective violence of the same catastrophic nature as war.

2. BENEFITS

The benefits outlined below are only available provided at least 50% of the travel tickets have been paid via the Visa/Mastercard with BIN code as specified in the above mentioned article - Declarations - of this policy.



2.1. Flight delay, missed connection, denied boarding

The Insurer shall indemnify the Insured Person, up to a maximum of 250 EUR for meals, refreshments and hotel expenses incurred by the Insured Person as a result of a delay exceeding 4 hours and due to:

- Delay or cancellation of the Insured person's booked and confirmed Journey via scheduled airlines.
- Denied boarding as a result of overbooking on the Insured Person's booked and confirmed Journey via scheduled airlines.
- Late arrival of the Insured person's connecting flight, causing the Insured Person to miss his onward connection.

The maximum indemnity applies per Insured Person and per event. The maximum indemnity per Covered Journey is limited to 500 EUR. The maximum indemnity per Insured Person and per year is limited to 2.000 EUR.

CONDITIONS AND LIMITATIONS

- Notification of a claim must be made within 21 days of a delay occurring.
- The ABC World Airways Guide will be the general reference guide for the scheduled airline carrier's timetable confirmed on the travel ticket.
- No claim can be filed if comparable alternative means of transport have been made available to the Insured Person within 4 hours after scheduled departure time of his onward flight or within 4 hours of an actual connecting flight arrival time.
- No claim can be filed if the delay is due to a strike or industrial action existing or announced prior to the start of the Covered Journey.
- No claim can be filed if the delay is due to withdrawal from service of the airline carrier ordered by any civil authority and of which notice had been given before the start of the Covered Journey.

2.2. Luggage delay

The Insurer shall indemnify the Insured Person, up to a maximum of 250 EUR for any reasonable expense incurred by the Insured Person in purchasing essential replacement clothing or toilet articles, subject to the registered luggage being delivered to the Insured person more than 4 hours after the arrival of his/her flight abroad.

The maximum indemnity applies per Insured Person and per event. The maximum indemnity per Covered Journey is limited to 500 EUR. The maximum indemnity per Insured Person and per year is limited to 2.000 EUR.

CONDITIONS AND LIMITATIONS

- Notification of a claim must be made within 21 days of a delay occurring.
- The ABC World Airways Guide will be the general reference guide for the scheduled airline carrier's timetable confirmed on the travel ticket.
- The Insured Person must have taken all reasonable measures to recover the registered luggage.
- Notification of any apparent luggage delay must be made immediately to the proper airport authorities.



- Confiscation of luggage by the customs or any government authority cannot form basis for any claim.
- Claims will only be considered for purchase of essential replacement clothing or toilet articles, provided such purchases are made within 4 days of actual arrival at the destination.
- The Insurer will not pay any claim if the Insured person returns to his Country.

2.3. Loss, theft or damage to luggage

If the registered luggage of the Insured Person, placed under the control of the airline carrier with whom the Insured Person is travelling on a Covered Journey, is lost, stolen, partially or totally destroyed, the Insurer shall indemnify the Insured person up to a maximum of 800 EUR.

The maximum indemnity applies per Insured Person and per event. The maximum indemnity per Insured Person and per year is limited to 1.600 EUR.

CONDITIONS AND LIMITATIONS

- Notification of a claim must be made within 21 days.
- The ABC World Airways Guide will be the general reference guide for the scheduled airline carrier's timetable confirmed on the travel ticket.
- The Insured Person must have taken all reasonable measures to recover the registered luggage.
- In the first year after the purchase, the reimbursement value will be calculated at 75% of the purchase price. As from the second year after the purchase, the value will be reduced by 10% per year.
- For valuable articles such as jewelry, furs, photographic, cine and recording equipment, the reimbursement will be limited to 300 EUR per claim and per Insured Person.
- Per claim, a deductible of 75 EUR will be applied.
- Any expense paid by the Insurer under 2.2., shall be deducted from the total amount paid under 2.3., should the luggage prove to be permanently lost.
- No claim can be filed for loss of or damage due to moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration, mechanical or electrical failure or any process of cleaning, restoring, repairing or alteration and damage due to a wrong use of an object.
- No claim can be filed if the loss has not been reported to either the police or transport carrier.
- No claim can be filed for loss due to confiscation or detention by customs or any other authority.
- No claim can be filed for loss of banknotes, current coins, bills of exchange, postal and money orders, cheques, luncheon vouchers, charge cards, travel tickets, debit/credit cards, gift tokens and coupons which are taken or acquired during a Covered Journey.



2.4. Loss of passport/identity card

In the event of an Insured person's passport or identity card being lost, stolen or destroyed during a Covered Journey, the Insurer will indemnify the Insured person in respect of additional travel and accommodation expenses necessarily incurred to enable the Insured Person to obtain a replacement passport, visa or temporary replacement thereof, up to a limit of 1.500 EUR.

2.5. Hi-jack, kidnap, detention

The Insurer will pay the amount of 200 EUR for each complete 24 hours period during which an Insured Person is forcibly or illegally detained as the result of a Hi-jack or kidnap during a Covered Journey.

CONDITIONS AND LIMITATIONS

- The amount is payable up to a maximum of 100 consecutive days.
- No claim can be filed if the loss is directly or indirectly consequent upon war.

SECTION 2: TRAVEL ASSISTANCE: DEFINITIONS

3. GENERAL TERMS AND CONDITIONS

3.1 VALIDITY OF THE CARD

The benefits of this Policy will be denied if the validity of the Card is rightly contested by the Issuer.

3.2 BEHAVIOUR OF THE INSURED PERSON

The Insured Person should take all the necessary steps to avoid claims having to be made or in order to keep them to a minimum.

3.3 PROCEDURE OBLIGATION TO INFORM THE ASSISTANCE SERVICE

In order to receive benefits under the Policy, the Insured Person must contact the Assistance Service Provider as soon as a claim or potential claim occurs. In any event, the Insured Person must contact the Assistance Service Provider for incurring expenses over € 250 or as soon as physically possible, in order to obtain prior authorisation by the Assistance Service Provider.

3.4 COVERAGE

Every Insured Person is covered even if traveling separately. The Insured Person is covered worldwide, during an unlimited number of private or business trips abroad, each of maximum 90 consecutive days, starting and ending in the Country. The coverage is however limited to a total of 183 days spent outside the country of residence in any period of 12 months.

3.5 LIMITATIONS

The use of duplicate or multiple Cards will not obligate the Cardholder, the Issuer or the Assistance Service Provider for an amount in excess of the highest limit applicable to



any of the Cardholder's Cards for expenses incurred by any Insured Person as the result of any individual incident which is covered under the terms and conditions of the insurance provided for the Cards.

3.6 PERIOD OF COVERAGE

The coverage under the Policy starts from the date given in the letter in which the Issuer approves the request for the Card until the moment when the Card, for whatever reason, is terminated.

3.7 COMMITMENT OF THE ASSISTANCE SERVICE PROVIDER

The Assistance Service Provider will make every effort to provide the full range of services in all of the circumstances here prescribed. Remote geographical locations or unforeseen adverse circumstances may preclude the provision of the usual level of assistance, but in all cases in which such difficulties occur, the full money benefits will apply, subject to the terms and condition of the Policy.

3.8. DISPOSAL OF UNUSED TRAVEL TICKETS

In the event of repatriation of the Insured Person, any possible unused travel tickets will be put at the disposal of the Assistance Service Provider upon its request.

3.9. EXCLUSION OF THE INSURED PERSON

Any fraud, forgery or false evidence on the part of the Insured Person shall automatically end the obligations of the Assistance Service Provider to provide that Insured Person with the Assistance Services on that particular occasion.

3.10. REIMBURSEMENT - CHARGES

In all the situations in which the Assistance Service Provider advances money on behalf of the Insured Person, the Assistance Service Provider shall be entitled to charge said advances directly to the Cardholder's Card account. The Assistance Service Provider is entitled to add an administrative charge of 3% with a minimum of € 10 to each advance processed. In any circumstances, the Cardholder will be obliged to reimburse costs for which the Assistance Service Provider is not responsible, within one month of being requested to do so.



4. BENEFITS

The benefits outlined below are only available provided at least 50% of the travel tickets have been paid via the Visa/Mastercard with BIN code as specified under – Declarations – eligible and insured persons - of this policy.

4.1. TRAVEL ASSISTANCE: DEFINITIONS

Abroad: outside the Country.

Country: the country where the Cardholder is domiciled.

Home: the principal place of residence in the Country.

Medical team: the medical structure appropriate to the medical event as determined by the Assistance Service Provider's chief medical officer.

Medical treatment: a surgical or medical procedure, the sole aim of which is the treatment of acute illness or injury.

4.1.1. Pre travel information

Upon request by the Insured Person, the Assistance Service Provider will provide information prior to the Insured Person's journey about the following items:

- Information for preparing a journey
- Information on visas, passports
- Information on inoculation requirements for foreign travel
- Information on customs and duty regulations
- Information on foreign exchange rates and value added taxes
- Referrals to Embassies or Consulates

4.1.2. Advance of funds

The Assistance Service Provider will advance or guarantee payment up to 2.000 EUR, on behalf of the Insured Person, in order to cover immediate expenses in an unexpected emergency situation where the Card cannot be used for payment, following a loss or theft duly reported to the appropriate public authorities and the Policyholder or the person assigned by the Policyholder.

If necessary, the above-mentioned limit of 2.000 EUR shall be extended with the prior authorization by the Policyholder. In any case, the Insured Person or any person acting on his behalf shall sign an IOU (I owe You) prior to any advance or guarantee by the Assistance Service Provider.

The Assistance Service Provider shall be entitled to ask for the reimbursement of the sums advanced, subject to article 3.10., as soon as the Insured Person returns to his Country and within a maximum of 3 months from the date of advance or guarantee by the Assistance Service Provider.

If necessary and upon request by the Insured Person, the Assistance Service Provider will coordinate with the Insurer so as to allow a direct settlement of the medical expenses.



4. 2. MEDICAL ASSISTANCE

4.2.1 Medical expenses coverage outside the country of residence

In case of hospital admission following illness or physical injury or outpatient medical treatment while travelling abroad, the Insurer will advance medical expenses up to the amount of 10.000 EUR and will pay directly any healthcare provider as part of the Advance of Fund benefit as described in 4.1.2.

4.2.2 Medical evacuation/repatriation

Should the Insured Person suffer physical injury or illness such that the Medical Team and the attending physician recommend hospitalization, the Assistance Service provider will arrange for:

- a. - The transfer of the Insured Person into one of the nearest hospitals, and
- b. - If necessary on medical grounds,
 - I. The transfer of the Insured Person to a hospital more appropriately equipped for the particular injury or illness, or
 - II. The direct repatriation, to an appropriate hospital or other health care facility near his Home, if his medical condition permits such repatriation. The Assistance Service Provider's Medical Team and attending physician will determine whether the Insured Person's medical conditions permit repatriation as a regular passenger or whether other arrangements are necessary under the circumstances.

4.2.3. Emergency visit

Should the insured Person be hospitalized as a result of a physical injury or illness and if recommended based on medical grounds by the Medical team, the Assistance Service Provider will organize and the Insurer will bear the costs for a return ticket ("economy" class, starting in the Country) as well as reasonable accommodation for any person requested by the Insured Person and residing in the Country.

4.2.4. Repatriation after medical treatment

Upon the Insured Person's discharge from the local hospital where he had been admitted, the Assistance Service Provider shall arrange and the Insurer will bear the costs for the repatriation of the Insured Person to his Home as a regular passenger when such travel is possible, according to the medical opinion of both the treating physician and the Assistance Service Provider's Medical Team. The Assistance Service Provider shall make such other arrangements as may be necessary according to the Insured Person's medical condition and the Insurer shall bear the costs of such arrangements, if such other arrangements are not covered under the Insured Person's original return ticket.

4.2.5. Hotel room for convalescence

The Assistance Service Provider will organize accommodation for the Insured Person for the sole purpose of convalescence immediately following his discharge from the hospital and if deemed medically necessary by both the treating physician and the Medical Team. The daily rate is limited to 100 EUR. The Medical Team shall determine the duration required for the convalescence with the local attending physician.



4.2.6. Repatriation of mortal remains

Upon the death of an Insured Person, the Assistance Service Provider will make all the necessary arrangements (including any activities necessary to meet official formalities), for the repatriation of the Insured Person's body or ashes to the place of burial in the Country, with the exclusion of funeral and burial expenses.

Payment of this benefit is covered by the Insurer.

4.2.7. Specific exclusions regarding the medical assistance

The Policy does not offer any coverage with regard to:

- a) Claims arising from trips undertaken by the Insured Person against the advice of a medical practitioner or with the aim of undergoing medical treatment Abroad;
- b) Claims arising directly or indirectly from a medical condition which already existed within six months preceding the trip, unless a practitioner has given specific written confirmation of the insured Person's fitness to travel, before his departure;
- c) Claims arising from a medical condition for which the Insured Person has received in-patient treatment in the last 12 months, or for which the Insured Person is on a hospital waiting list, or for which he has received a terminal prognosis unless a practitioner has given specific written confirmation of the Insured Person's fitness to travel, before his departure;
- d) Claims arising directly or indirectly from medical treatment Abroad, planned or known about in advance;
- e) Claims arising from emergency repatriation where expenses are incurred without prior approval of the Assistance Service Provider;
- f) Claims arising from mental illness, any post traumatic disorder and any venereal disease;
- g) Claims arising from a funeral, embalming or ceremony, unless compulsory by local law.

4.2.8. Specific exclusions regarding the medical expenses

The Policy does not offer any coverage with regard to:

- a) Claims arising from the Insured Person engaging in flying or other aerial activity, except as fare paying passenger;
- b) Claims arising from the Insured Person participating or training in view of contests for horse riding,
- c) cycle-racing or speed-racing with motor vehicles;
- d) Claims arising from the Insured Person participating in any sport as a professional where earnings therefrom exceed 25% of his annual salary;
- e) Claims arising from pregnancy, child birth or abortion as well as complications therefrom;
- f) Claims arising from mental illness, any post traumatic disorder and any venereal disease;
- g) Claims arising from periodic check-ups or routine examinations;
- h) Claims arising from cure treatments for personal convenience;
- i) Claims arising from plastic surgery unless related to a bodily injury.



5. GENERAL EXCLUSIONS APPLICABLE TO THE SECTION TRAVEL ASSISTANCE

There will be no Benefits paid under this Policy in respect of/or for:

- 5.1. Claims arising from circumstances, which were known, to the Insured Person before the commencement of the journey;
- 5.2. Losses, damage or costs which, at the time when they occur, are insured under another existing insurance;
- 5.3. Costs that would have been payable if the incident, which is the subject of the claim, had not occurred;
- 5.4. Consequential losses, of any sort, other than those, which are expressly mentioned in the terms and conditions of the Policy;
- 5.5. Any willful act on the part of the Insured Person;
- 5.6. Suicide or insanity on the part of the Insured Person, willful self-harm, alcoholism, drugs addiction, or the use of solvents or being under the influence of alcohol or drugs;
- 5.7. Loss, damage, death, injury, illness, invalidity or costs brought about by war, invasion, the actions of a foreign enemy, hostilities (whether war has been declared or not), terrorist activity, civil war, rebellion, revolution, insurrection, military or usurped power, or participation in internal commotion or riot, of any sort.
- 5.8. Legal liability, of any sort, caused directly or indirectly by or arising from :
 - 5.8.1. Ionising radiation or contamination by radioactivity from other radioactive waste from the combustion or nuclear fuel ;
 - 5.8.2. The radioactive, poisonous, explosive, or other dangerous properties of an explosive nuclear assembly or a component thereof.

GENERAL PROVISIONS

Limitation period: the limitation period for any action arising out of the insurance contract shall be three (3) years as from the date of the event which gives rise to the action. However, if the claim is provided timely, the limitation period shall be suspended until the date the Insurer notifies in writing of his decision to grant or refuse the claim.

Language: The Insured Person may communicate with the Insurer and obtain documents and/or other information in the language of the general terms and conditions.

Settlement of complaints and disputes: in case of any problem with regard to the application of the insurance policy, the Insured Person may contact the Insurer. The Insurer strives to treat the Insured Person in a courteous, fair and prompt manner. If despite the efforts of the Insurer, the Insured Person is not satisfied, it can address a complaint:

- By e-mail: belgium.complaints@aig.com
- By phone: 02 739 9690
- By fax: 02 739 9393
- By ordinary mail: AIG Europe Limited, Complaints, Boulevard de la Plaine 11, 1050 Brussels



The Insurer requests the Insured Person to mention the policy number and/or claim file number and, if available, the name of the contact person within the Insurer.

Ombudsman for Insurances

If the Insurer cannot provide the Insured Person with a satisfactory solution and if the complaint of the Insured Person relates to the insurance agreement, the Insured Person can also address the Ombudsman for insurances at de Meeussquare 35, 1000 Brussels - TEL 02 547 5871 - FAX 02 547 5975 – info@ombudsman.as – www.ombudsman.as.

Filing a complaint does not prejudice the possibility of the Insured Person to start legal proceedings.

Applicable Law and Jurisdiction: The present contract is governed by the Belgian law. Any dispute with regard to the implementation or the interpretation of the present contract will be subject to the exclusive competence of the Belgian courts.

Personal Data:

How we use Personal Information

We are 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) to share 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) or (where we require it and are legally permitted to collect it) information about criminal convictions, 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
- Assessments and decisions about the provision and terms of insurance and the 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
- (Internal) audit



Sensitive Personal Information – In connection with the provision of insurance and the assessment of a claim, we will collect, use and disclose certain Sensitive Personal Information concerning your health and medical conditions. Where we do this, we will do so with your explicit consent and as otherwise permitted by law.

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. 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 your 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 request that we correct inaccurate data, 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 in your country. 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 <http://www.aig.be/privacy> or you may request a copy by writing to: Data Protection Officer, AIG Europe, Pleinlaan 11, 1050 Brussels or by email at: dataprotectionofficer.be@aig.com.

Subrogation: By paying the compensation, the Insurer becomes subrogated in the amount of the indemnity to the rights and actions of the Insured Person or the beneficiary/beneficiaries against the third parties responsible for the damage.



Conflicts of interests: A rigorous policy for the management of conflicts of interest has been implemented by the Insurer in compliance with the legislation in force. Severe fairness and integrity standards are being applied in this regard. Additional information on the conflicts of interest policy can be requested in writing at AIG Europe Limited, Compliance Dept, Pleinlaan11, 1050 Brussels.

GENERAL EXCLUSIONS

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 the European Union, Belgium or United States of America.

The aforementioned General Definitions, General Provisions and General Exclusions apply to all the guarantees set out below, even if they are not explicitly mentioned.