

## **General Provision for Overseas Travel Insurance**

### **Article 1 (Effect of Insurance contract)**

- ① An insurance contract (hereafter “the contract”) comes into effect upon application by an would-be policyholder(hereafter “the Policyholder”) and subsequent acceptance by the insurance company(hereafter “the Company”).
- ② Having received an application with full payment or the first installment of the insurance premium, the Company should notify the applicant an acceptance or a refusal within 30 days from the date of the application (the date of diagnosis in case of diagnosis-based contract), otherwise an application is deemed accepted.
- ③ The Company shall issue an insurance policy to the applicant immediately upon acceptance of the application or, if the application was not acceptable, notify the refusal and return the amount of money received to the applicant.
- ④ Where an already effected contract is to be renewed or amended, the Company may simply record the details in the existing policy or notify such details to the Policyholder instead of issuing a new policy.

### **Article 2 (Presentation of Provision and Obligation of Explanation)**

- ① The Company shall present insurance provision and explain its key contents to the applicant at the time of contract.
- ② In the event where the Company did not present the provision to the applicant or explain its key contents to the applicant as mentioned in Clause 1 of above, or where the applicant has not given a signature (nor a personal seal) on the application form, the application may cancel the contract within 1 month from the date of the contract.
- ③ In the event where the contract has been cancelled in accordance with Clause 2 of above, the Company shall return the insurance premium received to the applicant plus an interest incurred for the period of holding the premium at the rate announced by Insurance Development Board.

### **Article 3 (Insurance Premium)**

- ① Insurance premium should be paid before the commencement of the insurance term unless otherwise agreed.
- ② The losses occurred after the commencement of the insurance term but before the receipt of insurance premium shall not be indemnified unless otherwise agreed.

### **Article 4 (Beginning and Ending of the Period of Company's Responsibility)**

- ① The responsibility of the Company begins at 4 p.m on the first day of the insurance term and ends at 4 p.m. on the last day of the insurance term. However, should the policy stipulates the hours differently, the policy shall prevail. The standard time of the location where the policy is issued shall be applied.
- ② In the event where an accident covered by the insurance occurred before the acceptance of the application by Company, the Company shall honor the contract if it has already received insurance premium in full or in part together with the application for the insurance.
- ③ Notwithstanding Clause 2 of above, the Company shall not hold itself responsible in one of the following events:
  1. Where the term of responsibility has not begun according to Clause 1 of above.
  2. Where the Company proves that the contents of the notification or medical diagnosis resented to the Company by the Policyholder or the Insured in accordance with Article 13 (Obligation of Notification before Contract) affected the occurrence the indemnity payment of insurance money.

3. Where the Company cannot be held responsible according to Article 15 (Cancellation of Contract)

#### **Article 5 (Cancellation Application)**

① Only in case of household-related insurance (A personal insurance contract pertaining to a personal life of which insurance premium is not payable by an organization or a corporation but by a person and a contract that group rate is not applied.), the applicant may cancel the application within 15days from the date of application or payment of the insurance premium.

Provided that, the revocation shall not apply to the contract in which the period of insurance is within 90 days.

② When the Company receives notification of cancellation, it will return the insurance premium received plus an interest for the period of holding the insurance premium at the rate for the fixed deposit announced by Insurance Development Board.

#### **Article 6 (Indemnified Losses)**

① The Company shall indemnify for the losses incurred to the Insured caused by physical injury (hereafter the loss) if the injury was a result of a sudden, accidental physical accident (hereafter the accident) occurred during the period between the departure from the Insured's residence for a travel described in the insurance policy and the return to the Insured's residence after the said travel.

② The injury described in the above Clause 1 includes toxic symptoms caused from accidental inhalation, absorption or intake of toxic gas or toxic substance but does not include toxic symptoms caused from gem-oriented food poisoning or from habitual inhalation, absorption or intake.

#### **Article 7 (Exclusions)**

① The Company shall not indemnify for the losses caused whether directly or indirectly by one of the below reasons:

1. Deliberate deed by the Policyholder or the Insured
2. Deliberate deed by the Beneficiary of the insurance (hereafter the Beneficiary). However, if there are other beneficiaries, the total insurance money payable less the part originally claimable by the Beneficiary concerned shall be paid to the other beneficiaries.
3. Self-injury, suicide, attempted suicide, an act of crime or violence of the insured (However, a proved act of self-defense or emergency evacuation of a justified act is indemnified)
4. Disease or mental depression of the Insured
5. Injury caused by mental illness of the Insured
6. Pregnancy, childbirth (including one by caesarian operation), miscarriage, surgical operation or other medical treatment. However, an indemnified injury is not included.
7. Losses incurred to an artificial physical fixture of the insured including an artificial arm, an artificial foot and denture.
8. Execution of a sentence of the Insured.
9. Earthquake, volcanic action, tidal wave or other similar natural disaster.
10. War, military action from a foreign country, revolution, civil war, national calamity, riot, social disturbance, industrial action or other similar occurrence.
11. An accident caused from radioactive, explosive or other harmful property of nuclear fuel (including used fuel) or of any material contaminated by such nuclear fuel (including those generated from nuclear fission).
12. Irradiation or radioactive contamination other than Clause 11 of above.
13. Pre-existing condition

② Unless otherwise agreed, the Company shall not indemnify for the losses incurred while the Insured was performing one of the act described below as an activity of his or her job or society:

1. Specialist climbing (ascending or descending rock walls or ice ridges using specialist climbing aids or other climbing activities requiring specialist technique, experience and training), glider piloting, skydiving, scuba-diving, hang-gliding, para-sailing, or other similarly hazardous activity.
2. Racing, exhibiting, entertaining (including training for one of those activities) using a motorboat, a car or a motorcycle, or test-running of one of those (not including a test-running on a public road)
3. Being on board a ship as a profession such as a crew, fisher, boatman or other.

#### **Article 8 (Death Benefit)**

① The Company shall pay the full amount of insurance as a death benefit to the Beneficiary (or to the heir or heiress if no beneficiary has been appointed) if the Insured had an injury caused by an accident described in Article 6 (Indemnified Losses) and died within 1 year from the accident as a direct result of the injury.

② In the event where the Insured was officially recorded dead in the census register following a report of death by a government office that officially acknowledged death under the circumstances where the Insured had been missing after the airplane or the ship carrying the Insured had been in distress or missing, the Insured is deemed dead at the time of the accident. However, when the Insured is found alive after the payment of death benefit, the Company shall reclaim the benefit paid.

#### **Article 9 (Sequela-related Disability Benefit)**

① When the Insured had been injured from an accident described in Article 6 (Indemnified Losses) and lost a part of his or her body or permanently lost its function (hereafter sequela-related disability) within 1 year from the accident as a direct result of the accident, the Company shall pay the Insured a sequela-related disability benefit as an indemnity calculated by multiplying the payment ratio specified in [Annexed List] "Level table of sequela-related disability" with the subscribed insurance amount.

② If the payment amount of sequela-related disability benefit could not be determined until 180 days after the accident, the payment ratio for the anticipated permanent physical condition based on the doctor's diagnosis on the 180<sup>th</sup> day from the accident shall be applied. However, if the physical condition deteriorates later within the period of indemnity, the payment ratio for the deteriorated disability shall be applied.

③ For the sequela-related disability that is not included in the [Annexed List], the payment ratio shall be determined correspondingly to the [Annexed List] based on the degree of disability regardless of vocation, age, social status or sex of the Insured. However, sequela-related disability benefit shall not be paid if the degree of sequela-related disability is lower than that required for the minimum payment ratio in the [Annexed Table].

④ When the Insured suffered more than two sequela-related disability from the same accident, the sum of the payment for each disability according to the calluses 1 and 3 of above shall be paid. However, the sequela-related disability benefit shall not exceed 60% of the subscribed insurance amount for each of the disability of an upper limb (arm and hand) or lower limb (leg and foot) described in 7,8 and 9 in the [Annexed List].

#### **Article 10 (Medical Expenses Benefit)**

① When the Insured had been injured from an accident described in Article 6 (Indemnified Losses) and received medical treatment as a direct result of the accident, the Company shall pay the Insured for the medical expenses based on the actually paid amount by the insured within the limit of the medical insurance subscription amount. In any case, medical expenses shall be honored only within 180 days from the accident.

② Withstanding of Clause 1, the Company shall not pay the subscribe insurance amount for expenses equivalent to each of following items :

1. Prescription expenses for recruiting vitality like herbal medicine materials
2. General expenses not related with consultation (TV subscription fee, telephone charges, all types of certificate fee, etc), prescription expenses of a mass of nutrients without reasonable reason, inspection expenses not related with doctor's clinical opinion.
- ③ When more than one insurance contract exists for the expenses described in Clause 1 of above, the Company shall pay the medical insurance money calculated based on the ratio of the indemnity amount according to this contract against the total amount of indemnity of each contract calculated independently of other contracts if the above total amount of indemnity exceeds the expenses described in Clause 1 of above.

**[Definition]** Insurance items for multiple contracts are synthesis of the third insurance, disease, nursing insurance and of the non-life insurance, long-termed damage, personal pension and retirement insurance.

**Article 11 (Effect of Other Disability or Disease)**

- ① When the Insured had been injured from an accident described in Article 6 (Indemnified Losses) and the incidental injury worsened due to the effect of existing physical disability or disease or of new physical disability or disease not related to the accident that caused the injury described in Article 6 (Indemnified Losses), the Company shall pay the indemnity based on the injury not affected yet by them.
- ② When the injury described in Article 6 (Indemnified Losses) worsened due to the negligence of the Insured of medical treatment or to the negligence of the Policyholder or the Beneficiary of having the Insured receive medical treatment, the same will apply as Clause 1 of above.

**Article 12 (Payment Limit of Insurance Money)**

- ① The amount of death benefit or sequela-related disability benefit payable by the Company shall be limited to the death / sequela-related disability insurance amount described in the insurance policy within the insurance term.
- ② The medical insurance money payable by the Company shall be limited to the medical insurance amount specified in the insurance policy per accident.

**Article 13 (Information Obligation before Contract)**

The applicant, the Insured or their representative should provide true information (including medical certificate) as known for each question in the application form (including questionnaire) at the time of application. The Company should be informed particularly when other insurance contract which is cover a loss that caused by accident described of the Insured.

**Article 14 (Information Obligation after Contract)**

- ① The Policyholder, the Insured or the Beneficiary (in case of Death) must inform the Company when the Beneficiary(in case of Death) is changed and has to submitted an agreement of the insured.
- ② When the address of the Policyholder has been changed, he or she must inform the company of the fact immediately. However, if the Policyholder fails to inform the fact to the Company, the correspondences sent by the Company to the address last known to the Company are deemed to have reached to the Policyholder when the time normally required of such correspondence to reach the Policyholder has passed.

**Article 15 (Cancellation of Contract)**

- ① The Policyholder has the right to cancel the contract any time before any loss occurs. However, in the event where the contract has been made on behalf of other person, he or she may cancel the contract only upon presentation of the written consent made by that person or of original insurance policy.
- ② The Company may cancel the contract if the loss has been deliberately created by the Policyholder, the

Insured or the Beneficiary.

③ The Company may cancel the contract regardless of the occurrence of losses in one of the following events if the Policyholder, the Insured or their representative has not informed the Company of the important matters truthfully notwithstanding of Article 13 (Information Obligation before Contract).

④ Notwithstanding of Clause 3-1 of above, the Company can not cancel the contract in one of the following events;

1. If the Company is aware of the fact at the time of the contract or failed to acknowledge the fact due to the Company's fault
2. If 1 month has passed after the Company became aware of the fact
3. If the person who solicited subscriptions (hereafter the subscription solicitor) entered on his or her own accord the particulars for which the applicant or the Insured has the obligation to provide before the contract.

⑤ In the event where the cancellation according to Clause 3-1 of above occurs after the occurrence of the loss, the Company shall not indemnify for the loss and will inform the Policyholder in written the fact of failure to comply with the information obligation before contract, the reason why such failure is an important matter in view of the information obligation before contract and a statement mentioning that a protest may be placed if contrary evidence can be produced.

⑥ If damages are not resulted from the fact as specified in the Clause 3, the Company will compensate for them irrespective of the Clause 5 .

#### **Article 16 (Change of the Status of the Insured)**

① The policyholder may change the status of the Insured in one of the following cases:

1. When the contract becomes no longer effective because the Insured died of the cause not indemnified by this insurance or was bankrupt, emigrated or divorced
2. When the Insured was discharged or replaced by other employee by his or her employer who is the Policyholder.

**[Definition]** The employment relationship shall mean the relationship where the employee provides labor to the employer and the employer pays the employee remuneration in return

#### **Article 17 (Nullity of Contract)**

The contract in which an accident is defined as the death of other person is not valid unless written consent by the Insured has been obtained. However, this does not apply to the contract subscribed by an organization a part or whole of whose members are the Insured.

#### **Article 18 (Return of Insurance Premium)**

① When this insurance has been annulled, invalidated or cancelled, the Company shall return the insurance premium as follows. However, if there has been a case where an indemnity had been paid following an accident during the period of insurance term, the insurance premium paid for the same year(the first year being 1 year from the date of the contract, and each of the next years being year from the first day after the previous year) shall not be returned in any case.

1. If the causes are not responsible by the Policyholder, the Insured or the Beneficiary: the whole amount of insurance premium already paid to the Company in case of annulment, the part of the insurance premium calculated for the residual period of insurance term in case of invalidation or cancellation.
2. If the causes are responsible by the Policyholder, the Insured or the Beneficiary: the whole amount of insurance premium already paid minus the part calculated for the exhausted period of time at the short term rate. However, the insurance premium shall not be returned if the annulment has been result of intentional or decisive negligence by the Policyholder, the Insured or the Beneficiary.

② In case where the contract of which the term is longer than 1 year has been annulled or invalidated, the insurance premium for the year in which the date of annulment, invalidation or cancellation falls shall be returned in accordance with Clause 1 of above and the insurance premium for the rest of the term shall be returned in full.

#### **Article 19(Notification of Loss)**

① The Policyholder, the Insured or the Beneficiary must inform the Company of the accident without delay.  
② If the loss increased due to the delay of notification by the Policyholder, the Insured or the Beneficiary in accordance with Clauses 1 and 2, the Company shall not indemnify for the additional loss incurred.

#### **Article 20 (Documents Required for Insurance Claim)**

① The Policyholder, the Insured (or the Beneficiary) must produce following documents when claiming an insurance money.

1. Claim Form(a company form)
2. Certificate of Accident (death certificate, disability certificate, certificate of hospitalized treatment, etc)
3. Other document necessary for the receipt of the claim

② If the certificate of accident is issued by a hospital or a medical practitioner, the hospital or the medical practitioner must be a qualified local one conforming to Article 3(Medical institution) of the Medical Law or a foreign one who is deemed similarly qualified.

#### **Article 21(Payment of Insurance Money)**

① When the Company receives claim documents described in Article 20(Documents Required for Insurance Claim)of above, it should issue a certificate of receipt and pay the indemnity within 3 days if claim was for the physical loss or 20 days if the claim is for the loss of property or loss by a liability of reparation from the date of the receipt.  
② If the Company expects with certainty that its investigation on the justification of the payment of insurance money would require longer time than the payment due date, it will inform the Insured or the Beneficiary in written the detail reason, expected payment date and the procedure for the claim of prepayment of insurance money.  
③ If additional investigation is necessary according to Clause 2 of above, the Company shall pay 50% of estimated indemnity as a prepayment of insurance money upon request by the Insured or the Beneficiary.  
④ In the event where the Company could not pay the insurance money within the due date specified in Clause 1 of above, the Company shall pay, in addition to the insurance money. an interest for the period from the next day until the actual date of payment at the rate for the fixed deposit announced by Insurance Development Board. However, the Company shall not pay interest for this period if the delay has been responsible by the Policyholder, the Insured or the Beneficiary.  
⑤ In connection with Article 15(Cancellation of Contract), the Policyholder, the Insured or the Beneficiary must consent to the Company's investigation through medical institute, police or other government office.

#### **Article 22(Loss of Claim Right)**

The Policyholder, the Insured or the Beneficiary will lose the right to claim for the insurance money in one of the following cases:

1. When the Policyholder, the Insured or the Beneficiary intentionally entered untruthful facts in the notification of loss or the claim form or forged or altered such document or its evidences
2. When the Policyholder, the Insured or the Beneficiary obstructed or avoided investigation on the loss without justified reason.

#### **Article 23(Expiry of the Right to Claim)**

The right to claim for insurance money, the right to claim for the return of insurance premium shall expire if such right is not exercised for 2 years.

**Article 24(Contract Information Exchange)**

In the event where the Company intends to offer or use personal credit information, it must obtain written consent from the Policyholder using a form of agreement on offering or using personal credit information in accordance with the procedure set forth by Article 23(Agreement on Offering and Using of Personal information) of the Law on the Use and Protection of Credit information and Article 12 (Agreement, etc on Offering and Using of Personal Information) of the Enforcement Ordinance of the same law. Credit information for which consent is required includes followings:

1. Name, residence registration number and address of the Policyholder, the Insured or the Beneficiary
2. Particulars of the contract including contract date, type of insurance, insurance premium, insurance amount, etc
3. Particulars of payment including insurance money, amount of various payments, cause of payment, etc

**Article 25(Arbitration)**

If any dispute arises in connection with the contract, it may be submitted to arbitration to the Finance Supervisory Service by the parties concerned or the person of interest and the Company.

**Article 26(Legal Jurisdiction)**

Any lawsuit in connection with this contract shall be instituted at the court of the Republic of Korea chosen by the Policyholder, the insured or the Beneficiary.

**Article 27(Interpretation)**

- ① The Company should interpret the provision with faith and fairness and must not interpret it differently for each individual policyholder.
- ② The Company shall interpret the part of the provision which may not be clear in such a way that is beneficial to the Policyholder.

**Article 28(The Effect of Insurance Guide Produced by the Company)**

If the contents of the insurance guide (any promotional paper for the sales of insurance) produced by the Company and used by the solicitors of insurance contract (including various offices of the Company and agents) in their sales activities differ from the contents of this provision, the contract is deemed based on the conditions more beneficial to the Policyholder.

**Article 29(Responsibility of the Company for indemnity for the Loss)**

The Company shall take responsibility for the loss incurred by responsible act of its personnel, insurance solicitors or agents in accordance with the related laws and the Company's business manual.

**Article 30(Payment Guarantee by Deposit Insurance Fund)**

In the event where the company is unable to pay the insurance money due to bankruptcy, etc, the payment is still guaranteed in accordance with the Depositor Protection Law.

**Article 31(Legal Conformity)**

Any matters not stipulated in this provision shall be governed by the laws of the Republic of Korea.

**Physical Impediment Indemnity Payment Table**

Physical Impediment Litems	Payment Rate % of the Amount Insured
<p><b>1. EYE</b></p> <p>(1) Loss of sight of both eyes</p> <p>(2) Loss of sight of one eye</p> <p>(3) The corrected eyesight of one eye decreased to lower than 0.02</p> <p>(4) The corrected eyesight of one eye decreased to lower than 0.06</p> <p>(5) The corrected eyesight of one eye decreased to lower than 0.1</p> <p>(6) The corrected eyesight of one eye decreased to lower than 0.6</p> <p>(7) Remarkable disturbance of regulating function or Motor function of one eye</p> <p>(8) Contraction of visual field(Below 60% of normal), half-blind, Or stricture of visual field of one eye</p> <p>(9) Remarkable damage of one lid</p> <p>(10) Remarkable disturbance of motor function of one eyelid</p>	<p>100</p> <p>60</p> <p>34</p> <p>26</p> <p>20</p> <p>5</p> <p>10</p> <p>5</p> <p>15</p> <p>10</p>
<p><b>2. EARS</b></p> <p>(1) Permanent total loss of hearing power of both ears</p> <p>(2) Permanent total loss of hearing power of one ears</p> <p>(3) Inability of one ear to catch a loud voice unless Speaking directly to the ear</p> <p>(4) Inability of one ear to catch an ordinary voice at a distance of 50 centimeters or more</p> <p>(5)In cases most of an ear's chocha impaired</p>	<p>80</p> <p>30</p> <p>20</p> <p>5</p> <p>10</p>
<p><b>3. NOSE</b></p> <p>(1) Remarkable disturbance in function of nose</p>	<p>20</p>
<p><b>4. MASTICATION OR SPEECH</b></p> <p>(1) Permanent total loss of function of mastication or speech</p> <p>(2) Remarkable disturbance in function of mastication or speech</p> <p>(3) Disturbance in function of mastication of speech</p> <p>(4) Impairment of 14 or more teeth</p> <p>(5) Impairment of 7 or more teeth</p> <p>(6)Impairment of 5 or more teeth</p>	<p>100</p> <p>35</p> <p>15</p> <p>20</p> <p>10</p> <p>5</p>
<p><b>5. DISFIGUREMENT OF OUTWARD APPEARANCE:</b></p> <p>(1) Remarkable disfigurement of outward</p>	<p>15</p>

appearance (2) Disfigurement of outward appearance	5
<b>6. SPINAL CORD</b>	
(1) Permanent total deformity or permanent severe impediment disturbance in spinal cord	40
(2) Medium degree motor disturbance in spinal cord	30
(3) Medium degree deformity In spinal cord	20
(4) Low degree motor disturbance or deformity in spinal cord	10
(5) Remarkable deformity in the shoulder blade or pelvic bone	15
(6) Remarkable deformity in the collar bone, ribs, chest bone	10
(7) Permanent disability of herein of intervertebral disk	20
(8) Medium degree disability of hernia of intervertebral disk	15
(9) Low degree disability of hernia of intervertebral disk	10
<b>7. ARMS OR LEGS</b>	
(1) Loss of both arms above wrist joint or Both legs above ankle joint	100
(2) Loss of the one arm above wrist joint or One leg above ankle joint	60
(3) Permanent total loss of function of both arms or both legs	100
(4) Permanent total loss of function of one arm or one leg	50
(5) Permanent total loss of function of more than One of three major joints of one arm or one leg	50
(6) Permanent total loss of function of one of three major joints Of one arm or one leg	30
(7) Permanent total disability in function of more than Two of three major joints of one arm or one leg	40
(8) Permanent total disability in function of One of three major joints of one arm or one leg	20
(9) Long-term disability of function of more than Two of three major joints of one arm or one leg	20
(10) Long-term disability of function of one of three major joints Of one arm or one leg	10
(11) Light disability of function of two of three joints of one arm or one leg	10
(12) Light disability of function of one of three joints of one arm or one leg	5
(13) Remarkable disturbance caused by false joint in one arm or one leg	40
(14) Disturbance caused by false joint in one arm or	30

one leg	
(15)Deformity of bone in one arm or one leg	10
(16)One leg shortened of more than Five(5) centimeter	34
(17)One leg shortened of more than three(3) centimeter	20
(18) One leg shortened of more than one(1) centimeter	7
<b>8. FINGERS</b>	
(1) Permanent total loss of fingers of both hands	100
(2) Permanent total loss of five fingers of one hand	52
(3) Loss of thumb of one hand at or above knuckle	20
(4) Loss of fingers other than thumb at or above second knuckle(for each finger)	8
(5) Partial loss of bones of remarkable disturbance in function of all five(5) fingers of one hand	30
(6) Remarkable disturbance or partial loss of bone of thumb of one hand	10
(7)Partial loss of bone or remarkable disturbance in function of fingers other than thumb	5
<b>9. TOES</b>	
(1) Loss of the Lisfranc's joint of one foot	42
(2) Loss of all five(5) toes of one foot	30
(3) Loss of big toe of one foot at or above toe joint	10
(4)Loss of the above second joint other than big toe of one foot(for each toe)	5
(5)Partial loss of bones or remarkable disturbance in function of all five(5) toes of one foot	20
(6)Partial loss of bone or remarkable disturbance in function of big toe of one foot	8
(7)Partial loss of bone or remarkable disturbance in function of toes other than big toe of one foot(for each toe)	3
<b>10. THE IMPEDIMENT OF THE INTERNAL ORGANS IN THE CHEST AND THE ABDOMEN</b>	
(1) In cases where constant care is needed by the Insured's next side for the rest of his life as the severest impediment has left in the function of the internal organs in the chest and the abdomen	100
(2) In cases where frequent care is needed by the Insured's next side for the rest of his life as the severe impediment has been left in the function of	75

<p>the internal organs in the chest and the abdomen</p> <p>(3) In cases the basic movement in the Insured's daily life has become restricted as the medium degree of impediment has been left in the function of the internal organs in the chest and the abdomen</p> <p>(4) In cases the basic movement in the Insured's daily life has become restricted as the medium degree of impediment has been left in the function of the internal organs in the chest and the abdomen</p> <p>(5) In cases the impediment has been left in the function of the internal organs in the chest and the abdomen</p> <p>(6) In cases the Insured has lost either testicles or both ovary</p> <p>(7) In cases the Insured has lost the spleen or one part of kidney</p> <p>(8) In cases the outstanding impediment has been left in the Insured's organ of reproduction</p>	<p>50</p> <p>25</p> <p>10</p> <p>42</p> <p>34</p> <p>26</p>
<p><b>11. THE IMPEDIMENT OF THE PSYCHO AND NEUROSYSTEM</b></p> <p>(1) In cases the Insured needs the constant care or should be in locked situation as the loss of the ability to make the basic movement or function independently to maintain his own life due to the severest impediment in the Insured's functions of the psycho and the neuro system left in the body</p> <p>(2) In cases the Insured's limbs, or half body or the lower half of the Insured's body has been totally paralyzes</p> <p>(3) In cases the Insured needs the partial care or watch as the severe impediment in the Insured's functions of the psycho and the neuro system has made a substantial restriction on the Insured's ability to make the basic movement or function independently to maintain his own life and there exist the danger to hurt himself or other parties, however not to the extent that he should be in locked situation</p> <p>(4) In cases the medium degree of impediment in the Insured's functions of the psycho and the neuro system has made a substantial restriction on the Insured's ability to make the basic movement or function independently to maintain his own life</p> <p>(5) In cases the low or medium degree of impediment in the Insured's functions of the psycho and the neuro system has made a restriction to the</p>	<p>100</p> <p>100</p> <p>75</p> <p>50</p> <p>25</p>

<p>extent that the Insured can make the basic movement or function independently to maintain his own life, however the Insured will have a substantial restriction to do a high degree of mental function or sophisticated work</p> <p>(6) In cases the low degree of impediment in the Insured's functions of the psycho and ordinary life independently, however the Insured will have a more or less restriction to do a high degree of mental function or sophisticated work</p>	10
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[NOTE]

1. Details concerning type of the sequela-related disability and the payment ratio shall comply with the 'Calculation Standard of Sequela-related disability of Damage Insurance' unless they are interpreted differently from contents of Provision.
2. The payment ratio of the sequela-related disability for this insurance applies irrespective of that applicable in other insurance such as industrial insurance and car insurance.
3. Normal angle and measuring method of each joint motion shall comply with the provisions of the American Medicine Association (A.M.A)'s [Evaluation Instructions for Permanent Physical Disability].
4. Payment ratio : Percent(%) for the subscribed insurance amount for each sequela-relates disability.

### Special Provision for the Indemnity for Death-by-Disease

**Article 1 (Indemnified Loss)**

① When the Insured died or became disabled as defined in below Clause 3 (but only in case when the Insured already began to receive doctor's treatment during the period of insurance term and continued to receive treatment thereafter) during the period of insurance term or within 30 days from the last day of insurance term as a direct result of a disease during the travel described in Article 6 (Indemnified Loss) of General Provision, the Company shall pay full amount of death insurance money as a death-by-disease indemnity to the Beneficiary (or to the heir or heiress of the Beneficiary).

② If the insured died or became disabled as defined in Clause 1 as a direct result of a disease that had inflicted the insured before the date when the contract became effective, the company shall not pay death-by-disease indemnity money notwithstanding of Clause 1 of above. This clause shall not apply if the disease inflicted the insured after the date this contract first became effective and if this contract is an automatically renewable one.

③ The disability is defined as follows:

1. Loss of sight of both eyes
2. Permanent loss of speech or mastication
3. Serious central nerves of mental disorder requiring permanent nursing
4. Serious damage in abdomen or in internal organs requiring permanent nursing
5. Loss or permanent disability of use of both hands from above wrists
6. Loss or permanent disability of use of both feet from above ankles
7. Loss of one hand from above wrist and one foot from above ankle
8. Loss of one hand from above wrist and permanent disability of use of one leg
9. Loss of one foot from above ankle and permanent disability of use of one arm

If the state of disability cannot be determined, judgment shall be based on the diagnosis made 180days after the accident

**Article 2 (Nullity of Contract)**

If Article 17(Nullity of Contract) of General Provision is applicable or if the Insured is below 15 Years old or a psychosomatic or feebleminded, this Special Provision shall be annulled.

**Article 3 (Counting the Age for Contract)**

- ① Age for contract shall be counted in full as of the date of the contract. If the last year of age is less than 6 month, it is disregarded, if more than 6 month, rounded off to one year.
- ② If the age counted based on Clause 1 of above differs from the actual age due to miscalculation, actual age shall prevail if the actual age is within the scope of this contract and if insurance premium also differs as a result, then the difference of the premium shall be charged additionally or returned as appropriate.

**Article 4 (Application of Provision)**

Those not covered in this Special Provision shall be in accordance with General Provision.

**Special Provision for the indemnity for Disease Treatment**

**Article 1 (Indemnified Loss)**

- ① If the Insured began to receive medical treatment, during insurance term or within 30 days from the expiry of the term, of disease that the Insured acquired during traveling described in Article 6 (indemnified Loss) of General Provision, the Company shall, in accordance with this Special Provision, indemnify actual medical expense payable by the Insured. However, indemnity shall be limited to 180 days from the beginning of treatment.
- ② The expense mentioned in Clause 1 of above shall be limited to one disease and to the amount of insurance subscribed for the treatment of disease.
- ③ When more than one insurance contract exist for the expenses described in Clause 1 of above, the Company shall pay the insurance money for the treatment of disease calculated based on the ratio of the indemnity amount according to this contract against the total amount of indemnity of each contract calculated independently of other contracts if the above total amount of indemnity exceeds the expenses described in Clause 1 of above.

**Article 2 (Exclusions)**

Regardless of direct or indirect nature of the cause, the Company shall not indemnify for the Losses described in 1 to 3, 7 to 12 of Clause 1 of Article 7 (Exclusions) and the losses caused by the followings:

- 1. The disease caused by the injury for which insurance money is payable in accordance with the General Provision.
- 2. Pregnancy, childbirth or miscarriage.
- 3. Prosthetic dental treatment.

**Article 3 (Application of Provision)**

Those not covered in this Special Provision shall be in accordance with General Provision.

## **Additional Special Provision for Deductible Amount**

### **Article 1 (Payment of Insurance Money)**

Notwithstanding of Clause 1 of Article 1 (Indemnified Loss) of the Special Provision, the Insurance money payable by the Company shall be the amount actually paid by the Insured per accident but exceeding ( ) x 10,000 Won.

### **Article 2 (Application of provision)**

Those not covered in this Additional Special Provision shall be in accordance with General Provision and Special Provision.

## **Special Provision for the Liability Claim**

### **Article 1 (Indemnified Loss)**

The Company shall, in accordance with this Special Provision, indemnify for the Insured's legal liability for reparation of physical disability (meaning injury, disease, death and sequela-related disability in this Special Provision) of other person or of damage of property (meaning loss, damage and breakdown) caused by an accident (hereafter the accident) occurred during traveling described in Article 6 (Indemnified Loss) of General Provision.

① The scope losses indemnified by the Company is as follows:

1. The compensation for damage paid by the Insured to the victim (if there is anything the Insured is to receive in return for the payment of compensation, that amount shall be Deducted from the payment by the Company)
2. The required expenses paid by the insured in order to seek ways to comply with 1 of Clause 1 of Article 6 (Obligation to Prevent Loss). However, if the Insured is found not to be responsible for the compensation only after the ways to comply with 1 of Clause 1 of Article 6 (Obligation to Prevent Loss) has been sought after by the Insured, the Company shall only indemnify for the cost of emergency treatment, emergency transportation of other expenses paid for emergency handling and for such cost as has been approved by the Company in advance.
3. The required expenses paid by the Insured in order to seek ways to comply with 2 of Clause 1 of Article 6 (Obligation to Prevent Loss)
4. Expenses for lawsuit, lawyer's fees, expenses for arbitration, reconciliation or mediation paid by the Insured upon approval by the Company.
5. The expenses paid by the Insured in order to comply with the requirement of the Company in accordance with Clauses 2 and 3 of Article 7 (Settlement by the Company of the Demand for the Compensation for Damage)

② The amount to be indemnified by the Company shall be the total amount of 1, 2 and 3 of Clause 1 for each accident less self-defrayment specified in insurance policy and the amount of insurance money for the reparation for damages according to 1 of Clause 1 shall be Limited to the indemnity limit specified in the insurance policy (hereafter Indemnity limit).

③ If the reparation for damages of 1 of Clause 1 exceeds the indemnity limit, the expenses of 4 of Clause 1 shall be calculated based on the proportion against reparation for damages of 1 of Clause 1.

## **Article 2 (Exclusions)**

The Company shall not indemnify for the losses incurred by taking the responsibility of reparation for damages on the ground of 1 and 9 through 12 of Clause 1 of Article 7 of General Provision (Exclusions) and of the following:

1. Reparation liability directly relating to the performance of job of the Insured.
2. Reparation liability relating to owning, using or managing the movable estate that are exclusively used for the performance of jobs by the Insured.
3. Reparation liability relating to owning, using or managing the immovable estate by the Insured
4. Reparation liability relating to physical disability of the Insured's employee incurred during the performance of jobs for the Insured. However, the same is not applied to the employee of the Insured for domestic jobs
5. Reparation liability added by an agreement on reparation of damages made between the Insured and other party.
6. Reparation liability for the family member of the Insured within the same household (as in the scope defined in Article 777 of the Civil Law) or for the family member who accompanies the Insured during traveling.
7. Reparation liability for the damaged property owned, used or managed by the Insured to the person who has proprietary right to the property. However, the same is not applied to the damage incurred to a hotel room or to the movable estate in the hotel room.
8. Reparation liability caused by the Insured being non-compos.
9. Reparation liability caused by violence or physical assault by the Insured or by the person directed by the Insured.
10. Reparation liability relating to owning, using or managing airplanes, ships, vehicles (not including a man-powered one) or firearms (not including air guns)

## **Article 3 (Contract on Behalf of Other Person)**

① When the Policyholder enters a contract on behalf of other person without their mandate, the Policyholder must notify the fact to the Company. If the Policyholder neglected notification, the said other person cannot raise complaints against the Company on the ground that he or she was not aware of the existence of the contract.

② In the event where an insurance-related accident occurs in connection with the contract made on behalf of other person and where the Policyholder paid compensation for the loss incurred from the accident to that person, the Policyholder may claim for the insurance money within the limit not infringing the rights of that person.

## **Article 4 (Notification of Loss)**

① The Policyholder or the Insured, upon finding the occurrence of an accident or loss, must notify the Company of the time and place of the accident, names and addresses of the victims, circumstances about the accident, names and addresses of the witnesses if there is any and particulars of claim for reparation if received such claim, without delay.

② In the event where loss increased due to negligence of notification of Clause 1 by the Policyholder or the Insured, the Company shall not indemnify for the additional loss.

## **Article 5 (Obligation to Prevent Loss)**

① In the event where an insurance-related accident occurred, the Policyholder or the Insured must carry out the followings:

1. Try in any possible way to prevent or lessen the losses.
2. Proceed with necessary procedure to protect and exercise rights if other persons can compensate the loss

3. Obtain prior consent from the Company to accept all or part of reparation liability if necessary. However, this does not apply to emergency treatment, emergency transportation or other emergency handling of the victims.
4. Notify the Company immediately when legal proceedings were taken against the Insured in connection with reparation liability or obtain prior consent from the Company if the Insured intends to take legal proceedings.

② If the Policyholder or the Insured neglected the obligation described in Clause 1 of above, the amount of loss shall be determined as follows:

1. In the case of 1 and 2 of Clause 1, the part of the loss amount that is deemed to have been possible to be prevented or lessened, shall be deducted.
2. In the case of 3 of Clause 1, the part of the loss amount that is deemed not responsible by the company shall be deducted.
3. In the case of 4 of Clause 1, the cost of legal proceedings, lawyer's fees and the amount for which the Company is not responsible to take reparation liability shall not be indemnified.

#### **Article 6 (Settlement of the Claim for Reparation by the Company)**

① In the event where an accident occurred for which the Insured has reparation liability, the victim may claim directly from the Company within the limit of amount for which the Company is liable to indemnify to the Insured. However, the Company may protest against the victim to the extent in which the Insured is answerable.

② When the Company receives a claim in connection with Clause 1 of above, it should notify the Insured without delay and the Policyholder or the Insured must cooperate by presenting necessary documentary or verbal evidences or attending as a witness.

③ When a claim for reparation was placed against the Insured by the victim, the Company may involve themselves in the settlement on behalf of the Insured if necessary at their own cost. In this case, the Policyholder and the Insured must cooperate when requested by the Company.

④ The Company shall not indemnify for the loss incurred as a result of the Policyholder and the Insured not complying with Clauses 2 and 3 of above.

#### **Article 7 (Insurance Claim)**

When claiming for insurance money, the Insured must present the following documents to the Company:

1. Insurance Claim Form
2. Documentary evidence of payment for reparation of loss or other expenses
3. Other documents requested by the Company

#### **Article 8 (Sharing Responsibility for Insurance Money)**

① When other insurance contract exists to indemnify against similar risks as those of this contract, the Company shall pay the medical insurance money calculated based on the ratio of the indemnity amount according to this contract against the total amount of indemnity of each contract calculated independently of other contracts if the above total amount of indemnity exceeds the amount of losses.

② Should the Insured waive his or her rights to claim in connection with other insurance contracts, the Company's calculation of payable insurance money shall not be affected.

#### **Article 9 (Subrogation Rights)**

① Paying the insurance money, the right to claim for the loss from third party is subrogated by the Company from the Policyholder within the limit of insurance money paid. However, if the insurance money paid by the Company is for the part of the loss incurred to the Insured, the Company shall have subrogated

rights to the extent not infringing the rights of the Insured.

② The Policyholder or the Insured must take necessary measures in order for the Company to exercise and protect the rights obtained in accordance with Clause 1 of above and must present evidences and documents requested by the Company, for which expenses shall be borne by the Company.

③ Notwithstanding clauses 1 and 2 of above, the Company waives the right to subrogate the Policyholder if the contract is for the other person.

#### **Article 10 (Application of Provision)**

Those not covered in this Special Provision shall be in accordance with General Provision.

### **Special Provision for the Baggage Loss**

#### **Article 1 (Scope of the Object of insurance)**

① The object of this insurance is limited to the personally carried effects that are owned, used and managed by the Insured during traveling.

② The followings are not included as the objects of insurance.

1. Currencies, securities, stamps, postage-stamps, credit cards, coupons, air tickets, passports or the likes.
2. Scripts, design sheets, drawings, account books, or the likes.
3. Ships or automobiles (including 3-wheeled and 2-wheeled automobiles)
4. Instrument of mountain climbing or expedition
5. Animals, Plants
6. Denture, artificial arms and legs, contact lenses
7. Others (specifically listed in the insurance policy)

#### **Article 2 (Indemnified Loss)**

The Company shall, in accordance with this Special Provision, indemnify for the damages to the insurance object incurred from an accidental occurrence of accident during traveling described in Article 6 (Indemnified Loss) of General Provision.

#### **Article 3 (Exclusions)**

The Company shall not indemnify for the losses incurred from the causes described in 9 through 12 of Clause 1 of Article 7 (Exclusions) of General Provision and causes listed below :

1. Intentional or serious negligence by the Policyholder or the Insured
2. The loss intentionally created by a family member or an employee of the Insured accompanying the Insured during traveling in order for the indemnity to be paid to the Insured.
3. Enforcement by government or public offices in the form of seizure, commandeering, confiscation, destruction, etc, not including those necessary measures taken to manage or extinguish fire or to evacuate from disaster.
4. Loss incurred from the defect of the insurance object. However, if the loss has been incurred from the defect unknown to the policyholder, the Insured or to the person handling the object on their behalf in spite of proper care taken by them shall be indemnified.
5. Loss incurred from natural wear, rust, fungi, transmutation, and discoloration or caused by rats or bugs.
6. Damage on the exterior of the object only, not affecting its normal functioning.
7. Leakage of the object in liquid form. However, the loss incurred by it to the other insurance object shall be indemnified.

8. The Object lost or left without attendance

**Article 4 (Obligation to Prevent Loss)**

- ① In the event where an insurance-related accident occurred, the Policyholder or the Insured must try in any possible way to prevent or lessen the loss. If the Policyholder or the Insured neglected this obligation, the amount of loss that could have prevented or lessened shall be deducted loss.
- ② The Company shall indemnify for the expenses spent as necessary to or to help prevent or lessen the loss described in Clause 1 of above (hereafter expenses for the prevention of loss) in accordance with the calculation method described in Article 6 (Calculation of Insurance Money Payment)
- ③ The Company shall pay the insurance money calculated in accordance with Article 6 (Calculation of Insurance Money Payment) and the expenses for the prevention of loss although the sum of them exceeds the amount of insurance subscription.

**Article 5 (Inspection and Determination of the Amount of Loss)**

The amount of loss to be indemnified (hereafter Insurance Value) by the Company shall be calculated based on the monetary value of the object at the time and place of the accident.

**Article 6 (Calculation of Indemnity Payment)**

- ① The insurance money to be paid by the Company shall be calculated by deducting the amount of self-defrayment for 1 accident specified in the insurance policy from the amount of loss.
- ② In the event of repair of insurance objects, the cost of bringing the condition of the objects to the same condition before the accident is considered as a loss described in Clause 1.
- ③ Where an insurance object consists of a set or a pair of objects and only a part of them is damaged, the amount of loss is determined taking account of the effect of the damage on the whole. In this case, the loss cannot be considered as a total loss of the object in any way unless the cost of repair exceeds the insurance value.
- ④ The limit of indemnity for 1 or 1 set or 1 pair of objects shall be KRW200,000.
- ⑤ When more than one insurance contract exist for the same insurance object, the Company shall pay the indemnity calculated based on the ratio of indemnity amount according to this contract against the total amount of indemnity of each contract of the above total amount of indemnity calculated independently of each other contract exceeds the total amount of loss.

**Article 7 (Reversion of Residual and Stolen Articles)**

- ① When the Company paid indemnity, the leftover of the insurance object shall belong to the Insured unless the Company expresses its intention to take possession of it.
- ② When stolen insurance object is found, it will be treated as follows:
  1. If the insurance object was found before the company indemnifies the loss, the loss by theft is deemed not to have occurred.
  2. If the insurance object was found after the Company indemnifies the loss, the ownership of the object is deemed to belong to the Company, In this case, the Company shall dispose of the object by sale and shall return the extra proceedings in excess of the total of the indemnified amount plus expenses of sale. However, the Insured may claim the ownership of the object by returning the insurance money that he or she received from the Company before the sale, to the Company.
- ③ In the case of Clause 2 of above, if there is a loss occurred on the object due to other reasons than the theft or the robbery and if expenses were incurred to the Policyholder or the Insured for the recovery of the object, the Company shall indemnify according to the calculation specified in Article 6 (Calculation of Compensation Payment).

#### **Article 8 (Subrogation Rights)**

- ① Paying the indemnity, the right to claim for the loss from third party is subrogated by the Company from the Policyholder of the Insured within the limit of amount paid. However, if the indemnity paid by the Company is for the part of the loss incurred to the Insured, the Company shall have subrogated rights to the extent not infringing the rights of the Insured.
- ② The Policyholder of the Insured must take necessary measures in order for the Company to exercise and protect the rights obtained in accordance with Clause 1 of above and must present evidences and documents requested by the Company, for which expenses shall be paid by the Company.
- ③ Notwithstanding clauses 1 and 2 of above, the Company waives the right to subrogate the Policyholder if the contract is for the other person.

#### **Article 9 (Substitution of Terminology)**

The term loss, substitutes the term, accident, used in Article 19 (Notification of Loss) of General Provision.

#### **Article 10 (Application of Provision)**

Those not covered in this Special Provision shall be on accordance with General Provision.

### **Special Provision for the Indemnity for Special Expenses**

#### **Article 1 (Indemnified Loss)**

- ① In accordance with Special Provision, the Company shall indemnify for the expenses borne by the Policyholder, the Insured or the legal heir of the Insured for the following causes :
  1. When the airplane or the ship on which the Insured boarded was found missing or in distress or when the Insured is in distress while mountain climbing during traveling described in Article 6 (Indemnified Loss) of (Indemnified Loss) of General Provision (hereafter during traveling).
  2. When police or other public found that the Insured had been in the state of requiring emergency rescue due to accidental, external occurrence of an accident during traveling.
  3. When the Insured died within 1 year from the accident or was hospitalized continuously for more than 14 days as a direct result of the injury described in Article 6 (Indemnified Loss) of General Provision. (If the Insured was moved to other medical institute, the period of time spent at the previous place is considered as hospitalized period. However, the previous hospitalization period valid only if the doctor confirmed it was necessary for the treatment. The same applies hereafter)
  4. When the Insured died of a disease during traveling or was hospitalized more than 14 day as a direct result of a disease caught during traveling. However, hospitalization is valid only if it was due to a disease for which the doctor began treatment during traveling.
- ② When the fact of the Insured's being in distress while mountain climbing, as described in 1 of Clause 1 of above, is not clear, it is deemed that the state of distress occurred of the Policyholder or the legal heir of the Insured or their representative requested for a search of the Insured to a public office including police, a rescue party, a marine relief company or an airline company.

#### **Article 2 (Scope of Expenses)**

- ① The scope of Expenses indemnified by the Company is as follows :
  1. Cost of search and rescue  
This means expenses required for search, rescue or transportation of the Insured (hereafter the search) but paid upon demand by the person who participated in such activities.
  2. Transportation cost including airfare.

This means the cost of round trip of up to 2 persons to the local place of accident made for the purpose of search or nursing of the Insured or handing of the accident by the rescue personnel of the legal heir of the Insured (including his or her representative hereafter the rescuer)

3. Cost of accommodation

This means the cost of accommodation for the rescuers at the local place of accident but up to 2 persons for up to 14 days each.

4. Cost of transportation

This means the cost for the transportation of the remains of the insured from the place of accident to the recorded residential address of the Insured died or the cost for the transportation of the Insured who are under continuous medical treatment to his or her recorded residential address. It covers the cost in excess of normal cost for the transportation of the Insured and the cost of transportation of doctors and nurses.

5. Other expenses

This includes cost of entry into and departure from ports (passport stamp fees, fees for visas, vaccination cost, etc) and travel fares, communication fares, cost of disposal of the remains of the Insured spent by the rescuer or the Insured at the local place of accident but limited to KRW100,000.

**Article 3 (Exclusions)**

The Company shall not indemnify for the losses incurred from the causes described in 1 through 3 and 7 through 12 of Clause 1 of Article 7 (Exclusions) of General Provision.

**Article 4 (Payment of Indemnity)**

The Company indemnifies only the portion of the expenses, described in Article 2 (Scope of Expenses), that is deemed justifiable and shall not indemnify when the Policyholder, the Insured or the Beneficiary can claim for compensation from other person.

**Article 5 (Sharing Responsibility for Insurance Money)**

When other insurance contract exists to indemnify for the cost described in Article 1 (Indemnified Loss), the Company shall pay the insurance money calculated based on the ratio of the indemnity amount according to this contract against the total amount of indemnity if the total amount of indemnity of each contract calculated independently of other contracts exceeds the amount of expenses.

**Article 6 (Indemnity Limit)**

The limit of the indemnity that the Company is to pay in accordance with this Special Provision shall be up to the amount of insurance of this Special Provision.

**Article 7 (Application of Provision)**

Those not covered in this Special Provision shall be in accordance with General Provision.

**Special Provision for the Indemnity for Aircraft Hijacking**

**Article 1 (Indemnified Loss)**

① The Company shall pay KRW70,000 per day for the period of that is prevented from arrival by the Insured at the destination due to hijacking of the airplane (hereafter the accident), on which the Insured boarded, during traveling described in Article 6 (Indemnified Loss) of General Provision.

② The hijacking of the airplane mentioned in Clause 1 of above shall mean the seizing or exercising control of the airplane using violence, physical assault or threat of violence or physical assault with unlawful purpose.

**Article 2 (Scope of Indemnified Loss)**

① The Company shall pay the insurance money specified in Article 1 (Indemnified Loss) for up to 20 days counting 24 hours each as 1 day starting from 2 hours after the estimated time of arrival of the airplane at the destination.

② If the departure of the airplane had also been delayed before the accident was first ascertained, day shall be counted for each 24 hours as 1 day starting from 12 hours, as described in Clause 1 of above, plus such delay time later.

**Article 3 (Relationship with Other Insurance)**

When a number of other contracts similar to this provision are simultaneously in effect, indemnity shall be given in accordance with only one insurance contract chosen by the Insured, the Beneficiary or his or her heir and the Company shall return the relevant premium already paid for other contracts.

**Article 4 (Application of Provision)**

Those not covered in this Special Provision shall be in accordance with General Provision.

**Blanket Contract Special Clause**

**1. Article 1 (Applicable Scope)**

The blanket contract endorsement (hereinafter referred to as “the endorsement”) shall be applicable to a contract stipulating a specific period as the policy period and comprehensively covering the insured’s overseas travel notified by the policyholder during the same period under the terms and conditions of notice stipulated in article 3.

Policyholders ;

- General travel agencies and overseas travel agencies registered under the Tourism Development Law and the Endorsement Degree of the law.
- Representatives to the first, second and third-class organizations under the Group Accident Insurance Endorsement.

The insureds ;

- Overseas travelers assisted and sponsored by a travel agency.
- Overseas travelers who are members of an the first, second and third-class organization.

**Article 2 (Premium)**

1. In effecting the Contract, the policyholder shall submit to the Company an estimate number of overseas travelers during the policy period and terms and conditions set for insurance purchase. And shall pay the estimated amount of premium for one (1) month or over as calculated under the same terms and conditions.

2. The company will calculate the actual premium amount, in accordance with the details of the notice served under article 3 below, and either receive or return the balance of it with the estimated premium under paragraph 1 on the 10<sup>th</sup> day each month. The actual premium shall in no way be less than two-thirds of the estimated premium.

**Article 3 (Notice on Overseas Travelers)**

Policyholders or their representative shall serve a written notice (including a facsimile) on the respective

matters in Table 1 concerning the insureds. The Company's liability shall begin upon the filling of the notice under Table 1 with the Company. However, if a notification under a mailed notice is a delayed, if three (3) days have passed from the postmarked date, it shall be deemed to have been filed with the Company.

**Article 4 (Special Clause Applied)**

In this clause, the provision of time ② of article 9 of the policy shall not be applicable; and the Company will deliver the insurance policy only to the policyholder.

**Article 5 (Applicable of Provisions)**

Those not covered in this Special Provision shall be in accordance with General Provision.

**Exchange Rate Special Clause**

**Article 1 (Applicable Standards)**

It is understood and agreed that the premiums for this policy shall be paid or returned to the Company policyholder in Korea Won currency applying to the first notified T/T selling rate of exchange of Korea Exchange Bank.

**Article 2 (Standards of Payment)**

It is further understood and agreed that claims paid shall be in Korea Won currency applying to the first notified T/T selling Rate of Exchange equivalent to ( ) currency at the date of loss payment.