

Insurance Company :

AIG Europe SA
Succursale France
Tour CB21 – 16 place de l'Iris
92040 Paris La Défense Cedex - France

Insurance Broker :

AIR COURTAGÉ ASSURANCES
Hôtel d'Entreprises « Pierre Blanche »
330 Allée des Lilas
01150 ST VULBAS- FRANCE

**SUBSCRIPTION FORM NOVSPACE
PERSONNAL ACCIDENT INSURANCE POLICY N°4.904.520**

Passengers of zero gravity flights are already covered by an insurance policy taken out by the Policyholder NOVSPACE in case of Death and Total or Partial Permanent Disability resulting from an accident and up to EUR 300 000.

For each flight, passengers of zero gravity flights are given the possibility to take out a temporary guarantee to be covered for additional amounts.

I, undersigned, (*NAME - FORENAME*): Mr. Mrs. Ms.....
.....

Address:.....
.....Country.....

Function:Employer :.....

Tel: Fax:

Email:

Birth date: /...../19.....

This insurance is only available for people less than 80 years old on the first day of the campaign. The guarantees will be effective during the flight campaign for a maximum of 5 flights.

Please select your option :

Death capital	Total or Partial Permanent Disability capital	Premium	Only one choice
100 000 €	100 000 €	62.70 €	<input type="checkbox"/>
150 000 €	150 000 €	96.52 €	<input type="checkbox"/>
200 000 €	200 000 €	125.40 €	<input type="checkbox"/>
250 000 €	250 000 €	158.84 €	<input type="checkbox"/>
300 000 €	300 000 €	188.48 €	<input type="checkbox"/>

Beneficiary clause in case of accidental death:

In case of the Insured's accidental death, and unless otherwise specified below, the beneficiary (ies) according to the General Conditions are:

- If the Insured is married: his/her Legal spouse non legally separated, non-divorced, failing which, his/her children born or to be born, failing which, his/her heirs
- If the Insured is a widow or divorced, his/her Children, failing which, his/her heirs
- If the Insured is single: his/her heirs

In contradiction with the clause above, I expressly designate my beneficiary:

.....

HOW TO PROCEED TO TAKE OUT INSURANCE

1/ Please duly fulfill the subscription form and send it back to:

By mail : AIR COURTAGE ASSURANCES
Hôtel d'Entreprises « Pierre Blanche » - 330 Allée des Lilas
01150 ST VULBAS- FRANCE

Or by email: corporate@air-assurances.com

2/ Inception Date: The cover will start as soon as the insured is boarding the AIRBUS A310 ZERO G and will stop after the disembarkation. The coverage is provided in accordance with the flight schedule.

Date of flight:/...../..... Flight's number:
(Please report the number given by NOVESPACE)

3/ Payement : Bank transfer to the AIR COURTAGE ASSURANCES account (*Banking transfer fees will be charged 50% to the creditor and 50% to the debtor*):

IBAN: FR76 1780 6002 0062 2142 9088 526

BIC: AGRIFRPP878

ATTENTION :

- THE SUBSCRIPTION FORMS WILL ONLY BE ACCEPTABLE IF RECEIVED BY AIR COURTAGE 15 DAYS BEFORE THE FIRST SCHEDULED FLIGHT.

- BANK TRANSFER SHALL BE MADE AT ONCE.

I, undersigned, declare that information which was used as a basis for the establishment of this document is sincere and exact and I admit having taken knowledge of the enclosed summing up of insurance guarantees granted by the policy n°4.904.520 before accepting and signing it.

Date:/...../.....

Signature: