

**해외 여행 보험 약관
(영어판)**

- AIG 손해 보험



AIG General Insurance

Overseas Travel Accident Insurance Policy

1. EFFECTING OF INSURANCE CONTRACT

- ① The insurance contract(hereinafter called “the Contract”) is effected with the application of policyholder(hereinafter called “ the Policyholder ”) and with the consent by our Company(hereinafter called “the Company”)
- ② If the Company has received an application for the Contract and the premium in its full amount or for the initial installment (premium paid in installments over a certain period time) the company issues a notice on its consent or refusal within 30 days from the date of the application (the date of examination for an insurance with medical examination): if there is no such a notice served, the application shall be deemed to have been accepted.
- ③ Upon accepting the application, the Company will without delay deliver an insurance policy the policyholder and in case the Company refuses, with the notice of refusal is issued with the amount received from the Policyholder.
- ④ If the Contract already concluded is to be extended or modified, the Company may substitute the delivery of the policy by marking entries or notice by writing or the fact in the policy.

2. DELIVERY OF INSURING AGREEMENTS

- ① The Company will deliver the insuring agreements to the insured when concluding the Contract and explain to the Policyholder the major details thereof.
- ② In the event of either not delivering the agreements or fail to explain the major details of the documents, or the Policyholder does not sign the application(including the seal) when concluding the Contract, the Policyholder may cancel the Contract within one (1) month from the date of the Contract.
- ③ When the contract is nullified according to the Paragraph ②, the Company will return to the Policyholder the premium already paid in and shall also add the interest for the period of premium already according to the regular interest rate set by Korea Insurance Development Institute.

3. PREMIUM

- ① Insurance premium shall be paid before the policy period begins unless otherwise specifically agreed upon.
- ② Even after the policy period has begun, the Company will not be liable to indemnity for any loss or damage caused before its receipt of premium.

4. BEGINNING AND EXPIRATION OF INSURANCE

- ① The Company’s insurance liability begins at 4:00 p.m. on the first day of the policy period and expires at 4:00 p.m. on the last day thereof. However if there is different policy period stated on the declarations, the hours shall be in accordance with the standard time at the location where this policy is issued.
- ② In case the Company has received from the Policyholder the whole or significant amount of the premium with the application prior to its approval and if an accident included in the Contract occurs during the period, then the Company shall pay the compensation according to the

Contract.

③ Despite the contents of Paragraph ②, the Company shall not be liable to pay an indemnity under the following conditions described in below.

1. The responsible period decided under the Paragraph ① has not been started.
2. According to the regulation of Article 13 of DUTY TO GIVE NOTICE, if the Company is able to prove the information or result of Physical examination submitted to the Company by the Policyholder has influenced the occurrence of the reasons for indemnity.
3. When the company is not responsible applying the contents of Article 15, CANCELLATION.

④ The Company shall not be liable to pay an indemnity for any bodily Injury caused by any accident which occurred before the insured left his residence and by any accident occurring after he returned to his residence, notwithstanding the provisions of Paragraph ①.

⑤ If the arrival of the traffic conveyance, such as aircraft or ship, in and on which the insured is as a passenger, is delayed in spite of its scheduled arrival at the destination of his travel by 4:00 p.m. on the last day of the policy period, the expiration of the Company's liability shall be extended automatically within the limit of 24hours, notwithstanding the provisions of Paragraph ①.

⑥ If, in the case of the paragraph ⑤, an aircraft in which the insured gets aboard as a passenger is unlawfully seized by any third party or placed under restraint by a public authority, the expiration of the Company's liability shall be extended for the necessary hours from that time to the time when the insured is released and becomes able to resume the normal course of his travel or to the limit of hours deemed by the Company reasonable.

5. REVOCATION OF THE SUBSCRIPTION

① As far as the domestic economical types of insurance(referred to the contract in which the premiums are not liable by the group or legal persons, and to which the individual insurance contract and group fee of rate are not applied as the insurance related with the individual daily living), the contractors shall be able to revoke the contract within 15 days from the date of the contract. Provided that, the revocation shall not apply to the contract in which the period of insurance is within 90 days. (In case when the contractors have to revoke the contract prior to the commencement of the insurance.)

② Upon receiving the revocation, the Company shall refund the premium without delay and if there is a delay occurred, the Company shall also add the interest for the period of delay according to the regular interest rate set by Korea Insurance Development Institute

6. PERILS COVERED

① Our Company(hereinafter called "the Company") will pay the Indemnity in accordance with this insurance policy for any sudden and accidental happening of an external origin(hereinafter referred to as an "Accident") occurring in the course of this travel and sustained any loss or damage(hereinafter referred to as "a Loss or Damage") by any bodily injury, which is defined as commencing when he leaves his residence for the purpose of overseas travel stated in the declarations and ending when he returns to the residence.

② The "bodily injury" stated in Paragraph ① Includes any poisoning or toxic symptom caused by accidental and sudden inhaling, absorbing or taking of poisonous gas or any other poisonous

substance. However, in no case shall include bacterial food poisoning and toxic symptom arising from any habitual inhaling, absorbing or taking of such substance.

7. EXCLUSIONS

- ① The Company will not be liable to pay an indemnity for a loss or damage caused by any of the following causes, whether directly or indirectly.
 - 1) Willful act of the policyholder or the insured.
 - 2) Willful act of the insurance beneficiary (hereinafter referred to as “Beneficiary”), however, if the beneficiary is only a partial recipient of the indemnity, the rest of the amount of the indemnity shall be given to the other beneficiaries excluding amount that are receivable by the responsible beneficiary.
 - 3) Self-Injury of the insured, suicide, attempted suicide, judicial criminal act or violence (however, in the event that it is considered as self-defense, emergency evacuation, or appropriate action, it shall be excluded).
 - 4) Sickness or insanity of the insured.
 - 5) Injury due to mental illness of the insured.
 - 6) Pregnancy, childbirth (including caesarean section), abortive birth by or surgical operation and any other medical treatment, however, in the event of medical treatment caused by the injury covered by the Company, an indemnity will be paid.
 - 7) Loss in the prosthesis, such as an artificial arm, artificial eye, artificial leg and tooth, etc.
 - 8) The execution of a sentence of the insured.
 - 9) Earthquake, eruption, tidal wave, and any other similar natural disasters
 - 10) War, the use of armed force by a foreign country, revolution, internal disturbance, mutiny, riot, labor strike or other similar disturbances.
 - 11) Radioactive, or other harmful characteristics of nuclear fuel material (including used fuel, the same shall follow hereinafter) or any substance contaminated by nuclear fuel material (including any substance generated by nuclear fission), explosive, or any accident caused by other harmful characteristics.
 - 12) Irradiation or radioactive contamination other than under item 10).
 - 13) Pre-existing diseases or physical disability.
- ② The Company will not be liable to pay an indemnity for any loss or damage to the insured while conducting any of the following acts: however, the Company will pay an indemnity in case it has received premium for the respective hazard in advance.
 - 1) Professional mountain climbing (mountain or an ice wall climbing which requires all the necessary equipment and/or special technique, experience, or a prior training), glider piloting, skydiving, scuba diving, hang gliding, Para-Sailing, banana boat, or any other similar hazardous activities.
 - 2) While the insured is participating in any motorboat, automobile or motorcycle sports games, trial run, training or teaching (however, the bodily injury which is occurred while making a trial running on the road reserved for public use shall be indemnified)
 - 3) While the insured who are a crew of the vessel a ferryman, a fisherman or any other person working on the vessel for the duty or obligational reason.

8. LOSS OF LIFE INDEMNITY

- ① In case where the insured sustains a bodily injury stipulated in Article 6, PERILS COVERED and dies as a direct result thereof within 1 year from the date of the accident, the Company will pay the

insured amount stated on the policy in its full amount to the beneficiary(or if the beneficiary has not been designated yet, to the heir(s) apparent of the insured).

- ② In case where the government recognize death of insured after the date of becoming in distress or missing by the aircraft or ship in or on which the insured got aboard, the Company will pay a loss of the indemnity by presuming him as dead. If it is confirmed later that the insured is alive, the Company will recover the paid claim.

9. PHYSICAL IMPEDIMENT INDEMNITY

- ① In cases where the insured sustains a bodily injury stipulated in Article 6, PERILS COVERED and within one(1) year from the date of accident, comes to lose part of his body or permanently lose the bodily function(hereinafter referred to as “physical impediment”) as a direct result of thereof, the company will pay the physical impediment indemnity amount, calculated by multiplying the indemnity ratio stipulated in the attached table to the insured amount to the insured.
- ② If the insured’s degree of seriousness of the physical impediment has not been decided even after 180 days from the date of accident, the timing to decide the seriousness of the physical impediment shall be determined by a physician’s diagnosis made on the date of becoming 180days from the date of accident even of expiration of that period, and the company will pay the physical impediment indemnity determined according to the indemnity rate.
- ③ With respect to any physical impediment not falling under the attached table 1, the amount of indemnity payable shall be determined according to the classification of a degree of physical impediment under the attached table, with no regard to the insured’s occupation, age, personal standing or sex. However the company will not pay the physical impediment which does not come up to the each and respective minimum pay ratio by physical impediment type stipulated in the attached table.
- ④ If two or more kinds of physical impediment are sustained due to the same accident the provisions of Paragraphs ①, and ③ shall be applied to each, respectively, and a total amount of indemnity shall be paid. However, the physical impediment, of the upper limbs (arm and hand) and the lower limbs (leg and foot) stipulated as 7, 8, and 9. in the attached table shall be paid each and respectively subject to the limitation of 60% of the insured amount.

10. MEDICAL EXPENSES INDEMNITY

- ① In cases where the insured sustains a bodily injury stipulated in Article 6, PERILS COVERED and needs to undergo a medical treatment as a direct result thereof, the Company will pay him/her the amount of expenses the insured has actually paid, among other expenses according to the medical expenses indemnity. However, the amount shall be limited to an amount of expenses needed for medical treatment for not longer than 180days from the date of accident.
- ② In spite of provision 1, the company will not pay for expense falling in any one of the following :
 - 1) Medication intended for personal invigoration such as Chinese medicine
 - 2) Other expense indifferent from direct treatment (TV FEES, telephone, issuing fee or certificate), prescription pf high level nutrition without sufficient reason, medical examination not related to doctor’s clinical opinions.
- ③ In spite of provision 1, that in the event that the insured is medically treated in the manner of chiropractic or acupuncture, compensation will be made up to US\$700 per injury or disease only for a medical expense paid to a duly qualified hospital and doctor registered in accordance with the

appropriate country laws.

- ④ If the insured had any other insurance contract of the same type to cover express stipulated in Paragraph ① and when the aggregate of the amounts of liability for indemnification calculated in each insurance contract without taking into account the other contract exceeds an amount of expense under Paragraph ①, the medical expense indemnity shall be paid by the Company pro rata the ratio of the liable amount for indemnification under this insurance contract to the aforesaid aggregate sum.

* Definition of wording

Type of insurance falling in the term of multiple policies refers to personal accident, sickness, nursing insurance & comprehensive / long- term non-life insurance/ pension/ retirement insurance.

11. EFFECT OF EXISTING PHYSICAL IMPEDIMENT OR DISEASE

- ① If a bodily injury stipulated in Article 6, PERILS COVERED has been exacerbated due to an effect of the bodily injury or disease already sustained or suffered by the insured before entering into the contract or due to a bodily injury or disease newly sustained or suffered, with no regard to the accident which caused the bodily injury stipulated in Article 6, PERILS COVERED, the Company will set amount of indemnity payable at a rate applicable when there is no such effect, for actual payment.
- ② Even in cases where the bodily injury stipulated in Article 6, PERILS COVERED has been exacerbated because the Insured has been negligence on receiving medical treatment without justifiable reason or because the policyholder or the beneficiary fails to provide chances for medical treatment without justifiable reason or because the policyholder or the beneficiary fails to provide chances for medical treatment the indemnity shall be paid in the same manner as stipulated in the preceding paragraph ①.

12. LIMITS OF PAYMENT OF LOSS AMOUNT

- ① An amount of physical impediment the Company is liable to pay shall be limited to insured amount throughout the policy period.
- ② An amount of medical Insurance the Company is liable to pay shall be limited to an amount stipulated in its policy every one accident.

13. DUTY OF DISCLOSURE

In concluding the Contract (including the record of medical examination for an insurance with medical examination), the policyholder, the insured or his representative shall declare with the Company the facts, in every detail, he knows with respect to entries in the application for the Contract (including the questionnaire). Particularly if there are any other contracts for payment of an indemnity for a loss or damage with respect to the same insured, he shall declare the fact with the Company, without fail.

14. DUTY TO GIVE NOTICE

- ① In case the beneficiary of a loss of life indemnity has been designated or changed after effecting the contract, either the policyholder or the insured must notice without delay in writing to the Company. However, in this case, a letter of consent made by the insured must be attached.
- ② In case the insured has changed his address or contact, the insured must notice the fact without delay in writing to the Company. However when the Company sends out any notification or documents to a wrong address of the insured because the insured has changed the address and failed to inform the

fact to the Company, the notification or documents are considered being delivered for the period caused due to the failure of the notification.

15. CANCELLATION

- ① The policyholder may cancel the Contract at any time before any accident has occurred. However, in the event of an insurance contract for other person, he may cancel the contract, provided that he has either obtained consent by the other person or bears the policy.
 - ② The Company may cancel the Contract when the policyholder, the insured, or his representative causes a loss or damage by willful action.
 - ③ If, with respect to matters of Article 13, DUTY OF DISCLOSURE, the policyholder, the insured, or his representative failed to declare the fact as it is, by willful or gross negligence, the Company may cancel the Contract whether a loss or damage has occurred or not.
- ① Despite the (Item 1 of) Paragraph ③, Company cannot cancel the contract under the following cases described in below.
1. If the Company knew the fact at conclusion of the Contract or has not known the fact due to gross negligence.
 2. If one (1) month has passed since the day of the acknowledgement.
 3. When the person who sold the insurance (hereinafter called “the Agent”) filled out the mandatory contents of Duty of Disclosure at his own discretion.
- ② When the cancellation, according to the (Item 1 of) Paragraph ③, of the Contract has occurred after the occurrence of a damage or loss, the Company does not provide indemnification. Also the Company will notify the policyholder in writing that the Duty of Disclosure has been violated and under what item the violation has occurred and why it falls under a major reason to comply to with the notice of “If there is a contrary evidence, you may raise an objection.”
- ③ When the damage or loss has been proven as not occurred by the action described in the (Item 1 of) Paragraph ③, the indemnification shall be paid regardless of the contents of Paragraph ⑤.

16. CHANGE OF THE INSURED

- ① The Policyholder may change the insured under the following cases.
1. In case the insured dies due to the reason not covered in this insurance policy, the insured can be changed.
 2. When the Policyholder has fired or replaced the employees who were under employment relationship.

<Terms and Definitions>

Employment relationship means the relationship of an agreement where an employee and employer agree to the employer’s payment in exchange for the labor from the employee.

17. VOIDANCE OF CONTRACT

This Contract shall be null and void if there is any of the facts under the following items at the time of effecting the contract; In the Contract under which other’s death constitutes an insurance accident, if in effecting the contract no written consent of the insured has been obtained

18. RETURN OF PREMIUM

When this contract is null and void invalidated, or cancelled, the premium shall be paid back as follows.

- ① In the event that the reason is without any responsibility of the policyholder, the Insured or the beneficiary.

In the event that it is null and void, the full amount of premium being paid, however) in the event that is invalidated or cancelled, the premium shall be calculated by pro rata for the period not being passed.

- ② In the event that the reason is depended upon the responsibility of the policyholder, the insured or the beneficiary.

The Company will return a balance remaining after the deduction of the premium calculated at the short term rate for the period already elapsed.

However, in the event that it is null and void or invalidated due to the willful act or some important fault of the policyholder, the insured or the beneficiary, the Company will not return the premium. Moreover, if there is the fact that the claim amount has been paid during the period of its insurance because of an accident, any premium shall not be returned.

19. NOTICE OF ACCIDENT

- ① In cases where the policyholder, the insured or the beneficiary comes to the knowledge of that an accident has occurred, he shall without delay notify the Company of the accident.
- ② The policyholder or the beneficiary shall even when he has come to the knowledge of that the aircraft or the ship in and on which the insured is aboard has become missing or been in distress, without delay notify the Company of the conditions.
- ③ If any loss or damage has been increased due to negligence of sending a notice stipulated in Paragraphs ①, ② by the policyholder, the insured or the insurance beneficiary, the Company will not be liable for paying an indemnity for the increment of the loss or damage.

20. DOCUMENTS FOR INDEMNITY REQUEST

- ① The Policyholder, insured (or beneficiary) must submit the following documents described in below in order to request indemnity.
 1. Letter of Indemnity Request (the company format)
 2. Proof of the Accident (Death Certificate, Certification for Disability, or Confirmation Letter of Hospitalization, and so on....)
 3. Other necessary documents needed for requesting indemnity
- ② When receiving the Proof of the Accident according to the (Item 2 of) Paragraph ①, the hospital or medical service provider must be certified national facility in accordance with the definition of Article 3 of the Medical Law or its international equivalent facilities.

21. PAYMENT OF INSURANCE

- ① When the company receives the written claims for the insurance of Article 20, DOCUMENTS FOR INDEMNITY REQUEST, it shall hand over its receipt and pay the insurance related with the physical damage within 3 days and the insurance related with the property and compensation liability damage within 20 days from the date of having received the written claims.
- ② In case where exceeding of the date of payment for the above ① is anticipated for the sake of

investigation and confirmation of the reason for the insurance payment definitely, it shall notify the insured or beneficiary of the definite reason, scheduled payment date, and request procedure for receiving temporary payment in writing.

- ③ In case where the additional investigation is carried out because of the above ②, it shall pay, in temporary payment, insurance in the corresponding amount of 50% of the insurance estimated by the company.
- ④ In case when the company was not able to pay the insurance within the appointed date of payment laid down in the above ①, it shall add the interest calculated to the insurance at the rate laid down by the Korea Insurance Development Institute for the period until the date of its payment from the next date of its original payment. Provided that, in case when its payment was delayed due to the liable reason of the insured person or beneficiary, it shall not add the interest for the corresponding period to its payment.
- ⑤ Regarding the Article 15, CANCELLATION, the Policyholder, insured, and beneficiary shall agree and cooperate to the investigation of the Company at the medical institutions or police or other government authority.

22. LOSS OF INSURANCE CLAIMS

In the following cases, the contractors, the insured, or beneficiaries shall lose the claims for the damages.

- 1) In case where the contractors, the insured or beneficiaries entered the information different from the facts intentionally in the notices of damage or papers related with the claims for the insurance, or counterfeited or altered the papers or evidences.
- 2) In case where the contractors, the insured or beneficiaries interfered with or avoided the investigation of the damages without any reason, the corresponding damage.

23. THE EXTINGTIVE PRESCRIPTION

The claim for compensation from the company, the premium, and the right for receiving the return premium from cancellation under this insurance policy shall be ceased unless be made for 2 years.

24. EXCHANGE OF CONTRACT CONTENT

In accordance with the procedure laid down in the Article 23, Use of Personal Credit Information of Use and Protection of Credit Information Act, the Article 12 of the Enforcement Ordinance of the same Act on Attaining the Agreement on the Use of Personal Information, it shall be able to utilize or provide the following information to the third party with the consent from the contractors on the Use of Personal Information. And following must be included.

- 1) The names, KID Nos. and addresses of the contractors, insured persons, and beneficiaries.
- 2) The contents of the contract such as the dates of the contract, insurance items, premiums, and insurance entry amounts, etc.
- 3) The contents of payment such as the insurance, various types of payment amount, and reasons for the payment, etc.

25. ARBITRATION

If there has occurred any dispute over the contract benefit between the Company and the policyholder, the insured, or any other interested parties, it may be possible to ask the insurance Arbitration Committee established in the Finance Supervisory Service to mediate.

26. JURISDICTION

In any legal action concerning this contract, a court in the Republic of Korea chosen by the policyholder, the insured or an insurance beneficiary between the courts at the location of the Company's head office and at another location of its branch, shall be the jurisdictional court agreed upon.

27. INTERPRETATION OF AGREEMENT

- ① The Company shall make fair and appropriate interpretation of the agreement under the Principle of Good Faith, and do not apply differently the interpretation between the Policyholders.
- ② When the meaning of the agreement is vague and not clear, the Company interpret the agreement in favor of the Policyholder.

28. EFFECT OF INSURANCE PAMPHLETS PRODUCED BY THE COMPANY

If details of an insurance pamphlets (referring to a papers produced for use by solicitors and others in the course of introducing the insurance products) are different from the provisions of this insurance Agreement, the contract shall be deemed to have been made with details which are in Favor of the policyholder.

29. LIABILITY OF COMPANY

Regarding the Contract, the Company shall be liable to the damage and loss occurred by actions, responsible by employees and officers, agent and agency of the Company according to the related laws and regulations.

30. PAYMENT GUARANTEE BY THE INSURANCE GUARANTEE FUND

With respect to any insurance contract in which the policyholder and one holding the title to payment of premiums are not any jurisdictional person or an organization stipulated in this contract, if the Company has been unable to pay insurance benefit, etc., due to bankruptcy, the Insurance Guarantee Fund will guarantee the payment thereof within the scope of a certain amount.

31. LAW CONFORMITY

Matters which are not stipulated in this Policy shall be governed by the laws and decrees of the Republic of Korea.

Payment of Only Death/Disability Benefit Special Clause

1. PERIL COVERED

- ① The Company will be liable to pay only the death/disability benefit stipulated in the Insuring Agreement on Overseas Travel Accident Insurance. In the case, no medical expense benefit will be paid according to this Special Clause.
- ② This Special Clause may not be attached simultaneously with the Special Clause on Coverage of Actual Cost on Medical Treatment of Disease.

2. APPLICABLE PROVISIONS

Matters which are not stipulated in this Special Clause shall be governed by Insuring Agreement.

Sickness Death Coverage Special Clause

1. PERILS COVERED

- ① The Company will pay the full amount insured to the beneficiary (in case there is no designated beneficiary, to the heir of the insured) under this special clause for sickness and death stated on the policy in case where the insured dies or becomes disable under definition of Paragraph 3(provided, however, that a physician's medical treatment begun during the policy period still continues), either from any sickness suffered initially during the course of travel stipulated in Article 6, PERILS COVERED of the Overseas Travel Accident Insurance Policy or within 30 days after the expiration of the policy period.
- ② Despite the contents of Paragraph① the indemnity will not be paid by the Company, if the insured is already dead or became disable, according to the descriptions of Paragraph① due to the caused took effect before the insurance starts to take effect. However, if the policy has been renewed automatically, the regulation does not take effect for the diseases caused after the initial conclusion of the contract.
- ③ The definition of disability is as follows.
 1. When eyesight is lost permanently
 2. Ability to talk or chew food is lost permanently
 3. When nursing assistance is needed for rest of life due to damage of central nerve system or by mental damage
 4. When nursing assistance is needed for rest of life due to a significant disability of chest and abdomen area and the organs
 5. When wrist and above areas of both arms are lost or lost its function permanently
 6. When ankle and above areas of both feet are lost or lost its function permanently
 7. When one wrist of a arm and one ankle of a leg are both lost
 8. When one wrist of a arm and one leg is permanently disabled
 9. When an ankle and above area of a leg is lost, and one arm becomes permanently disabled

However, when determination of above conditions has not been confirmed, the medical examination on 180days after the incident will be used for determining the condition.

2. EXCLUSIONS OF INSURANCE

If in Contract, any minor at the age of below 15, any noncompos, or any mentally handicapped person, have been named the insured according to the Article 17. VOIDANCE OF CONTRACT. REPLACEMENT OF WORDING, the Contract shall be null and void.

3. DETERMINATION OF AGE

- ① The age of the insured should be official age circulated from subtracting the date of birth and year from current date and year. And when there are months less than a year, the month more than 6 shall be calculated as a year where less than 6 is being disregarded.
- ② When there is age difference due to the miscalculation of age performed under the above Paragraph①, adjustment of the premium shall be made according to the actual age and the difference shall be either received or paid if the actual age is within the age limit of the Contract, regarding the Contract has been concluded under the real age.

4. APPLICABLE PROVISIONS

Matters which are not stipulated in this Endorsement shall be governed by the insurance Policy condition.

Sickness Medical Expense Coverage for Long Term Overseas Residents Special Clause

1. SCOPE OF INSURED

The insured in the Overseas Travel Accident insurance Policy (herein after referred to as 'The Policy Condition') is Long Term Overseas Resident defined, by the Special Clause, and whose name is stated in the insurance policy.

- ① The person(s) whose purpose of trip is to study at university(school) or research institute etc.
- ② The person who residing overseas whilst dispatched to a foreign office
- ③ The overseas resident for business purposes
- ④ The spouse of the above ① to ③
- ⑤ The son(s) and daughter(s) of the above ① to ③ whose age is above 1 year up to 19 years.
- ⑥ The parent of the above ① to ③

2. PERILS COVERED

① For a bodily sickness of a insured occurred between the period of the insured's departure from his residence until returning to the home, the Company shall indemnify the actual expense of a **medical doctor's medical treatment**, occurred within the period of the insurance period or within 30days from the expiration date of the insurance period only when the insured's purpose of the travel is under the condition described under Article 1 of the Insurance Policy. However, the amount shall be limited to the expenses needed for medical treatment for a period not exceeding 180days from the first day of the treatment.

② The expense of the Paragraph ①, shall applied to a one sickness and also limited to the insurance application amount of the special clause. However that in the event that the insured is medically treated in the manner of chiropractic or acupuncture, compensation will be made up to US\$700 per injury or disease only for a medical expense paid to a duly qualified hospital and doctor registered in accordance with the appropriate country laws.

③ If the insured had any other insurance policy of the same type to cover expenses stipulated in paragraph ①, and when the aggregate of the amounts of liability for indemnification calculated on each insurance policy without taking into account the other policy exceeds an amount of expenses in indemnity prorate the ratio of the liable amount for indemnification under this insurance policy to the aforesaid aggregate sum.

3. EXCLUSIONS

The Company will not be liable to pay an indemnity for a loss stipulated under Article 7, EXCLUSIONS, Items 1), 3), 7), 13) of Paragraph ① or under reasons described in below.

- ① Due to the sickness or injury that are covered and shall be indemnified by the Company under the insurance policy.
- ② Due to pregnancy, miscarriage, or abortion(and related sickness)

③Dental expenses including dental prosthesis(including related sickness)

4. INDEMNIFICATION LIMITATION

The indemnification amount of the Company shall be the amount subtracting amount of insured's fee, described under the Policy, of () won from the actually paid amount by the insured per an accident despite the provision of special clause in paragraph ① of Article 2.

5. APPLICABLE PROVISIONS

Matters which are no stipulated in this special clause shall be governed by the insurance Policy Condition.

Sickness Medical Expense Coverage for General Travelers Special Clause

1. PERILS COVERED

- ① In cases when the insured begins to get medical treatment within 30 days after the expiration of this policy period due to sickness which he got while in the course of travel stipulated in overseas travel insurance policy, our company will pay him an amount of expenses which he actually paid out of the expenses stipulated in this insurance policy. However, the amount shall be limited to the expenses needed for medical treatment for a period not exceeding 180 days from the first day of the treatment.
- ② Expenses under the preceding paragraph shall be limited to an amount insured for sickness treatment expenses stated on the policy for one sickness.
- ③ If the insured had any other insurance policy of the same type to cover expenses stipulated in paragraph ①, and when the aggregate of the amounts of liability for indemnification calculated on each insurance policy without taking into account the other policy exceeds an amount of expenses under paragraph ①, the Company will pay the sickness medical expenses indemnity prorate the ratio of the liable amount for indemnification under this insurance policy to the aforesaid aggregate sum.

2. EXCLUSIONS

The Company will not be liable to pay an indemnity for a loss or damage stipulated in Article 7, Paragraph ①, items ①, ②, ③, ⑦ through ⑬ and caused by the following reasons whether directly or indirectly.

- ① Sickness attributable to a bodily injury for which the Company is liable to pay an indemnity under the insurance policy.
- ② Pregnancy childbirth or abortive birth
- ③ Expenses for dental bridgework

3. APPLICABLE PROVISIONS

Matters which are no stipulated in this special clause shall be governed by the insurance policy condition.

Personal Liability Coverage Special Clause

1. PERILS COVERED

Our Company will pay an indemnity for a loss sustained by the insured by becoming legally obligated to pay damages because of bodily injury of any other person(s) (under this endorsement, referring to bodily injury, disease, death, and physical impediment) or any loss of, stain on, Injury to or destruction of other person's properly caused by an accidental happening(hereinafter referred to as 'an accident') occurring in the course of his travel stated to as 'an accident') occurring in the course of his travel stated in Article 6 PERILS COVERED of the insurance Policy condition.

2. INDEMNITY AMOUNT

① The scope of loss or damage indemnified by the Company shall be as follows.

- 1) Damages paid by the insured to the injured party (if there is anything to be acquired by subrogation through the payment of damages, the value thereof shall be deducted there from)
- 2) Necessary or useful expenses paid by the insured to seek a method stipulated in Article 6, OBLIGATION TO AVOIDE DAMAGE, Paragraph ①, item 1). However, if the insured is sound, after having sought a method under Article 6, OBLIGATION TO AVOIDE DAMAGE, Paragraph ①, item 1) to have no obligations to pay damages, the Company will pay an indemnity only for expenses paid for first aid treatment, emergency ambulance service, or any other emergency action, among other expenses incurred in seeing the method, and for the expenses on which he has obtained approval from the Company for payment in advance.
- 3) Necessary and useful expenses paid by the insured in going through the procedures stipulated in Article 6, OBLIGATION TO AVOIDE DAMAGE, Paragraph ①, item 2).
- 4) Court expenses, lawyer's fee, and expenses for arbitration compromise or conciliation paid by the insured with approval of the Company.
- 5) Expenses paid by the insured to follow the Company's demand stipulated in Article 7 INDEMNIFICATION OF COMPANY, Paragraph ①.

② The Amount of indemnity the Company is liable to pay shall be such part of the total amount of expenses stipulated in Paragraph ①, items 1), 2) and 3) for each accident as is in excess of the amount deductible for exclusions stated in the policy; and the Insurance benefit the Company is liable to pay for damages stipulated in Paragraph ①, item 1), shall be limited to the maximum payable amount of indemnity as stated in the policy(hereinafter called 'the maximum amount of indemnity')

③ If an amount of damages stipulated in Paragraph ①, item 1) exceeds the maximum amount of indemnity, the expense under Paragraph ①, item 4), Shall be paid prorata the amount calculated according to the ratio of the maximum amount of indemnity to the damages stipulated in Paragraph ①, item 1)

3. EXCLUSIONS

The Company will not be liable to pay an indemnity for loss or damage incurred under Article 7 EXCLUSION, Paragraph ①, items 1), 9), or 12), of the insurance Policy and by becoming liable to pay damages for the following causes.

- 1) Liability directly attributable to the insured's performance of his duty.
- 2) Liability attributable to the possession, use, of management of chattels used exclusively for the insured's business.

- 3) Liability attributable to the real estate possessed, used, or managed by the insured.
- 4) Liability resulting from any bodily impediment sustained by an employee of the insured while being engaged in the insured's business. However, this shall not apply in the case of any employee of the insured's for domestic concerns.
- 5) Liability aggravated under any contract or agreement, if any, on legal liability for damages between the insured and any other person(s).
- 6) Liability for a relative sharing the same household with the insured (same as the scope of relatives prescribed in Article 777 of the Civil code) or a relative of the insured accompanying him during the course of travel.
- 7) With respect to the loss or damage to any property owned, used or managed by the insured, liability to a person who is duly entitled to the property ownership. However, this shall not apply to the loss or damage to any guest room of a hotel or to any movable property of the guest room.
- 8) Liability arising from the insured's insanity.
- 9) Liability attributable to assault and battery committed by the insured or at his direction.
- 10) Liability attributable to the possession, use or management of aircraft, ship, vehicle (with the exception of any vehicle driven by human power), or fire arms (except any air gun).

4. INSURANCE CONTRACT FOR OTHER PERSON

- ① In the event of effecting an insurance contract for other person, the policyholder shall, without fail, declare the fact with the Company when not entrusted by the other person with the matter; and if no such declaration is made, the other person may not raise an objection to the Company on the ground that he did not know the fact about this Contract effected.
- ② In cases where any insurance accident has occurred in any insurance contract for other person, if the policyholder has paid compensation for the loss or damage caused by the insurance accident to the other person, the policyholder may request the Company's payment of insurance benefit in so far as it does not infringe upon the other person's right.

5. NOTICE OF ACCIDENT

- ① The policyholder or the insured shall, without delay, serve a notice to the Company on the time and place of accident, addresses and names of victims, and accident status when he comes to the knowledge of an accident or a loss or damage, and the addresses and names of witnesses, if available, as well as details of claim, if made against the insured.
- ② if any loss or damage has been increased due to negligence of serving a notice stipulated in Paragraph ① by the policyholder, if the policyholder or the insured fails to fulfill the duty stipulated grounds, the Company will not be liable to pay indemnity for the loss or damage.

6. LOSS PREVENTION DUTY

- ① In the event of any insurance accident, the policyholder or the insured shall fulfill the following matters;
 - 1) To seek every possible means to prevent or reduce the loss or damage.
 - 2) If he is able to get the compensation for the loss or damage from any other person, to go through necessary procedures to preserve or exercise his right.
 - 3) In the event of approving the responsibility for compensation for damages, in part in whole, to obtain approval from the Company in advance. However, this shall not apply to first aid, ambulance service or any other emergency treatment on the victim.

- 4) If the Insured has been used in connection with the responsibility for compensation for damages, to serve a notice to the Company; and if the insured files a lawsuit, to obtain the Company's approval in advance.
- ② If the policyholder or the insured fails to fulfill the duty stipulated in Paragraph ① without justifiable ground, the amount of loss or damages shall be determined according to the following:
 - 1) In the case of Paragraph ①, Items 1) and 2) an amount of loss or damage deemed to have possibly been prevented or reduced shall be deducted.
 - 2) In the case of paragraph ①, Item 3) that part for which the Company is not deemed responsible for payment of indemnity shall be deducted.
 - 3) In the case of Paragraph ①, Item 4) the company will not be liable to pay the Indemnity for the areas where have been determined that the Company is not responsible.

7. COMPANY'S SETTLEMENT OF APPLICATION FOR PAYMENT OF DAMAGES

- ① If any accident has occurred in which the insured is liable to pay damages to the victim, the victim may directly file a claim with the Company for payment of insurance benefit within the limit of an amount the company is liable under this Policy to pay to the insured. However, the Company may counter the victim with the insured's protest concerning the accident.
- ② Upon receipt of a claim under Paragraph ①, the Company shall, without delay, serve a notice to the insured; and when requested by the Company, the insured and the policyholder shall cooperate in the submission of necessary documents and evidence as well as in giving testimonies or in standing witness.
- ③ In cases where the insured has received any claim for damages by the victim, if the Company deems if necessary, it may settle the payment in behalf of the insured at its own expense, in this case when requested by the Company, the policyholder or the insured shall cooperate therein.
 - ③ If the policyholder and the insured fail to cooperate in response to the requests under Paragraphs ② and ③ without any justifiable reason, the Company will not pay an indemnity for a loss or damage increased due to that cause.

8. FILING FOR INDEMNITY

In the event of applying for recovery, the insured shall submit the following documents to the Company;

- 1) Written application form of claim.
- 2) Documents certifying the payment of damages and other expenses.
- 3) Any other documents the Company may require.

9. SHARING OF CLAIM

- ① if there is any other contract covering the same risk as covered under this insurance contract, and when the aggregate of the amounts of liability for indemnification calculated on each contract without taking into account the other contract exceeds the amount of damages, the Company will pay an indemnity under this contract to the aforesaid aggregate sum.
- ② Even in case insured has resigned his claim under the other contract, it shall have no effect on determining the amount of insurance benefit the Company is liable to pay under Paragraph ①.

10. SUBROGATION

- ① Upon the payment of claim by the Company, to the policyholder or the insured, the Company shall

be subrogated to the right held by the policyholder or the insured to claim against any third party to the extent of such payment made by the Company. However, if the amount of indemnity paid by the Company is part of the loss, which is caused to the insured, the right, within the scope there is no disturbance, shall be acquired.

- ② The policy holder or the insured must take action against the right acquired by the Company in accordance with the preceding paragraph ① and its preservation and also submit to the Company all necessary documents needed to exercise and secure the right acquired by the Company. The expenses to be required shall be borne by the Company.
- ④ In the event of an insurance contract for other person, the Company will waive the subrogation to the policyholder, notwithstanding Paragraphs ① and ②.

11. APPLICABLE PROVISIONS

Matters which are not stipulated in this Clause shall be governed by the insurance Policy Condition.

Baggage Coverage Special Clause

1. PROPERTY INSURED

- ① The property insured hereunder shall be the personal effects of the insured carried in the course at his travel.
- ② The following properties shall not be included in the properly insured hereunder;
 - 1) Currency, securities, revenue stamps, postage stamps, credit card, coupons, airline tickets, passports, and any other similar articles.
 - 2) Manuscripts, designs, drawings, books of accounts, and any other similar articles.
 - 3) Watercraft or automobile (including auto-tricycles, and motor bicycles).
 - 4) Equipment for mountaineering or expedition and so forth.
 - 5) Animals and plant life.
 - 6) Artificial teeth, artificial arms and legs, and contact lenses, including all the other artificial supporting parts and equipments of the similar function.
 - 7) Other articles specifically entered on the policy.

2. PERILS COVERED

Our Company will pay the indemnity for loss or damage to the subject insured hereunder caused by accident which occurs in the course of travel stipulated in Article 6, PERIL COVERED.

3. EXCLUSIONS

- ① The Company will not be liable to pay indemnity for any loss or damage due to causes stipulated in Article 7 EXCLUSIONS, paragraph ①, items 7), 9) and 10) of the insurance Policy and the following cases.
 - 1) Willful act or gross negligence on the part of the policyholder, the insured, or the beneficiary.
 - 2) Intended damage done purposely by the family members traveling together or employer for the insured to receive the indemnity.
 - 3) Exercise of public authority by the government or public agencies, such as seizure, commandeering, confiscation, and destruction. However, exceptions shall be made in case such has resulted as a result of necessary steps against fire, for fire fighting and sheltering.

- 4) Defects in the property insured However, the Company will be liable to pay indemnity for a loss or damage due to any defect which the policy-holder, the insured, or anyone in charge of custody and management of the insured property, in behalf of them could not discover in spite of due care made.
- 5) Natural wear and tear, rusting growing moldy, deterioration, and discoloring of the property insured, or rodent or insect damage.
- 6) Simple damage to the appearance of the properly insured, without any impediment caused to its function.
- 7) Leakage of the property insured. However, any loss of or damage to other property insured as a result thereof shall be indemnified.
- 8) Letting alone the property insured or disappearance thereof.

4. LOSS PREVENTION DUTY

- ① In the event of any insurance accident, the policyholder or the insured shall endeavor to prevent and reduce the loss or damage. If he is negligent of it due to willful act or gross negligence, the value thereof found to have been possibly prevented or reduced shall be subtracted from the amount of loss or damage.
- ② The Company will pay the indemnity for the necessary or beneficial expenses needed for the prevention/reduction of a loss or damage under Paragraph ①, according to the percentage of the amount insured to the actual cash value and in the manner stipulated in Article 6 for calculation of the claim payable.
- ③ Even if the total amount of the claim payable under Article 6 CALCULTAION OF IMDEMUNITY and an amount of expenses needed for the prevention/reduction of a loss or damage under Paragraph ② exceeds the amount insured, the Company will pay the amount.

5. ADJUSTMENT OF DAMAGES

An amount of damages the Company is liable to pay shall be calculated according to the actual cash value of the property insured (hereinafter referred to as the 'actual cash value') at the time and place of the loss or damage.

6. CLAIM SETTLING

- ① The claim payable by the Company shall be an amount of damages remaining after deducting an amount reducible as stated in the insurance policy per accident, but it shall be limited to the amount insured.
- ② If the damaged property is restorable, the cost needed to repair the Insured property to the original condition immediately before the damage shall be the amount of damages stipulated in Paragraph ①.
- ③ If in case the property insured is made in one set or one pair, a loss or damage has been caused to part thereof, the amount of damages shall be determined in consideration of the possible effect of the said loss or damage on the total value of the respective property insured. In this case, however, such a loss or damage shall in no wise be deemed to be total loss unless the cost of repair for that part exceeds the actual cash value.
- ④ The limit for a indemnity payment shall be 200.000 won for each one entity, couple, or unit of the insurance.
- ⑤ Regarding the purpose of the insurance, if there is another insurance agreement that cover the damage

or loss, other than this contract and the total indemnity amount exceeds the amount of the damage, the Company shall pay the indemnity amount according to the rate prior to the contract arrangement.

7. RIGHT FOR PROPERTY

- ① When the residual article of the purpose of the insurance after the Company has paid the indemnity, the right to attain the property shall belong to the insured when the Company does not show any interest of the ownership.
- ② When the article has been found, following procedures shall be observed.
 1. When the Company finds the article before paying indemnity, the loss is considered not occurred for the article.
 2. When the Company makes the indemnity for a lost article and it has been found, the property right shall belong to the Company. In this case, the Company shall sell the article on appropriate price. And if the amount from the sale exceeds the indemnity paid, including related expenses for the article recovery and process, the Company shall pay the difference to the insured.
- ③ Regarding the item 2, if there is a damage other than caused from the theft or robbery, or there is an expense paid by the insured or policyholder for recovery of the article, the Company shall indemnify the damage or pay the expense according to the calculation method of Article 6, CLAIM SETTling.

8. SUBROGATION

- ① Upon the payment of claim by the Company to the policyholder or the insured, the Company shall be subrogated to the right held by the policyholder or the insured to claim against any third party to the extend of such payment made by the Company. However, if the amount of indemnity paid by the Company is part of the loss, which is caused to the insured, the right, within the scope there is no disturbance, shall be acquired.
- ② The policyholder or the insured must take action against the right acquired by the Company in accordance with the preceding Paragraph ① and its preservation and also submit to the Company all necessary documents needed to exercise and secure the right acquired by the Company. The expenses to be required shall be borne by the Company.
- ③ In the case of an insurance contract for other person, the Company will waive the subrogation to the right held by the police, notwithstanding the provisions of Paragraphs ① and ②.

9. REPLACEMENT OF WORDING

The term 'accident' in Article 19 DAMAGE NOTIFICATION of the insurance Policy shall be replaced with the term 'loss and damage.'

10. APPLICABLE PROVISIONS

Matters which are not stipulated in this Clause shall be governed by the insurance Policy Condition.

Rescuer's Expenses Coverage Special Clause

1. PERILS COVERED

- ① The Company will pay indemnity for expenses incurred by the policyholder, or the insured, or an heir at law of the insured for the following cases according to this Clause.
 - 1) Disappearance or disaster of the aircraft or ship, in or on which the insured has got aboard, or mishap caused to the insured in mountain climbing, in the course of his travel (hereinafter referred to as 'in the course of travel') stipulated in Article 6, PERILS COVERED of the Overseas Travel Accident Insurance Policy (hereinafter referred to as 'the Insurance Policy Condition')
 - 2) In case it has been confirmed by public authorities, such as police, that the situation has developed into one requiring emergency search and rescue activities due to a sudden and accidental happening of external origin in the course of travel.
 - 3) In the event of death directly from a bodily injury stipulated in Article 6, PERILS COVERED of the Insurance Policy within 180days from the date of accident or continued hospitalization for over 14 days (In the event of transfer to any other medical institution, a period of time required for the transfer shall be included in the period of hospitalization, provided that a physician for medical treatment with respect to the transfer is deemed necessary the same shall follow hereinafter).
 - 4) In the event of death directly from disease in the course of travel or of hospitalization for over 14 consecutive days directly due to disease contracted in the course of travel: However, hospitalization shall be limited to that resulting from sickness on which the medical treatment was begun in the course of travel.
- ② In cases where any mishap to the insured during a mountain climbing mentioned in Paragraph ①, Item 1) is uncertain, the filling of a search request by the policyholder or an heir at law of the insured or their representative(S) with public authorities such as police, or a rescue unit, a salvage company, or an airline company from the scheduled date of climbing down the mountain by the Insured, shall be regarded the occurrence of accident.

2. EXPENSES

The scope of expenses indemnified by the Company is as follows.

- ① Search and rescue expenses Out of expenses needed in the activities for search, rescue of transport (hereinafter referred to as 'rescue') of the insured in distress, those expenses actually paid upon claim by the people who engaged In such activities.
- ② Transportation cost including air fare Round-trip fares of ship, aircraft or any other conveyance to and from the location of accident for the search, nursing or accident handing of the insured, or incurred by heir at law of the insured(including his representative: hereinafter referred to as a 'rescuer'): however, the amount shall be limited to that for two persons.
- ③ Hotel room charges
Hotel room charges incurred at the location by not more than two rescuers, but not for more than 14 days for each rescuer.
- ④ Repatriation expenses
Transportation expenses required for repatriating the body of the insured, when he is dead, from the location to the address of the Insured stated on the policy, which are in excess of the normal amount of such expenses, and also the expenses for a physician and a nurse attending the insured for a period of such repatriation.
- ⑤ Miscellaneous expenses
Passage procedure expenses(such as revenue stamps on passport, visa fee, and inoculation fee)

Incurred by rescuers and expenses for transportation, international telephone and cable charges, postmortem treatment of the insured's body, but not exceeding 100,000 won.

3. EXCLUSION

The Company shall not indemnify the damage or loss due to the reasons of item 1), 3), 7), or 13) of Paragraph 1 of Article 7, EXCLUSION

4. CLAIM SETTLING

The Company will pay only for the part of the expenses stipulated in Article 2, EXPENSES which is deemed reasonable, if the policyholder, the insured or the beneficiary is entitled to receive compensation for damages from other person, the Company will not be liable to pay for such an amount.

5. SHARING OF CLAIM

If there is any other contract for payment of indemnity for expenses stipulated in Article 1 indemnity covered, and when the aggregate of the amounts of liability for indemnification, calculated on each contract without taking into account the other contract exceeds the amount of damages, the Company will pay an indemnity pro rata the ratio of the liable amount for indemnity under this contract to the foregoing aggregate sum.

6. LIMIT OF LIABILITY

The amount of indemnity payable by the Company under this Endorsement shall be limited to the sum insured which is stated on policy throughout the policy period.

7. APPLICABLE PROVISIONS

Matters which are not stipulated in this Clause shall be governed by the provisions of the Insurance Policy.

Aircraft Skyjacking Coverage Special Clause

1. PERILS COVERED

- ① The Company will pay the named insured 70,000 won per day during which he is prevented from reaching the scheduled destination of the aircraft on he is a passenger as a result of an act of aircraft hijacking in the course of traveling stipulated in Article 6 PERILS COVERED of the Overseas Travel Accident Insurance Policy(hereinafter referred to as 'the Insurance Policy')
- ② The aircraft hijacking on Paragraph ①, refers to the unlawful taking over of an aircraft with violence, brutal force or threats of violence, brutal force with unlawful intention.

2. SCOPE OF PERILS COVERED

- ① Coverage hereunder is limited to a maximum period of 20 days A covered days is the 24hour period commencing 12 hours after the aircraft was schedule to reach its destination.
- ③ In the event when the aircraft was late in departing from the airport preceding the first overt accident, coverage, Including the 12hour deductible period, applies to the time commencing as stated above and a covered day is the 24hour period.

3. DIFFERENCE FROM OTHER POLICY

In the event when one or more policies are effective at the same time with the similar policy insured by the Company to the insured, it shall be indemnified to only one policy chosen by the insured, the beneficiary or his legal representative and the Company will pay back additional premium which has been paid already with respect to other policies except one policy.

4. APPLICABLE PROVISIONS

Matters which are not stipulated in this Special Clause shall be governed by the provisions of the Insurance Policy.

GROUP INSURANCE COVERAGE SPECIAL CLAUSE

1. PERIL COVERED

This special clause applies to the agreement (to be referred as the 'group insurance' hereinafter) satisfying the following conditions when concluding an insurance policy agreement (includes special clause when applicable, and to be referred as the 'insurance agreement' hereinafter).

- ① The policyholder and insured must belong to the one of the following institutions, and the policyholder, representing the institution, must be able to perform all rights and obligations of the group insurance agreement.
 - a. Class 1 institution (organizations with payroll system) It includes government organization, public offices, and business organizations including factories.
 - b. Class 2 institutions (corporate organizations) It includes organization that are not belonging under the class 1 but organized according to special laws and regulations and special clause.
 - c. Class 3 institutions (conventional organizations) It includes organizations that not belonging under either the class 1 or class 2 but have corporate regulations and bylaws that regulate the management of the organizations. However the organization which its sole purpose of establishment is to get insurance benefit is excluded.
- ② The representative of the Class 1 organizations shall be policyholder and insurance shall apply to the organization with more than 5 employees. However the Class 3 organization must have more than 80% of its employees as the insured.

2. INSURANCE AMOUNT

- A. The insurance premium shall be applied equally to all insured on principle.
- B. For Class 1 organization, when the policyholder intends to differentiate the premiums between insured, the premium of insured of same level and position shall be same. However, when it is difficult to apply the position and level equally to all the insured, the premium may differ from each insured.

3. ADDED, CANCELED, OR REPLACEMENT

- ① When the policyholder intends to increase, decrease or replace the insured after the conclusion of the insurance contract, the policyholder or the insured must notify and

attain approval immediately to the Company the fact on a written document.

- ② During the insurance period, when the insured canceled, the Contract for the responding insured is to be considered terminated, and for increase or replacement, the insurance period shall be the period remaining thereof. The difference or occurrence of additional payment or caused due to the changes shall be calculated per day basis accordingly.
- ③ When the Paragraph ① or ② have been violated, the newly added or replaced insured shall not be covered for the insurance.

4. REFUND OF PREMIUM

When the insurance is terminated due to the policyholder's reasonable causes the remaining premium, subtracting the premium for the past term, shall be returned according to the calculation of short-term rate despite Article 18, REFUND OF PREMIUM, only in case when the remaining premium is larger than the premium for the past term.

5. SPECIAL REGULATION

The Company only issues the insurance policy to the policyholder.

6. APPLICABLE PROVISIONS

Matters which are not stipulated in this Clause shall be governed by the insurance Policy Condition.

ADDITIONAL SPECIAL CLAUSE FOR INSURANCE PREMIUM

1. DETERMINING PREMIUM

- ① The Company shall determine the insurance premium despite the Paragraph ②, ADDED, CALCELED, OR REPLACEMENT of Article 3 according to the special clause.
- ② The Company shall indemnify the damage for the newly added or replaced insured despite provision of Article 3, ADDED, CALCELED, OR REPLACEMENT even before the determination of the premium has not been concluded.

2. INSURANCE PREMIUM

Despite the Article of special clause, Class 2 or 3 organizations and the policyholder may differentiate the premiums between insured, considering the situation and organization.

3. INSURED LIST

The policyholder shall keep the list of the insured and provide the list when required from the Company.

4. PREMIUM DEPOSIT

The premium deposit shall be calculated according to the preset insurance rate per day for January prior to the Contract date.

5. CALCULATION METHOD

- A. The policyholder shall submit all related documents of insurance applicants prior to 10th of every month. However when there is lose of effect, lose of right or adjustment is to be made, the related documents shall be submitted upon the incident immediate.
- B. The Company may view the related documents only when the information is needed in calculation the premium or other charges.
- C. At the expiration of the Contract the Company calculates and returns or requires the amount, comparing the premium deposit made on the conclusion of the Contract and decided premium according to the number of insured.

6. APPLICABLE PROVISIONS

Matters which are not stipulated in this Clause shall be governed by the insurance Policy Condition.