



**TRAVEL**



We enclose the following documents:

- **Information pack**
- **Privacy Policy**



# Travel Insurance

## Pre-contractual Information Document for Non-Life Insurance Products - Non-Life PID

Company: **Unipol Assicurazioni S.p.A.**

Product: **"Unipol UNICA - Travel"**

Unipol Assicurazioni S.p.A., Tax Code: 00284160371 and VAT Number: 03740811207 - Parent company of the Unipol Insurance Group, registered in the Register of Parent Companies under no. 046, and in the Register of Insurance and Reinsurance Companies, Section I, under no. 1.00183.

Complete pre-contractual and contractual information relating to the product is provided in other documents

### What type of insurance is it?

This policy offers Assistance and other guarantees for Trips lasting no more than 100 days, undertaken for tourism, study or business purposes. It forms part of the broader "Unipol UNICA" range, which allows you to insure yourself and/or members of your Household against risks relating to vehicles and Mobility, Home and Family, and Personal Safety.



#### What is insured?

Unipol Assicurazioni S.p.A. (hereinafter "Unipol") provides coverage up to the maximum amount specified in the Policy (known as the maximum cover or insured amount).

##### ✓ TRAVEL PROTECTION:

- **TRAVEL ASSISTANCE:** if the Insured Party encounters difficulties due to an unforeseen event, immediate assistance will be provided:

**Medical assistance:** Medical advice; dispatch of a physician or ambulance in Italy; Referral to a specialist physician and/or specialist facility in Europe or Worldwide; Dispatch of urgent medicines in Europe or Worldwide.

**Transport and repatriation assistance:** Medical transport/return; Return of the Insured Party during convalescence; Early return of the traveller; Return of the Insured Party following the Illness or Accident of an insured or uninsured Travel Companion; Travel by a family member; Extension of stay; Return of the Insured Party with an insured or uninsured Travel Companion; Return of other insured or uninsured Travel Companions; Accompaniment of minors.

**Services:** Interpreter available abroad; Referral to a lawyer abroad; Vehicle Assistance to and from the place of departure (in Italy).

**Expenses:** Advance payment of emergency expenses abroad; Reimbursement of telephone expenses; Advance payment of bail abroad; Rescue and search expenses.

**Assistance at home:** Assistance for family members at home (in Italy); Home assistance (in Italy).

- **MEDICAL EXPENSES:** subject to mandatory contact with and authorisation from the Organisational Structure, direct payment of medical expenses required by the Insured Party following Illness or Accident for urgent and non-deferrable hospital care or surgical procedures. This also includes Expenses for urgent medical examinations, diagnostic tests and the purchase of medicines.

- **SECURE LUGGAGE:** reimbursement for Damage to Luggage carried by the Insured Party during the Trip, including clothing and items worn, provided the loss results from Theft, Pickpocketing, Robbery, Mugging or Fire. The cover extends to Valuables, furs, Sports equipment, photographic and cinematographic equipment, radio and television equipment, and electronic devices. The Purchase of Essential Goods is also included.

✓ **TRAVEL CANCELLATION:** reimbursement of any penalty charged by the Tour Operator following cancellation or modification before the start of the trip. This only applies if the Insured is unable to take part in the Trip or is forced to alter it for reasons that were unforeseeable at the time of purchasing the Insurance: death, Illness or Accident of the Insured; death, Illness or Accident of an insured or uninsured Travel Companion, Family Members, immediate superior, or co-owner of the Insured Party or their insured or uninsured Travel Companion; death, Illness or Accident of the son-in-law, daughter-in-law, brothers, sisters-in-law, or parents-in-law of the Insured Party or their insured or uninsured Travel Companion; any unforeseen Event, unknown at the time of booking and beyond the control of the Insured Party, that makes participation in the Trip impossible; or an act of terrorism occurring within 20 km of the destinations listed in the Travel Contract or from any location where at least one overnight stay is planned.

##### OPTIONAL COVERAGE

##### Supplementary Covers [subject to payment]:

**TRAVEL PROTECTION:** Administrative or health detention; Traveller's accidents; Traveller's civil liability; Force Majeure; Delay protection; In-Flight Accidents; Epidemic extension.

[For details on the above, see the supplementary Non-Life PID.]



#### What is not insured?

✗ Claims arising from wilful misconduct or gross negligence on the part of the Insured are not covered.

✗ **TRAVEL ASSISTANCE:** services requested in non-urgent or non-critical situations are not included.

✗ **MEDICAL EXPENSES:** medical costs not resulting from Illness or Accident are excluded, as are expenses related to therapeutic abortion, non-premature childbirth, and post-partum care.

✗ **SECURE LUGGAGE:** travel documents other than passports, identity cards and driving licences are not covered.

✗ **TRIP CANCELLATION:** cancellation or modification of the trip at the sole discretion of the Insured Party is not covered.



#### Are there any coverage limits?

The insurance coverage — both basic and optional — provided under this contract is subject to Deductibles and Excesses specified in the insurance conditions and/or Policy, which may result in a reduction or non-payment of the Indemnity. The cover also includes certain exclusions (unless waived by optional guarantees), including those related to the following types of damage:

! **TRAVEL PROTECTION:** damage resulting from or arising out of acts of war, whether declared or undeclared, civil war, mutiny, civil unrest, sabotage, and all similar events, as well as accidents caused by weapons of war; and damage resulting from pre-existing Illnesses.

- **TRAVEL ASSISTANCE:** illnesses or injuries which, in the opinion of the Organisation's physicians, can be treated locally or do not prevent the Insured Party from continuing their Trip; infectious diseases where transport would violate national or international health regulations. Early return of the traveller: claims where the Insured Party cannot provide the Organisational Structure with adequate justification for the request for early return.

*Home assistance (in Italy) for the duration of the trip:* faults in taps and mobile pipes, whether or not connected to any appliance (e.g. washing machines), even when caused by the Insured Party's negligence.

*Vehicle assistance to and from the place of departure (in Italy):* includes the cost of spare parts and any other repair expenses.

- **MEDICAL EXPENSES:** costs incurred at private healthcare facilities when suitable public facilities are available; expenses for the purchase and repair of glasses, contact lenses, and orthopaedic or prosthetic devices.

- **SECURE LUGGAGE:** financial assets; souvenirs, coins, works of art, collections, samples, catalogues, goods, helmets, and professional equipment.

! **TRIP CANCELLATION:** claims resulting from or arising out of acts of war, whether declared or not, civil war, mutiny, civil unrest, sabotage, and all similar events, as well as accidents caused by weapons of war; claims arising from the presence, use, contamination, extraction, handling, processing, sale, distribution, or storage of asbestos and/or products containing asbestos.



## Where does the cover apply?

✓ **DURING THE TRIP:** The Insurance is valid in the Country or group of Countries where the Trip takes place.

- Travel Assistance: cover begins when the Insured Party leaves their Residence or Domicile to embark on the Trip and ends upon their return.

For travel by aeroplane, train, coach, or ship, the Insurance is valid from the point of departure (airport, railway station, port, or bus/tram station) to the point of arrival at the end of the Trip.

For travel by car or other means not mentioned above, the Insurance is valid from 50 km beyond the place of Residence.

The Insurance does not apply to travel in the following Countries: Afghanistan, Burundi, Chad, the West Bank and Gaza Strip, Congo, North Korea, Ivory Coast, Ethiopia, Haiti, Iraq, Kosovo, Liberia, Nepal, Papua New Guinea, Chechen Republic, Central African Republic, Democratic Republic of Congo, Rwanda, Western Sahara, Sierra Leone, Somalia, Sudan, East Timor, Uganda, and Yemen.

Cover is also excluded in countries that are in a state of declared or de facto war or are subject to UN and/or EU embargoes.

Traveller's civil liability cover is valid in all countries worldwide.

✓ **TRIP CANCELLATION:** coverage is valid for Trips to destinations Worldwide.



## What are my obligations?

- When taking out the Insurance, you must provide truthful, accurate, and complete information regarding the Risk to be insured. During the term of the contract, you must inform us of any changes that increase the insured Risk.
- Untruthful, inaccurate, or incomplete information, or failure to notify an increased Risk, may result in the termination of the Insurance policy and the refusal or reduction of the indemnity in the event of a Claim.
- You must also declare in writing the existence or subsequent arrangement of any other insurance policies covering the same Risk or guarantees. It is not permitted to take out multiple "UNICA Viaggio" Insurance Positions covering the same Risk in order to increase the maximum cover or extend the Insurance Period in progress.
- You may take out Insurance on behalf of others, provided the Insured Parties fall within the definition of the Contract Group. To this end, you must provide proof, if requested by Unipol, of the Insured Parties' authorisation to take out the Insurance Position on their behalf. You must also provide each Insured Party with the Information Pack and the Policy Summary.
- In the event of a Claim, you must report the incident.



## When and how do I pay?

The premium includes taxes and must be paid when taking out the Policy at the Agency or Point of sale to which the Insurance is assigned, or directly to Unipol. The Premium must be paid in the manner permitted by law. Purchases made via the app or website — by credit card or other electronic payment methods — are conducted under secure conditions, with particular attention to integrity, authenticity, and transaction traceability requirements.



## When does the cover start and when does it end?

The Insurance remains valid for the term indicated under the individual Insurance Position stated in the Policy. The Insurance takes effect at midnight on the date specified under the Insurance Position stated in the Policy, provided the premium has been paid; otherwise, it takes effect at midnight on the day payment is made.

The Insurance covers Trips for tourism, study, or business purposes lasting no longer than **100 days**. The contract is not subject to tacit renewal and will therefore expire automatically on its natural expiry date without the need for either Party to give notice of termination.

For Services provided under **TRAVEL ASSISTANCE**, coverage begins when the Insured leaves their Residence or Domicile to embark on the Trip and ends upon their return. Coverage for the following guarantees: Medical expenses, Secure luggage, Administrative or health detention, Traveller's accidents, Traveller's civil liability, Force Majeure, and Delay Protection commences once the Trip begins.

In-flight Accident cover begins when the Insured Party, as a Passenger, boards the Aircraft and ends upon disembarkation (including boarding and disembarking the Aircraft).

**TRAVEL CANCELLATION** cover begins on the date the Policy is issued or when documented confirmation of the Trip is received and remains valid until the first tourist service specified in the contract is used. It is only valid if the Policy Insurance Position is taken out within 3 days of booking the Trip and, in any case, within 30 calendar days prior to departure.



## How can I cancel the policy?

You cannot withdraw from the contract before its expiry; it will terminate automatically upon expiration.





# Travel Insurance



Supplementary pre-contractual information document for non-life insurance products  
(Non-Life Supplementary PID)

Unipol Assicurazioni S.p.A.  
Product: Unipol UNICA - Travel

Date: 01/10/2025 - This Supplementary Non-Life PID is the latest version available

**Purpose.** This document provides supplementary and complementary information to that contained in the pre-contractual information document for non-life insurance products (DIP Non-Life), to help potential policyholders better understand the product's features, particularly regarding the insurance cover, limitations, exclusions, and the company's financial position. The policyholder must read the terms and conditions of insurance carefully before signing the contract.

**Company** - Unipol Assicurazioni S.p.A., abbreviated to Unipol S.p.A., registered office in Italy, Via Stalingrado 45, 40128 Bologna; tel. +39 051.5077111; website: [www.unipol.it](http://www.unipol.it); e-mail: [info-danni@unipol.it](mailto:info-danni@unipol.it); certified e-mail: [unipol@pec.unipol.it](mailto:unipol@pec.unipol.it); Parent Company of the Unipol Insurance Group, registered in the Register of Insurance and Reinsurance Companies, Section I, under number 1.00183. With reference to the latest approved financial statements for the 2024 financial year, the Company's net equity amounts to € 7,077.25 million, and the operating result for the year amounts to € 775.99 million. The solvency ratio for the 2024 financial year stands at 2.56 times the solvency capital requirement. The Solvency and Financial Condition Report (SFCR) is available on the website [www.unipol.it](http://www.unipol.it).

The contract is subject to Italian law if the Risk is located in Italy.

## Product



### What is insured?

No further information is provided beyond that contained in the Non-Life PID.

**What options / customisations can be activated?**

**THE FOLLOWING REFERENCES TO SECTIONS, PAGES AND ARTICLES RELATE TO THE TERMS AND CONDITIONS OF INSURANCE.**

**OPTIONS REQUIRING ADDITIONAL PREMIUM PAYMENT. TRAVEL PROTECTION: Administrative or health detention;** see Travel Protection Section Art. 2.4.1 pg. 17 of 40; **Traveller's accidents;** see Travel Protection Section Art. 2.4.2 pg. 17 of 40; **Traveller's civil liability;** see Travel Protection Section Art. 2.4.3 pg. 20 of 40; **Force Majeure;** see Travel Protection Section Art. 2.4.4 pg. 20 of 40; **Delay Protection;** see Travel Protection Section Art. 2.4.5 pg. 21 of 40; **Accidents during the flight;** see Travel Protection Section Art. 2.4.6 pg. 21 of 40; **Epidemic Extension;** see Travel Protection Section Art. 2.4.7 pg. 22 of 40.



### What is NOT insured?

**Excluded risks**

No further information is provided beyond that contained in the Non-Life PID.



### Are there any coverage limits?

The insurance coverage offered by the contract is subject to Deductibles and Excesses as specified in the policy, which may result in a reduction or non-payment of the Indemnity. **TRAVEL PROTECTION** Medical expenses and Secure Luggage: an excess of € 50 applies. **TRAVEL CANCELLATION:** In the event of a change and/or forced cancellation of the Trip due to Hospitalisation or death, the penalty will be reimbursed in full, without the application of any Excess. In the event of a change and/or forced cancellation of the Trip due to any other reason, the penalty will be reimbursed with an Excess equal to 15% of the indemnifiable amount, with a minimum of € 100 per person. In the event that the Insured Party refuses to undergo the medical examination requested by the Organisational Structure, the penalty will be reimbursed with an Excess of 25% of the amount payable, with a minimum of € 150 per insured Person.

The following sections also contain exclusions from cover: **TRAVEL PROTECTION:** cover does not apply to Claims arising from the presence, use, contamination, extraction, handling, processing, sale, distribution, or storage of asbestos and/or products containing asbestos; resulting from or arising from the emission or generation of electromagnetic waves or fields; arising from Natural disasters; resulting from the possession or use of explosives or radioactive substances, or devices for the acceleration of atomic particles, as well as damage occurring in relation to atomic nucleus transmutation phenomena or radiation caused by artificial acceleration of atomic particles; arising from Accidents occurring during Professional Sports; arising from Accidents occurring during the practice, even occasional, of Air Sports, High-Risk Sports, or Motor Sports and Motorboating; resulting from Accidents caused by intoxication, the abuse of psychotropic substances, narcotics or hallucinogens, or Illnesses related to such abuse, including alcoholism; resulting from psychological, psychiatric or neuropsychiatric disorders, including anxiety, stress, or depression; resulting from full-blown AIDS or the following mental illnesses: organic brain syndromes, epilepsy, schizophrenia, manic-depressive disorders, or paranoid states; resulting from diseases manifesting or linked to spongiform encephalopathies (TSE), such as bovine spongiform encephalopathy or new variants of Creutzfeldt-Jakob disease (VCJD); resulting from therapeutic abortion, non-premature childbirth, or puerperium; occurring during travel undertaken against medical advice or for the purpose of undergoing medical or surgical treatment; occurring during Trips to remote areas accessible only by special rescue vehicles, or to countries at war. The following are also excluded: expenses for searching for missing or lost persons, except as provided under Travel Assistance – Rescue and search expenses; loss of money, travel tickets, securities, collections of any kind, and samples; destruction of or Damage to Luggage, except as covered under Secure Luggage; loss of items left unattended, forgotten, or misplaced. The following are excluded from the guarantees indicated below: Travel Assistance expenses relating to funeral ceremonies and those for the search for persons and/or recovery of remains; shipment of urgent medicines to inaccessible or isolated locations, or to areas distant from normal tourist or commercial routes. Assistance Services will also not be provided if the Insured Party disregards the instructions of the Organisational Structure, namely: if the Insured Party voluntarily discharges themselves against the advice of the physicians at the facility where they are hospitalised, or if the Insured Party or their representative voluntarily refuses medical transport or return. In such cases, the Organisational Structure will immediately suspend Assistance and will only reimburse additional hospital and surgical expenses up to the amount corresponding to the cost of the refused medical transport or return. Medical expenses costs for the treatment or correction of physical defects or congenital malformations, cosmetic procedures, nursing, physiotherapy, spa or weight loss treatments, and dental care, except as covered under Medical Expenses; expenses incurred after the end of the Trip or the early return of the Insured Party. Secure Luggage travel documents other than passports, identity cards, and driving licences; damage caused by the Insured Party to sports equipment while in use; items other than clothing, such as watches, glasses, and sunglasses, handed over to a transport company, including airlines; items left in cars, camper vans, caravans, motorcycles, or other vehicles, unless stored in a locked boot not visible from the outside and the vehicle is left in a secure, paid car park. Home assistance (in Italy) for the duration of the Trip Claims arising from interruption of water supply by the provider or breakage of pipes outside the building; overflow caused by sewer backflow; blockage of mobile plumbing pipes in sanitary facilities; short circuits due to false contacts caused by the Insured Party; interruption of electricity supply by the utility company; failure of the power cable to the Insured Party's home upstream of the meter. Vehicle Assistance to and from the place of departure (in Italy) expenses relating to the intervention of special vehicles when essential for Vehicle recovery; towing expenses, in the event that the Vehicle suffers an accident or breakdown while travelling outside the public road network or equivalent areas (such as off-road routes).

**TRAVEL CANCELLATION:** The following are also to be considered excluded: Claims resulting or arising from the emission or generation of electromagnetic waves and fields; from natural disasters; from the possession or use of explosives, or from the possession or use of radioactive substances or devices for accelerating atomic particles, as well as damage which, in relation to insured risks, has occurred in connection with atomic nucleus transmutation phenomena or radiation caused by the artificial acceleration of atomic particles; from Accidents caused by professional sports; from Accidents caused by the practice, even occasional and for any reason, of Air Sports, High-Risk Sports, Motor Sports or Motorboating; resulting from Accidents caused by drunkenness, abuse of psychotropic drugs, use of narcotics or hallucinogens, as well as Illnesses related to the consumption of narcotics or hallucinogens and the abuse of alcohol and psychotropic substances; from psychological disorders, psychiatric or neuropsychiatric illnesses, states of anxiety, stress or depression, or panic attacks; from full-blown AIDS or the following mental illnesses: organic brain syndromes, epilepsy, schizophrenia, manic-depressive disorders or paranoid states; from pre-existing Illnesses, except as provided for in the Basic Cover; from Illnesses that have already manifested or that may manifest in relation to spongiform encephalopathy (TSE), such as bovine spongiform encephalopathy or new variants of Creutzfeldt-Jacob disease (VCJD); from therapeutic abortion, non-premature birth or puerperium; occurring during travel undertaken against medical advice or for the purpose of undergoing medical or surgical treatment; occurring during travel to remote areas accessible only by special rescue vehicles, or to countries at war; resulting from acts of terrorism, except as provided for in letter d) of the Basic Cover. The Insurance also excludes cancellations resulting from: acts of war, socio-political events, Natural disasters, or epidemics occurring at the Trip destination, as well as fear that such events may occur; Accident, Illness or death of persons over the age of 80 who are not a parent or parent-in-law of the Insured or Travel Companion of the Insured; Accidents occurring prior to booking and/or registration for the Trip and/or subscribing to the Insurance Position in the Policy; nervous, mental, neuropsychiatric or psychosomatic illnesses; loss of Travel Documents; pregnancy-related conditions arising before the start date of the Insurance; Illness existing at the time of booking the Trip and/or subscribing to the Insurance Position in the Policy; No show.



## For whom is this product intended?

The Unipol UNICA–Travel product is intended for individuals wishing to insure themselves and/or cohabiting family members, first-degree ascendants/descendants who do not live with them, or their spouse, Partners (including, if applicable and specifically indicated, up to three travel companions not falling within the above categories) who are resident and domiciled in Italy — or resident abroad and temporarily domiciled in Italy — and undertaking a single trip of no more than 100 days for tourism, study or business purposes. These are individuals whose primary need is for assistance and/or protection of their assets, property or person in relation to their trip.



## What costs will I incur?

**Intermediation costs:** the average fee charged by intermediaries is 24.50% of the net Premium.

## HOW CAN I SUBMIT COMPLAINTS AND RESOLVE DISPUTES?

<b>Through the insurance company</b>	Complaints must be submitted in writing to: <b>Unipol Assicurazioni S.p.A. - Customer Advocacy - Via della Unione Europea no. 3/B, 20097 - San Donato Milanese - (MI) Italy; Fax: +39 02.51815353; e-mail: <a href="mailto:reclami@unipol.it">reclami@unipol.it</a></b> , or else using the appropriate form available on the website <a href="http://www.unipol.it">www.unipol.it</a> . Complaints must include the complainant's name, surname, address and Tax Code (or VAT number), along with a description of the complaint. Once received, the Customer Advocacy department must respond within a maximum of <b>45 days</b> , or 60 if the complaint concerns the conduct of the Agent or ancillary intermediary and their employees or collaborators. Further information regarding complaints about intermediary conduct is available on the website <a href="http://www.unipol.it">www.unipol.it</a> .
<b>Through IVASS</b>	If the outcome is unsatisfactory or there is a delay in response, you may contact IVASS, Via del Quirinale 21 - 00187 - Rome, Italy - fax +39 06.42133206, certified email: <a href="mailto:ivass@pec.ivass.it">ivass@pec.ivass.it</a> - Information at: <a href="http://www.ivass.it">www.ivass.it</a> , also using the form available there.

**BEFORE RESORTING TO THE COURTS, you may use dispute resolution systems such as:**

<b>Mediation</b>	By contacting a Mediation Body listed by the Ministry of Justice, available on the website <a href="http://www.giustizia.it">www.giustizia.it</a> . (Legislative Decree No. 28/2010). Condition for the admissibility of the legal claim.
<b>Assisted Negotiation</b>	Through a request made by your lawyer to Unipol.
<b>Other alternative dispute resolution systems</b>	<u>Informal arbitration:</u> for Traveller accidents and in-flight accident cover, medical disputes concerning the indemnification of the Claim and its consequences may be referred in writing to a panel of three physicians appointed by mutual agreement or, failing that, by the Medical Association with jurisdiction over the place where the panel is to convene. The panel of physicians shall be based in the municipality where the Institute of Legal Medicine closest to the residence of the Insured Party or Policyholder is located, if the Insured Party resides abroad. A complaint may be submitted to IVASS or directly to the competent foreign system, requesting activation of the FIN-NET procedure for resolving cross-border disputes involving complainants domiciled in Italy.

## TAX REGIME

<b>Tax treatment applicable to the contract</b>	<b>Tax treatment.</b> The current tax rates are: Travel assistance: 10%; Medical expenses and Traveller's accidents (Accidents): 2.50%; Secure luggage (Goods transported): 12.50%; Administrative or health detention, Delay cover, Force majeure, Trip cancellation (Financial losses): 21.25%; Traveller's civil liability: 22.25%. <b>Tax deduction.</b> Deductibility of premiums paid for Accidental Death and/or Permanent Disability: 5% [Art. 15(1.f-bis) of Presidential Decree 917/86]. <b>Taxation of insured benefits.</b> Not applicable.
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**FOR THIS CONTRACT, THE COMPANY PROVIDES AN INTERNET AREA RESERVED FOR THE CONTRACTING PARTY (known as HOME INSURANCE). AFTER SIGNING, YOU WILL BE ABLE TO ACCESS THIS AREA AND USE IT TO MANAGE THE CONTRACT ONLINE (TO PAY THE INSURANCE PREMIUM FOLLOWING THE FIRST ONE, CHANGE THE INITIALLY CHOSEN PAYMENT METHOD, REQUEST CLAIM SETTLEMENT, AND UPDATE YOUR PERSONAL DATA).**









## **UNIPOL UNICA - Travel Travel Insurance**

### **TERMS AND CONDITIONS OF INSURANCE INCLUDING GLOSSARY**

Form SI/02215/001/00000/U - Ed. 01/10/2025




Document prepared in accordance with the guidelines of the Technical Committee on Contract Simplification.

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### FAQ

*The reference boxes are spaces marked with symbols that can be easily recognised in the terms and conditions of insurance.*

*They contain:*

-  **DOUBTS:** answers for clarification or instructions to follow;
-  **ATTENTION:** points requiring particular consideration;
-  **CONTACT DETAILS:** useful information for getting in touch.

*These boxes have no contractual value, and in some cases only provide examples. It is therefore always necessary to pay attention to the conditions to which they refer.*

The following terms form an integral part of the contract, and the parties assign to them the meanings specified below:

**Accident:** an event caused by an unforeseeable, violent, and external factor that results in objectively verifiable physical injury and leads to death, Permanent Disability, and/or one of the other benefits provided by the Insurance.

**Act of terrorism:** an act intentionally committed or even merely threatened by one or more persons representing organised groups, with the aim of intimidating, influencing, or destabilising a State, the population, or part thereof.

**Air Sports:** activities carried out as a pilot using: Aircraft with a maximum take-off mass (MTOM) of up to 2700 kg, whether fixed-wing or rotary-wing, as well as gliders, motor gliders, balloons, ultralight airships, hang gliders, paramotors, paragliders, recreational or sporting flight equipment, and parachuting.

**Aircraft:** refers to both fixed-wing (single-engine and multi-engine) and rotary-wing (single-engine and multi-engine) aircraft, gliders, motor gliders, balloons, and airships.

**Assistance:** insurance falling within branch 18 referred to in Art. 2(3) of Legislative Decree no. 209 of 7 September 2005, which provides the Insured with immediate assistance, within the limits established by the Insurance, when faced with a situation of difficulty resulting from a unforeseeable event.

**Attending physician on site:** the physician providing the necessary medical care at the local healthcare facility where the Insured is hospitalised.

**Beneficiary:** the person designated to receive the Indemnity in the event of the Insured Party's death.

**Claim:** the occurrence of a damaging event covered by the Insurance.

**Company:** the Insurance company, Unipol Assicurazioni S.p.A.

**Compensation:** see Indemnity.

**Contract group:** the group of persons identified by the Policyholder on whose behalf the Insurance may be taken out, provided they fall within the following categories:

- spouse or cohabiting partner;
- relatives or in-laws permanently residing with the Policyholder (in-laws being understood as relatives of the spouse/partner);
- parents and children not residing with the Policyholder or spouse/partner.

The following are also included for certain Areas of Cover only:

- legal entities composed exclusively of such persons;
- domestic collaborators.

In particular, the Policyholder may not take out the "Travel" cover for legal entities or family collaborators unless the Policyholder/Insured Party includes them in the cover as insured Travel Companions.

**Damage:** economic loss resulting from the destruction or deterioration of Property, or from death or injury to a person's physical or mental integrity.

**Day Hospital:** daytime hospitalisation in a Healthcare Facility for surgical or medical treatment (excluding examinations carried out solely for preventive diagnostic purposes) and documented in medical records indicating the Insured Party's period of stay.

**Distance selling:** a sales system conducted exclusively through remote communication methods such as websites, apps, and call centres.

"Remote communication technology" refers to any technology enabling contact with the Policyholder without the simultaneous physical presence of the parties, used for the remote sale of Insurance.

**Domicile:** the place where the individual has established the main location of their business and interests.

**Essential goods:** goods that one materially requires and cannot objectively do without. Goods that would be purchased regardless of the Claim are not considered Essential goods.

**Europe:** all countries in geographical Europe, countries bordering the Mediterranean basin, and the Canary Islands.

**Event:** the occurrence of a harmful event that leads to one or more Claims.

**Excess:** the amount remaining payable by the Insured Party, expressed as a percentage of the indemnity that would have been payable in the absence of the Excess.

**Excess:** the portion of damage excluded from the Indemnity, indicated as a percentage of Permanent Disability, in days for indemnities, or as a fixed amount for expense reimbursement.

**Family members:** persons listed on the Insured Party's Family Status Certificate on the date of the Claim.

**Financial assets:** cash, securities, credit instruments of any kind, and revenue stamps.

**Health documentation:** medical records and/or all medical certifications (diagnoses, opinions, prescriptions, X-rays, and diagnostic tests) and related expense documentation (including invoices and receipts for medication).

**Healthcare Facility:** a hospital, clinic, university institute, or nursing home duly authorised by the competent Authorities in accordance with the legal requirements to provide hospital care, including outpatient services. **Spas, convalescent homes, and facilities for dietary or aesthetic purposes are excluded.**

**High-Risk Sports:** the practice of activities such as mountaineering involving rock or glacier climbing above grade 3 on the Munich scale or equivalent, martial arts with physical contact, base jumping, bungee jumping, bobsleighting, river canoeing above grade III on the WW scale or equivalent, aerial dancing, downhill skiing at any level and in all its forms, canyoning, American football, free climbing, free riding and heliskiing, hockey, hydrospeed, sledging and snowmobiling, jet skiing, kite surfing, wrestling in all its forms, parkour, boxing, rafting, rugby, ski or water ski jumping, ski mountaineering, acrobatic skiing and snowboarding, extreme skiing and snowboarding (including those carried out off-piste in areas not immediately adjacent to groomed slopes served by ski lifts), skeleton, snow rafting, and caving.

**Hospitalisation:** a stay in a healthcare facility with overnight accommodation, documented by medical records. Home hospitalisation is considered fully equivalent to hospitalisation in a healthcare facility.

**Illness:** any clinically diagnosable impairment of health that is not a physical Malformation or Defect and is not the result of an Accident.

**Indemnity:** the amount owed by the Company to the Insured in the event of a Claim.

**Insurance period:** for an Insurance Position lasting one year or less, this is the period beginning at midnight on the effective date of the Insurance Position and ending on its expiry date.

**Insurance position (Policy Insurance Position):** the numbered section of the Policy that provides details for the individual Insured Party regarding specific cover and certifies the term and the agreed guarantees.

**Insurance:** the insurance contract, as defined by Art. 1882 of the Italian Civil Code, and/or the cover provided by the contract.

**Insured amount:** the amount stated in the Insurance Position used to calculate the Indemnity or Reimbursement for each guarantee.

**Insured Travel Companion(s):** travellers who are also Insured Parties, named in the Insurance Position and travelling together and at the same time as the Insured Party. If the Travel Companions are not included in the Contract Group, a maximum of three individuals named in the policy may be covered.

**Insured:** the person whose interests are protected by the Insurance. All persons named in the Insurance Position stated in the Policy are considered insured, namely the main Insured Traveller and his/her Insured Travel Companions.

**Italy:** the Italian Republic, the Republic of San Marino, and Vatican City.

**IVASS:** Institute for Insurance Supervision.

**Life-threatening situation:** a condition in which, following assessment by the physicians of the Organisational Structure, in consultation with the patient's attending physicians, the clinical and diagnostic situation can reasonably be expected to lead to death.

**Luggage:** all clothing and belongings of the Insured Party, which he/she wears and/or carries, including suitcases, bags, and rucksacks containing them, excluding Financial Assets.

**Maximum cover:** the amount indicated in the Insurance Position stated in the Policy representing the upper limit of Indemnity or Compensation in the event of a Claim.

**Motor Sports or Motorboating:** activities involving:

- the use of motor vehicles or motorcycles on tracks, circuits, or during competitions and/or training sessions involving such vehicles, even as a passenger, except for pure regularity races;
- or the use of jet skis, watercraft, motorboats, or motorised boats on circuits or in any form of race, competition, trial, or training session, , even as a crew member.

**Natural disasters:** floods, earthquakes, volcanic eruptions, tidal waves, tsunamis, hurricanes, tornadoes, and other exceptional natural phenomena causing serious material damage that can be objectively verified and documented or recognised as such by internationally recognised bodies.

**No show:** failure to appear at the commencement of booked services without prior notification to the Tour Operator.

**Operations Centre (for Assistance services):** part of the Organisational Structure of UnipolAssistance S.c.r.l. responsible for receiving assistance requests, arranging the provision of the Services, and directly delivering certain Services

**Operator:** the person operating the Aircraft, as defined by Art. 874 of the Navigation Code.

**Organisational Structure:** the group of managers, staff, information systems, equipment, and any facilities or resources, whether centralised or otherwise, of UnipolAssistance S.c.r.l., dedicated to telephone contact with the Insured Party and responsible for organising and providing Assistance Services.

**Owner:** the person holding the ownership rights to the Aircraft.

**Passenger:** any person carried on board an Aircraft.

**Permanent Disability:** the total or partial, permanent, and irreversible loss, following an Accident, of the Insured Party's physical ability to perform any type of work, regardless of their occupation.

**Physical Defect/Malformation:** anatomical alteration (non-progressive), congenital or acquired as a result of Illness or Accident, which is evident and/or clinically diagnosable prior to the conclusion of the Insurance policy.

**Pickpocketing:** theft carried out with particular skill to avoid detection by the victim or others nearby.

**Policy summary:** summary document provided by the Company for each Insured Party, listing their relevant Insurance Positions.

**Policy:** the document relating to one or more Areas of Cover, containing one or more Insurance Positions, which serves as proof of the Insurance as provided by Article 1888 of the Italian Civil Code.

**Policyholder:** the person who takes out the Insurance and assumes the related obligations.

**Pre-existing Illness:** an Illness that manifests as, or directly results from, chronic or recurrent pathological conditions, or from conditions existing prior to the signing of the Policy.

**Premium:** the amount payable by the Policyholder to the Company as the cost of the Insurance.

**Professional sports:** sports practised on a continuous basis within disciplines regulated by CONI (Italian National Olympic Committee), for which monetary remuneration and/or contributions of any kind are contractually provided – excluding expense reimbursements – and which constitute the Insured Party's main source of income. This classification also includes those who participate in international competitions such as the Olympics, European Championships, and World Championships, regardless of the remuneration received.

**Property (for the optional "Traveller's civil liability" cover):** tangible objects and animals.

**Property:** tangible objects.

**Pure regularity races:** events involving motor vehicles or boats in which classification is determined by adherence to pre-set times rather than speed, over the various sections into which the route is divided (time checks) and the related segments (classification tests).

**Quarantine:** a period of isolation prescribed in the event of a contagious disease, imposed within an accommodation facility with no possibility of movement therein.

**Reimbursement:** see Indemnity.

**Residence:** the place where the individual habitually resides.

**Risk:** the likelihood of a Claim occurring.

**Robbery:** the taking of another person's movable property through violence or threat, even if the Property is handed over by the threatened person.

**Scope of protection:** the set of insurance guarantees covering specific areas of risk.

**Service:** see Assistance.

**Snatch theft:** theft of another person's movable property by forcibly taking it from their hand or person.

**Sports equipment:** items or equipment normally used in the practice of a recognised sporting activity.

**Theft:** the unlawful taking of another person's movable property from its rightful possessor, with the intention of obtaining unjust gain.

**Tour Operator:** a tour operator, travel agency, hotel, airline, or other operator legally recognised and authorised to provide tourist services.

**Travel Documents:** contracts concluded with the Tour Operator, travel tickets, hotel vouchers or other holiday vouchers, passports, identity cards, driving licences, and other personal documents valid for international travel.

**Trip started:** the period beginning when the traveller starts using the first tourist service indicated in the Travel Documents and ending with the completion of the final tourist service stated therein. For air travel, the first service is considered check-in at the departure airport. In the case of online check-in prior to departure, the first service is considered boarding.

**Trip:** the transfer and stay as indicated in the relevant Travel Document

**Uninsured Travel Companion(s):** travellers participating in the Trip together and at the same time as the Insured Party who have purchased a separate Travel Protection Policy of their own.

**Valuables:** jewellery and objects made of gold and/or platinum (even if only partially), precious stones, and natural or cultured pearls, including their settings.

**Value in use:** type of guarantee whereby the value of insured items is determined by applying depreciation based on their age, location, type, use, quality, functionality, and condition.

**Vehicle:** the car, motorbike, and/or moped used by the Insured Party, of any make, with a fully loaded weight not exceeding 3500 kg.

**Withdrawal:** unilateral termination of the contractual obligation as provided by law or contract.

**World:** all countries not included in the definitions of "Italy" and "Europe".

The terms used below are defined in the Glossary.

1

## GENERAL INSURANCE RULES

### Foreword

#### **Unipol UNICA**

The Policyholder may take out the “Unipol UNICA” contract for themselves and/or on behalf of the individual Insured Parties forming their Contract Group, according to their needs and with the issuance of a specific proxy.

Unipol UNICA is divided into the following Insurance Areas:

- Vehicles and Mobility
- Home and Family
- The Individual.

Within each Insurance area, various types of cover may be purchased by the Policyholder.

The Policy specifies the areas of cover purchased and, within each, the Insurance Positions corresponding to the individual Insured Parties.

The following Insurance conditions apply to the “Travel” Area of Cover.

### When does the cover start and when does it end?

#### **Art. 1.1 - Commencement of Insurance**

The Insurance takes effect at midnight on the date specified under the individual Insurance Position stated in the Policy, provided the premium has been paid; otherwise, it takes effect at midnight on the day payment is made.

#### **Art. 1.2 - Term of the Insurance<sup>1</sup>**

The Insurance Position lasts for the same duration as the Trip, which must not exceed 100 days, and must be undertaken for tourism, study, or business purposes.

#### **Art. 1.3 - Non-renewability<sup>2</sup>**

For each individual Insurance Position, the Insurance is not automatically renewable, and therefore terminates upon expiry with no need for cancellation.

#### **Art. 1.4 - Insurable age**

The maximum insurable age is 80 years.

#### **Art. 1.5 - Right of withdrawal in the case of distance selling**

Within 14 days from the date of conclusion of the distance Policy, the Policyholder has the right to withdraw from the contract. The withdrawal applies to the Insurance Position or Positions listed in the Policy, except in cases expressly excluded by Article 67-duodécies of Legislative Decree no. 206 of 6

#### **? QUESTIONS**

##### **1 How long is the term of the Insurance?**

*The term of the Insurance is indicated in the Insurance Position and is valid for a trip lasting up to one hundred days.*

#### **? QUESTIONS**

##### **2 Does the insurance cover end automatically upon expiry, or does it continue?**

*The insurance does not provide for automatic renewal. Therefore, the insurance cover ceases to be effective on the specified expiry date without any communication required between the parties. This means the Policyholder must pay close attention to the fact that the cover is valid for a single trip lasting no more than 100 days, and that, once the trip ends, the insurance cover will no longer apply.*

September 2005 (the “Consumer Code”). In particular, the right of Withdrawal does not apply to travel and luggage insurance policies or similar short-term policies lasting less than one month.

The right of withdrawal is also recognised for subsequent distance contracts intended to add one or more new Insurance Positions and/or new guarantees, limited to the modifications made (provided these are not among the cases excluded by the Consumer Code).

The Policyholder may exercise the right of withdrawal by sending a communication containing the identification details of the Policy — or of the Insurance Position and/or guarantee subsequently added — by:

- registered letter addressed to the Company and the intermediary;

or

- certified email (PEC) sent from their own PEC address to that of the intermediary and the Company.

Following Withdrawal, the Policyholder is entitled to a refund of the unused portion of the Premium within 30 days from the date on which the Company and the intermediary receive the Withdrawal notice, net of any tax charges that remain payable by the Policyholder.

## **When and how to pay**

### **Art. 1.6 - Payment of the Premium<sup>3</sup>**

The Premium must be paid for the entire term of the cover to the Agency/Point of Sale to which the Insurance is assigned or else directly to the Company.

The Premium must be paid in the manner permitted by law. Purchases made via the app or website — by credit card or other electronic payment methods — are conducted under secure conditions, with particular attention to integrity, authenticity, and transaction traceability requirements.

## **What are my obligations?**

### **Art. 1.7 - Declarations relating to the circumstances of the Risk**

The Company provides insurance cover based on the Risk circumstances declared by the Policyholder upon signing the contract. If the declaration contains inaccurate or incomplete information, the Company may underestimate the Risk, which it might otherwise have considered uninsurable or insurable at a higher Premium. In such cases, if the Policyholder makes false or incomplete declarations intentionally (i.e. knowingly and willingly) or through gross negligence, the Company may refuse to settle the Claim and request cancellation of the Insurance. If, on the other hand, the Policyholder acts without intent or gross negligence, the Company may reduce the settlement of the Claim proportionally to the lower Premium received and may withdraw from the Insurance (for example, if the Company has received 50% of the Premium it would have charged had the Risk been correctly assessed, it will only settle 50% of the Claim amount).

### **Art. 1.8 - Insurance on behalf of others**

The Policyholder may take out Insurance on behalf of others provided that the Insured Parties fall within the definition of the Contract Group, or, if external to it, up to a maximum of three additional Travel Companions. To this end, if requested by the Company, the Policyholder must provide proof of the Insured Parties' authorisation to take out Insurance Positions on their behalf according to their needs.

The Policyholder must also provide each Insured Party with the Information Pack and the Policy Summary.

### **Art. 1.9 - Other insurance**

The Policyholder and/or the Insured Party must inform the Company of the existence or subsequent conclusion of insurance policies with other insurers covering the same Risk and the same guarantees

## **? QUESTIONS**

### **3 When must the Premium be paid?**

*Payment of the Premium is a necessary condition for the insurance to be valid and effective. Otherwise, the contract, even if concluded, shall not take effect. Payment must therefore be made at the time of signing.*

insured under this contract, indicating the Amounts insured.  
It is not permitted to take out multiple "UNICA Viaggio" Insurance Positions covering the same Risk in order to increase the maximum cover or extend the Insurance Period in progress.  
Failure to disclose the existence of other insurance policies, if done intentionally, shall result in the forfeiture of the right to the Indemnity.  
In the event of a Claim, the Policyholder or the Insured must notify all insurers and inform each of them of the others, as required under Article 1910 of the Italian Civil Code.  
The Insured Party must request the Indemnity due from each insurer based on his/her respective insurance policy considered on its own, provided that the total amount received does not exceed the value of the damage.

## **Other regulations**

### **Art. 1.10 - Changes to the Insurance**

Any changes to the Insurance must be evidenced in writing.

### **Art. 1.11 - Form of communications**

All communications required from the Insured Party, the Policyholder and the Company must be made by registered letter, fax, or certified email (PEC) if the Insured Party or the Policyholder have access to such services. Communications from the Insured Party or the Policyholder must be addressed to the Agency to which the Policy is assigned or to the Company's Head Office.

### **Art. 1.12 - Language**

The pre-contractual documentation and the contract are drafted in Italian, and all communications during the term of the contract shall be in the same language. This is without prejudice to the provisions in force concerning bilingualism in Regions with Special Statutes.

### **Art. 1.13 - Methods of receiving and transmitting documentation**

Before signing the Policy, the Policyholder may choose to receive and transmit pre-contractual and contractual documentation in accordance with Article 120-quater of Legislative Decree no. 209 of 7 September 2009 (the "Private Insurance Code"):

- a) on paper;
- b) on a durable non-paper medium;
- c) via a website, provided that the Policyholder has regular access to the Internet and provides an e-mail address attributable to them for the distribution of the product.

In cases b) and c), the Policyholder may request to receive the documentation on paper, at no additional cost, and may change the chosen communication method at any time.

### **Art. 1.14 - Other information in the case of distance selling**

As the Policy can also be sold remotely, the various stages and procedures for taking out the Policy via the Internet or the app are specified on the Company's website or app.

When using a call centre, the Policyholder has the right to be connected with the person responsible for coordination and control.

### **Art. 1.15 - Jurisdiction**

The Law Courts of the place of residence or elected domicile of the Policyholder or the Insured shall have jurisdiction over any disputes that may arise.

### **Art. 1.16 - Taxes and duties**

Taxes and all other charges established by law, present and future, relating to the Insurance, shall be borne by the Policyholder, even if initially advanced by the Company.

### **Art. 1.17 - Reference to the law**

For any matters not expressly regulated herein, the applicable legal provisions shall apply.

## What is insured

### Art. 2.1 - Basic cover

#### Art. 2.1.1 - Travel Assistance

The Company provides Assistance to the Insured Party in the event of difficulties during the Trip caused by an unforeseen Event, within the limits of the Services listed below and as specified in the Policy Insurance Position.

The Company delivers these Services through its Organisational Structure.<sup>4</sup>

#### *Services provided in Italy and Europe/Worldwide*

##### A) MEDICAL ASSISTANCE

The Company shall bear the costs relating to the following services:

- **Medical consultation:** if the Insured Party requires an assessment of their health, the Company will provide a telephone medical consultation through the Organisational Structure's physicians.
- **Dispatch of a physician or ambulance in Italy:** if, following the telephone consultation, the Insured Party needs a medical examination, the Organisational Structure will send one of its affiliated physician to the Insured Party's location. If an affiliated physician is unable to attend in person, the Organisational Structure will arrange for the Insured Party to be transferred to the nearest medical centre by ambulance. The Service is provided exclusively in Italy and is available from 8 p.m. to 8 a.m. Monday to Friday, and 24 hours a day on Saturdays, Sundays, and public holidays.
- **Referral to a specialist physician and/or specialist facility in Europe/Worldwide:** if, after the telephone medical consultation, the Insured Party requires a specialist examination, the Organisational Structure will provide, subject to local availability, the name and address of a specialist physician and/or specialist healthcare facility in the town nearest to the Insured Party's location.
- **Dispatch of urgent medicines in Europe/Worldwide:** if, following an Accident or Illness occurring outside Italy, the Insured Party requires medicines not available locally (provided they are marketed in Italy) for appropriate treatment, the Organisational Structure will dispatch the medicines by the fastest means of transport, in compliance with local regulations on the shipment of such medicines. The relative expenses shall be borne by the Organisational Structure. The cost of the medicines themselves shall be borne by the Insured Party.

##### B) TRANSPORT AND RETURN ASSISTANCE

The Company shall bear the costs of the following Services, and the Insured Party must return any unused travel tickets to the Company:

- **Transport - Medical return:** if, in the opinion of the Organisational Structure and in agreement with the attending physician on site, the Insured Party, following an Accident or Illness, should require transport to the nearest suitable facility to receive emergency care and/or from an initial emergency medical centre or hospital to a better-equipped facility, the Organisational Structure shall arrange such transport.



#### CONTACT DETAILS

##### **4 I need immediate assistance during my trip. How do I use the included Services?**

To use the Assistance services provided under the contract, you must always contact the UnipolAssistance Servizi Organisational Structure in advance to request the necessary help: the Insured Party must always contact the Operations Centre in advance by calling the number: **+39 0116523211**. The Operations Centre is open 24 hours a day, 7 days a week, for all Assistance Services.

For further details, see "Rules for the settlement of Claims" below.

If treatment cannot be provided locally, the Organisational Structure will arrange transport from the first emergency medical centre or hospital of Admission to a healthcare facility in Italy or to the Insured Party's Residence/Domicile.

The Organisational Structure shall arrange the transport/return by the means and at the time considered most appropriate after consultation with the attending Physician on site.

- **Return of the convalescent Insured Party:** if, due to hospitalisation in a healthcare facility, the Insured Party is unable to return home by the means initially planned, the Organisational Structure will provide a first-class rail ticket or an economy class air ticket.
- **Early return of the traveller:** in the event of the death of a family member in Italy, or serious damage to the home, professional practice, or business of one of the Insured Parties participating in the Trip, requiring their necessary and irreplaceable presence in Italy, the Organisational Structure shall provide a first-class rail ticket or an economy class air ticket to allow for their early return to their Residence/Domicile prior to the scheduled date by a means other than that originally planned.  
If the Insured Party is travelling with a minor, provided that the minor is also Insured, the Organisational Structure will arrange for both to return together.  
If the Insured Party cannot use their Vehicle to return early, the Organisational Structure shall provide an additional ticket for the subsequent collection of the Vehicle.
- **Return of the Insured Party following Illness or Accident suffered by an insured or uninsured Travel Companion:** in the event of the return of the insured or uninsured Travel Companion for medical reasons, the Organisational Structure will provide the other Insured Party with a first-class rail ticket or an economy class air ticket to return to their residence/domicile.
- **Travel by a family member:** in the event that the Insured should suffer a life-threatening situation or hospitalisation in a healthcare facility in Europe/Worldwide lasting more than **36 hours** for a minor, or more than **7 days** for an adult, where no adult Family Member is already present, the Organisational Structure shall provide a first-class return rail ticket or an economy class return air ticket for a Family Member residing in Italy to reach the hospitalised relative.  
The "Family Member Travel" Service also applies in the event of the death of the Insured Party in Italy or abroad.  
The Organisational Structure shall also arrange accommodation for the Family Member in a hotel or other "tourist" facility, up to a total of **€ 500 for the entire stay. Accommodation expenses other than room and breakfast are excluded from this Service.**
- **Extension of stay:** if the Insured Party's health condition, certified by a written medical prescription, prevents them from returning to their Residence/Domicile on the scheduled date, the Organisational Structure shall arrange hotel accommodation.  
The Company shall bear hotel expenses up to a maximum of **€ 500, with a limit of € 100 per day for each Insured Party who is ill or injured. Hotel expenses other than room and breakfast are excluded from this Service.**

The Company shall also cover the costs of the following **Services up to a maximum of € 500 per Insured Party and per Return Trip from Italy or abroad, excluding in all cases the accommodation costs of the insured Travel Companion. The Insured Party must return any unused travel tickets to the Company.**

- **Return of the Insured Party with an insured or uninsured Travel Companion:** if, in the event of medical return, the physicians of the Organisational Structure consider that medical assistance is not required during the Trip and an insured or uninsured Travel Companion wishes to accompany the Insured Party to the place of hospitalisation in Italy or to their Residence/Domicile, the Organisational Structure shall arrange for the companion to travel using the same means of transport as the Insured Party.
- **Return of other insured or uninsured Travel Companions:** if, following the "Medical Return", the insured or uninsured Travel Companions are unable to return to their Residence/Domicile by the means initially planned or used, the Organisational Structure shall provide them with a first-class rail ticket or an economy class air ticket.
- **Accompaniment of minors:** if, due to Illness, Accident or other force majeure, the Insured Party is unable to take care of the Insured minors travelling with them, the Organisational Structure shall provide the person designated by the Insured Party or a Family Member with a return ticket to reach the minors and bring them back to their Domicile in Italy.

## C) SERVICES

- **Interpreter available abroad:** if, following hospitalisation abroad, the Insured Party has difficulty communicating in the local language with the attending physicians, the Organisational Structure shall provide an interpreter at the location. The Company shall cover the related costs up to a maximum of 8 working hours.
- **Referral to a lawyer abroad:** if the Insured Party should require legal assistance in the event of arrest or threat of arrest for culpable acts committed abroad, the Organisational Structure shall refer the Insured Party to a lawyer in accordance with the local regulations.
- At the Insured Party's request, the Organisational Structure shall advance the lawyer's fee up to the equivalent in local currency of € 7,500.
- The Service excludes transfers of currency abroad that violate the laws in force in Italy or in the country where the Insured Party is located, as well as cases in which the Insured Party cannot provide the Organisational Structure with adequate guarantees of repayment in Italy. The Service is only provided in countries where the Organisational Structure has branches or correspondents. The Insured Party must communicate the reason for the request, the amount required, their address, and references enabling the Organisational Structure to verify the terms of the repayment guarantee. The Insured Party must repay the advance within 1 month from the date of payment; otherwise, they will be required to pay interest at the current legal rate in addition to the amount advanced.
- **Vehicle assistance to and from the place of departure (in Italy):** if the Vehicle is immobilised due to breakdown, accident, fire, partial theft, loss or breakage of keys, punctured tyres, flat battery, or failure to start while travelling to or from the place of departure or stay, the Insured Party must contact the Organisational Structure by telephone and request the dispatch of roadside assistance to tow the Vehicle from the place of immobilisation to the nearest manufacturer's authorised service centre or nearest mechanical workshop, or to carry out repairs on site if possible. The Company shall cover the cost of roadside assistance up to a maximum of € 250 per Claim.

## D) EXPENSES

- **Advance payment of emergency expenses abroad:** if the Insured Party is required to incur urgent expenses due to Accident, Illness, Theft, Robbery, Bag Snatching, Loss of Luggage, or other serious unforeseen Events, and is unable sustain such expenses directly, the Organisational Structure shall advance the payment of the invoices on behalf of the Insured Party up to a maximum total of € 1,000. Transfers of currency abroad that violate the laws in force in Italy or in the country where the Insured Party is located are excluded, as are cases in which the Insured Party cannot provide the Organisational Structure with adequate guarantees of repayment in Italy. The Insured Party must communicate the reason for the request, the amount required, their telephone number, and references enabling the Organisational Structure to verify the terms of the repayment guarantee. The Insured Party must repay the advance within 1 month from the date of payment; otherwise, they will be required to pay interest at the current legal rate in addition to the amount advanced.
- **Reimbursement of telephone expenses:** the Company shall reimburse the documented telephone expenses incurred by the Insured Party in contacting the Organisational Structure, up to € 150. Expenses for calls received by the Insured Party abroad on a mobile phone are excluded.
- **Advance payment of bail abroad:** if, following arrest or threat of arrest for culpable acts committed abroad and attributable to the Insured Party, bail must be paid to the Authorities for release, and the Insured Party is unable to do so directly, the Organisational Structure shall advance the payment of the bail on site on behalf of the Insured Party. The Organisational Structure shall advance payment of bail up to a maximum of € 5,000. Transfers of currency abroad that violate the laws in force in Italy or in the country where the Insured Party is located are excluded, as are cases in which the Insured Party cannot provide the Organisational Structure with adequate guarantees of repayment in Italy. The Insured Party must communicate the reason for the request, the amount required, their address, and references enabling the Organisational Structure to verify the terms of the repayment guarantees. The Insured Party must repay the advance within 1 month from the date of payment; otherwise,

they will be required to pay interest at the current legal rate in addition to the amount advanced.

- **Search and rescue costs:** if the Insured Party or one or more insured or uninsured Travel Companions go missing or are lost, the Company will reimburse the costs incurred in locating the missing person(s), up to a maximum of € 1,500, provided that the search operations are conducted by the competent public authorities.

#### E) ASSISTANCE AT HOME<sup>5</sup>

- **Assistance for Family Members at home** (in Italy) for the duration of the Trip: if a family member should suffer an Accident or Illness while the Insured Party is travelling, the Organisational Structure will provide the Family Member with:
  - 1) a telephone consultation with the Organisation's physicians to assess their condition;
  - 2) a physician dispatched to their Home. If, following the telephone consultation, a medical examination is deemed necessary, the Organisational Structure will send one of its affiliated physicians to the family member's home. If an affiliated physician is unable to attend in person, the Organisational Structure will arrange for the family member to be transported by ambulance to the nearest suitable medical facility. The service is available from 8 p.m. to 8 a.m. Monday to Friday, and 24 hours a day on Saturdays, Sundays and public holidays;
  - 3) an ambulance dispatched to their home. If, following medical consultation, it is determined that the family member requires transport to the nearest suitable medical centre, the Organisational Structure will arrange the transfer by ambulance, covering costs up to a maximum of € 500 during the period of validity of the Policy Insurance Position, with a limit of € 250 per Claim.
- **Home assistance** (in Italy) for the duration of the Trip: if, during the Trip or within 24 hours of returning, the Insured Party should require emergency Assistance at their Residence or Domicile, provided it is within Italy, the Organisational Structure will dispatch, 24 hours a day including public holidays:
  - 1) a locksmith, in the event of Theft, attempted Theft, loss or breakage of keys, lock failure preventing access to the home, or Theft or attempted Theft resulting in damage to the entrance door that compromises the security of the premises;
  - 2) a security guard to safeguard the home where locking mechanisms are no longer functional due to Theft or attempted Theft. The Company shall bear the relative cost up to a maximum of 10 hours of surveillance;
  - 3) a plumber, in the event of flooding, water infiltration, or lack of water in the Insured Party's home or a neighbouring home, caused by a break, blockage or failure in the plumbing system or drainage;
  - 4) an electrician will be dispatched in the event of a complete power failure caused by faults in the electrical switches, internal circuits or sockets.

The Company shall bear the call-out and labour costs up to a maximum of € 250 per Claim and € 500 during the period of validity of the Policy Insurance Position.

All costs for repair materials shall be borne by the Insured Party.

To make use of the Service, a person designated by the Insured Party must be present at the home.

For the purposes of providing all Assistance Services listed in this Article 2.1.1 – Travel Assistance, it is specified that:

- for transport to the nearest location suitable for emergency care and from the emergency medical centre or hospital of first Admission to a better-equipped medical facility, the Company shall bear costs up to a maximum of € 10,000 per Claim;
- for transport from the medical facility to a fully equipped healthcare centre in Italy or to the Insured Party's Residence/Domicile, the Company shall bear the costs without any limit on expenditure.

At the sole discretion of the Organisational Structure's physicians, the means of transport may include:

- air ambulance;

#### ? QUESTIONS

##### 5 Does the basic cover provide Assistance for family members who have remained at home?

Yes, while you are travelling, assistance is provided to family members remaining at home in the event of an Accident or Illness, through the organisational structure operating 24 hours a day, 7 days a week.

- scheduled flight in economy class, with stretcher space if required;
- first-class train with sleeper carriage if necessary;
- ambulance (with no mileage limit).

Medical repatriation from non-European countries shall be carried out exclusively by scheduled flight in economy class. For returns from countries in the Mediterranean Basin, air ambulances may also be used, as an exception to the above. Transport is organised entirely by the Organisational Structure, and includes medical or nursing assistance during the Trip, if deemed necessary by its physicians. The Insured Party must return any unused travel tickets to the Company.

In the event of the death of the Insured Party, the Organisational Structure shall organise and carry out the transport of the body to the place of burial in Italy, at the Company's expense.

After having assessed the Insured Patient's condition at the sole discretion of the Organisational Structure's physicians, the Company reserves the right to transfer the Insured Party to a healthcare facility other than the initial hospital or to repatriate the Insured Patient for medical treatment.

The Company shall not provide reimbursement or indemnity for covers that the Insured Party has not used, either by choice or because they were unnecessary.

### Art. 2.1.2 - Medical expenses<sup>6</sup>

#### Hospital medical expenses

If, during the Trip, the Insured Party requires hospital medical care for urgent or unavoidable treatment or surgery resulting from Illness or Accident, the Company shall pay the medical expenses directly, up to the insured Maximum Cover.

Payment shall be made through and subject to authorisation by the Organisational Structure, which must be contacted in advance by the Insured Party or by third parties if the Insured Party is unable to do so.

The guarantee is valid for a period not exceeding 60 days of hospitalisation or Day Hospitalisation. If direct payment is not possible, the expenses shall be reimbursed, subject to authorisation by the Organisational Structure.

No reimbursement shall be made if the Organisational Structure is not contacted, except in cases of proven impossibility. In such cases, medical expenses shall be reimbursed under the conditions and within the limits specified in the Policy Insurance Position, up to an amount not exceeding what the Insured Party would have incurred if the Organisational Structure had been contacted in the usual manner.

The guarantee is provided up to the Maximum Cover indicated in the Policy Insurance Position, with the following sub-limits:

- € 10,000 for expenses incurred in Italy;
- € 1,000,000 for expenses incurred in Europe, reduced to € 300,000 for Trips exceeding 40 days, applicable from the forty-first day of Travel;
- € 1,000,000 for expenses incurred worldwide (including the USA and Canada), reduced to € 300,000 for Trips exceeding 40 days, applicable from the forty-first day of Travel.

The cover includes first aid expenses incurred by the Insured Party following an Accident, including treatment for physical defects, cosmetic procedures, nursing, physiotherapy, spa and slimming treatments, and dental care, up to a limit of € 250 per Claim.

#### Expenses for urgent medical examinations/diagnostic tests and purchase of medicines

If, as a result of Illness or Accident, the Insured Party requires urgent and unavoidable medical examinations and/or diagnostic tests, or the purchase of medicines (provided they are prescribed by the attending Physician on site), the Company will reimburse such expenses, without the need to contact the Organisational Structure, up to a limit of € 1,000 per Claim.

#### ? QUESTIONS

##### 6 How can I remember the limitations and sub-limits in the terms and conditions of Insurance?

For a clear and comprehensive overview of limitations and sub-limits, as well as any excesses and deductibles, simply consult the summary table located at the end of each section of the terms and conditions of Insurance.

Reimbursement shall be subject to a fixed excess of € 50 per Claim. The Company shall not provide reimbursement or indemnity for medical expenses that the Insured Party has not incurred by choice or because they were unnecessary.

### Art. 2.1.3 - Secure Luggage

#### Damage to luggage

Within the limit of the Maximum Cover specified in the Policy Insurance Position, the Company shall reimburse Damage to Luggage in the Insured Party's possession during the Trip, including clothing and items worn, provided that such damage results from Theft, Pickpocketing, Robbery, Bag-Snatching or Fire. This also includes Damage arising from the failure to deliver, or damage to, Luggage for which the carrier entrusted with the Luggage is responsible. To safeguard the Company's right of recourse against the person responsible for the loss or damage to the Luggage, the Insured Party must immediately file a written complaint with the hotelier, carrier or other responsible party, and must also report any cases of Theft, Pickpocketing or Robbery to the local Authorities where the incident occurred.

In the sole case of damage to, or failure to return, Luggage by the air carrier, the Indemnity shall be paid by the Company only after the carrier's compensation has been paid, exclusively for the portion of Damage not indemnified by the carrier and within the limits of the Maximum Cover specified in the Policy Insurance Position.

The maximum indemnity per item shall not exceed 50% of the Maximum Cover specified in the Policy Insurance Position. Under no circumstances will sentimental value be considered.

For the replacement of passports, identity cards and driving licences, reimbursement is limited to € 150 per Claim.

The cover is extended to:

- Jewellery, furs, and sports equipment.
- Photographic and cinematographic equipment, radio and television devices, and electronic equipment.

For these items, the cover does not apply when they are included in Luggage handed over to transport companies.

Photographic and cinematographic equipment (lenses, filters, flash units, batteries, etc.), computers and related accessories, mobile phones and related accessories are considered a single item.

For these extensions, the cover applies up to a limit of 50% of the insured Maximum Cover, without prejudice to the per-item limit referred to in the previous section.

#### Purchase of Essential Goods

In the event of delayed (not less than 8 hours) or non-delivery of Luggage by the carrier, the Company will reimburse the documented expenses incurred for the purchase of essential goods prior to the end of the Trip, up to a Maximum Cover of € 150.

The Secure Luggage cover operates with the application of an excess of € 50. This excess does not apply to any indemnity paid in addition to that provided by the air carrier.

### What is NOT covered

#### Art. 2.2 - Exclusions

The Insurance does not cover Claims:

- a) resulting from wilful misconduct or gross negligence on the part of the Insured Party;
- b) resulting from or arising from acts of war, whether declared or undeclared, civil war, mutiny, civil unrest, sabotage, and all similar events, as well as accidents caused by weapons of war;
- c) resulting from the presence, use, contamination, extraction, handling, processing, sale, distribution and/or storage of asbestos and/or products containing asbestos;
- d) resulting from or arising from the emission or generation of electromagnetic waves and fields;
- e) resulting from Natural Disasters;
- f) resulting from the possession or use of explosives, or from the possession or use of radioactive substances or devices for the acceleration of atomic particles, as well as damage occurring, in relation to the insured risks, in connection with phenomena of atomic nucleus transmutation or radiation caused by the artificial acceleration of atomic particles;

- g) resulting from Accidents caused by the practice of Professional Sports;
- h) resulting from Accidents caused by the practice, even occasional or for any reason, of Air Sports, High-Risk Sports, Motor Sports or Motorboating;
- i) resulting from Accidents caused by drunkenness, abuse of psychotropic substances, or use of narcotics or hallucinogens, as well as Illnesses related to the consumption of narcotics, hallucinogens or the abuse of alcohol and psychotropic substances;
- j) resulting from psychological disorders, psychiatric or neuropsychiatric illnesses, anxiety, stress or depression;
- k) resulting from full-blown AIDS or the following mental illnesses: organic brain syndromes, epilepsy, schizophrenia, manic-depressive forms or paranoid states;
- l) resulting from pre-existing Illnesses;
- m) resulting from an Illness that has already manifested itself or that could manifest itself in connection with transmissible spongiform encephalopathy (TSE), such as bovine spongiform encephalopathy or new variants of Creutzfeldt-Jakob disease (VCJD);
- n) resulting from therapeutic abortion, non-premature birth or puerperium;
- o) occurring during travel undertaken against medical advice or for the purpose of undergoing medical or surgical treatment;
- p) occurring during travel to remote areas accessible only by special emergency vehicles, or in countries at war.

**The following are also excluded:**

- q) expenses incurred in the search for missing or lost persons, except as provided for in Art. 2.1.1 - *Travel Assistance - Search and rescue costs*;
- r) loss of money, travel tickets, securities (except as provided for in Art. 2.1.3 - *Secure Luggage*), collections of any kind and samples;
- s) destruction of or damage to Luggage, except as provided for in Art. 2.1.3 - *Secure Luggage*;
- t) loss of items left unattended, forgotten or misplaced.

### **Art. 2.3 - Specific exclusions**

**The following are excluded from the covers indicated below:**

**a) Travel Assistance (See Art. 2.1.1)**

- illnesses or injuries which, in the opinion of the Organisational Structure's physicians, can be treated locally or do not prevent the Insured Party from continuing their Trip;
- infectious diseases, if transport involves a breach of national or international health regulations;
- any recovery of the body and/or expenses relating to the funeral ceremony;
- the dispatch of urgent medicines to inaccessible and/or isolated locations and/or to places that are, in any case, far from normal tourist and commercial routes.

**Furthermore, Assistance Services are not provided if the Insured Party disregards the instructions of the Organisational Structure, namely:**

- the Insured Party voluntarily discharges themselves against the advice of the physicians at the facility where they are hospitalised;
- the Insured Party or their representative voluntarily refuses medical transport or return. In such cases, the Organisational Structure will immediately suspend Assistance and will only reimburse additional hospital and surgical expenses up to the amount corresponding to the cost of the refused medical transport or return.

**b) Medical expenses (See Art. 2.1.2)**

- expenses for the treatment or correction of physical defects or congenital malformations, cosmetic procedures, nursing, physiotherapy, spa and weight loss treatments, or dental care, except as specified for first aid in Art. 2.1.2 - *Medical expenses*;
- expenses incurred at private healthcare facilities when adequate public services are available;
- expenses for the purchase or repair of glasses, contact lenses, and expenses relating to orthopaedic and/or prosthetic devices;
- expenses of any kind incurred after the end of the Trip or the early return of the Insured Party.

**c) Secure Luggage (See Art. 2.1.3)**

- Financial Assets;
- Travel Documents other than passports, identity cards and driving licences;

- souvenirs, coins, works of art, collections, samples, catalogues, goods, helmets and professional equipment;
- damage caused by the Insured Party to Sports Equipment during its use;
- goods other than clothing, such as watches, glasses and sunglasses, that have been handed over, even together with clothing, to a transport company, including the air carrier;
- items left in cars, motorhomes, caravans, motorcycles or other vehicles, unless stored in a locked boot not visible from the outside and the vehicle is left in a secure, paid car park.

**d) Early return of the traveller (See Art. 2.1.1 letter B)**

Claims for which the Insured Party cannot provide the Organisational Structure with adequate information regarding the reasons for requesting early return.

**e) Home assistance (in Italy) for the duration of the Trip (See Art. 2.1.1 letter E)**

Claims arising from:

- failure of taps and mobile pipes, whether or not connected to appliances (e.g. washing machines), even if due to the negligence of the Insured Party;
- interruption of water supply by the provider or breakage of pipes outside the building;
- overflow caused by sewer backflow;
- blockage of mobile pipes in sanitary facilities;
- short circuits due to faulty contacts caused by the Insured Party;
- interruption of electricity supply by the utility company;
- failure of the power cable to the Insured Party's home upstream of the meter.

**f) Vehicle assistance to and from the place of departure (in Italy) (See Art. 2.1.1 letter C)**

- expenses for spare parts or any other repair costs, except as provided for in Art. 2.1.1 letter C);
- expenses arising from the use of special vehicles, when these are essential for recovering the Vehicle;
- Expenses for towing if the vehicle has been involved in an accident or breakdown while off the public road network or in equivalent areas (such as off-road routes).

## How to customise<sup>7</sup>

### **Art. 2.4 - Supplementary Covers (subject to payment)**

The Policyholder may purchase one or more of the Supplementary Covers listed below. The cover is valid if stated in the Policy Insurance Position and if the corresponding Premium has been paid.

#### **Art. 2.4.1 - Administrative or health detention**

If, after arriving at the airport of the destination or transit country, the airport Authorities decide to detain the Insured Party:

- for security reasons, to conduct health checks or administrative verifications concerning transit rights;
- due to abnormal functioning of the airport identification systems, resulting in the loss of booked services

the Company will reimburse the following essential and necessary expenses incurred directly by the Insured Party:

- the cost of rebooking missed outbound and/or return flights, including connecting flights, net of any refunds from the carrier and up to a maximum of € 1,000 per Insured Party;
- any expenses for overnight stays en route, up to a maximum of € 100 per night and € 500 per Claim;

### **? QUESTIONS**

#### **7 Is it possible to customise the insurance coverage?**

Yes, because each Customer has their own preferences and insurance needs. Some prefer basic coverage that is sufficiently comprehensive yet more economical, while others wish to enhance their protection by purchasing additional guarantees.

To this end, in the "How to customise" section, you may choose Supplementary Covers that extend the insurance coverage or allow for the adjustment of certain sub-limits and Excesses/Deductibles.

- contractual penalties payable by the Insured Party for ground services cancelled or lost due to no-show, up to €1,000.

The cover includes medical detention of the Insured Party, established by the competent authorities during the Trip or stay, for medical examinations or in the event of declared Quarantine requiring enforced stay; in such cases, the Company will reimburse the costs of services compulsorily used by the Insured Party during their stay at the accommodation facility from the start of the quarantine, up to a maximum of €1,000.

The Company reserves the right to claim any reimbursements obtained by the Insured Party from travel service providers, carriers, or public Bodies, or to reduce the Indemnity by an amount equal to the recoveries made by the Insured Party.

The cover operates on a "second risk" basis, meaning it applies only to expenses exceeding the amounts covered by the public authorities or institutions that imposed the restrictive measures, and within the limits and conditions of this cover.

Without prejudice to Art. 2.2 - Exclusions, the cover does not include expenses:

- a) resulting from restrictive measures imposed by public authorities or service providers before the start of the Trip;
- b) resulting from the Insured Party's breach of measures or provisions imposed by public authorities;
- c) attributable to wilful misconduct or negligence by the Insured Party and/or the Tour Operator;
- d) resulting from the Insured Party's decision not to continue or rebook the interrupted Trip, even when rebooking is provided by the relevant public authorities or institutions that imposed the restrictive measures;
- e) resulting from the adoption by organisations or bodies (e.g. WHO) of measures that may impose contextual and globally applicable restrictions on all Italian citizens (e.g. simultaneous quarantine);
- f) resulting from restrictive measures implemented by public authorities following the outbreak of pandemics and/or epidemics, except as provided under Art. 2.4.7 Epidemic Extension, if the cover has been purchased.

#### Art. 2.4.2 - Traveller accidents

The Company shall indemnify, within the limits of the Amounts insured specified in the Policy Insurance Position, the direct and exclusive consequences of Accidents suffered by the Insured Party during the Trip while engaged in any non-professional activity, independent of any pre-existing or subsequent physical or pathological conditions related to the Accident:<sup>8</sup>

##### a) Death

The cover applies to Accidents resulting in the death of the Insured Party.

The cover also applies in cases where death occurs after the expiry of the Insurance, provided it occurs within 2 years from the date of the Accident.

The Indemnity for death cannot be combined with compensation for Permanent Disability. However, if the Indemnity for Permanent Disability has been paid and the Insured Party dies within 2 years of the Accident as a result of it, the Beneficiaries, or if none have been designated, the heirs, are entitled to receive the difference between the sum payable for death and the Indemnity already paid out to the Insured Party for Permanent Disability, if lower. In all other cases, no reimbursement of the difference is required.

##### b) Permanent disability

The cover applies to Accidents resulting in the Permanent Disability of the Insured Party.

Permanent disability is determined as stated in Art. 4.8 - Criteria for assessing permanent



#### QUESTIONS

**8 In the event of specific incidents such as sunstroke, drowning, or poisoning caused by an insect bite, is the insurance cover valid?**

As these situations may raise doubts regarding the classic definition of an Accident — an event caused by an unforeseeable, violent, and external factor resulting in death, permanent disability, or other benefits covered by the contract — they are expressly equated with Accidents and therefore included in the insurance coverage.

disability, according to the INAIL Table of Rules governing Claim settlements.

The cover also applies if permanent disability occurs after the expiry of the Insurance policy, but within 2 years of the date of the Accident.

If the Accident results in Partial Permanent Disability, the Indemnity is calculated based on the Insured amount in proportion to the degree of Permanent Disability.

In cases of anatomical loss or functional reduction of an organ or limb that was already impaired, the percentages referred to in this article are reduced, taking into account the degree of pre-existing disability.

In cases of permanent disability not specified in the table, the Indemnity is determined by reference to the percentages assigned to comparable cases, considering the overall reduction in working capacity, irrespective of the Insured Party's profession.

The total anatomical or functional loss of multiple organs or limbs entails the application of a disability percentage equal to the sum of the individual percentages assigned for each impairment, up to a maximum of 100%.

The settlement of the indemnity for permanent disability shall be subject to a 5% Excess. Therefore, the Company shall not pay any indemnity if the permanent disability is less than 5% of the total. If, however, the permanent disability is equal to or greater than 30%, the Indemnity shall be paid in full without any deduction.

### c) Presumed death

The cover applies to Accidents resulting in the presumed Death of the Insured Part. If the body of the Insured Party is not found and it is presumed that death occurred as a result of an Accident covered by the Policy, and, in accordance with Articles 60(3) and 62 of the Civil Code or Article 211 of the Navigation Code, the Judicial Authority declares the presumed death and records it in the civil registry, the Company shall pay the Insured amount for death to the beneficiaries or, if none have been designated, to the heirs in equal shares.

Based on the circumstances surrounding the Accident, the Company may request all or part of the following documentation:

- the death certificate;
- a declaration in lieu of an affidavit;
- the family status certificate;
- the autopsy certificate;
- a certificate confirming the absence of pregnancy of the spouse, civil partner, or cohabiting partner of the Insured Party;
- in the event of an Indemnity payable to minor children, the decree of the Guardianship Judge authorising receipt of their share of the indemnity, with confirmation of the Company's exemption from any liability regarding the use of the sum.

The following are also considered Accidents:

- Accidents resulting from the use or driving of all motor vehicles and boats;
- asphyxia not caused by illness;
- acute poisoning from ingestion or absorption of substances;
- drowning;
- electrocution;
- frostbite or freezing;
- sunstroke, heatstroke or coldstroke;
- infections and poisoning caused by injuries, animal bites or insect stings;
- Accidents suffered while ill, unconscious, or as a result of falling asleep;
- Accidents resulting from inexperience, recklessness or negligence, including gross negligence;
- injuries caused by exertion, excluding hernias of any kind, muscle strains, and subcutaneous tendon ruptures;
- Accidents arising from civil unrest, Acts of terrorism, vandalism or other attacks, provided that the Insured Party did not actively participate.

The Insurance also covers Accidents resulting from:

#### 1) Risk of war, insurrections abroad

As a partial exception to Art. 2.8 – Territorial extension, the Insurance remains valid for Accidents

suffered by the Insured resulting from war, even if undeclared, civil unrest, occupation, or military invasion outside the territories of the Italian Republic, the Republic of San Marino and the Vatican City State. The cover is valid for up to 14 days from the onset of such events, provided that the Insured Party was caught unawares by their outbreak while abroad;

## 2) Risk of natural disasters

The Insurance covers Accidents suffered by the Insured Party during earthquakes, volcanic eruptions, seaquakes, floods, and inundations.

Without prejudice to the provisions of Art. 2.2 - Exclusions, this cover does not include Accidents caused:

- by driving any motor vehicle or motorised watercraft if the Insured does not possess the necessary licence required by current regulations, except in the case of driving with an expired licence, provided that the Insured met the renewal requirements at the time of the Accident;
- by the driving or use of aircraft of any kind, except as provided in Art. 2.4.6 *In-Flight Accidents*, if the cover has been purchased;
- by intoxication, the use of hallucinogens, or the non-therapeutic use of narcotics and psychotropic substances;
- by surgical operations, medical examinations or treatments not rendered necessary by an Accident;
- by the Insured Party's participation in crimes committed or attempted by him/her;
- by wars and insurrections, except as provided under point 1);
- by natural or induced atomic transformations or energy modifications, and atomic particle accelerations (nuclear fission and fusion, radioactive isotopes, accelerators, X-rays, etc.), as well as radioactive, bacteriological and/or chemical substances when used for non-peaceful purposes;
- by the practice of the following sports: those involving the use of aircraft, including those classified by law as "recreational flying equipment" such as ultralights, hang gliders, parachutes, paragliders and similar; boxing, heavy athletics, wrestling in its various forms, judo, karate and martial arts in general; caving; ski or water ski jumping; acrobatic skiing in general (freestyle); sledding, skeleton, bobsleigh; rugby, American football; diving (other than freediving); mountaineering involving rock climbing or glacier access; free climbing; ski mountaineering; extreme skiing; river canoeing; white water rafting; ice or roller hockey; skateboarding;
- by playing football, five-a-side football, cycling, horse riding, skiing, roller skating or ice skating, volleyball, basketball, water polo, handball, modern pentathlon, fencing, baseball or rowing, if the Accident occurs during competitions or trials (and related training sessions) organised or conducted under the auspices of the relevant sports Federations or equivalent Associations.

This Supplementary Cover does not apply, regardless of any actual assessment of health status, to persons suffering from:

- alcoholism;
- drug addiction;
- acquired immunodeficiency syndrome (AIDS);
- organic brain syndromes;
- schizophrenia;
- manic-depressive or paranoid disorders.

### Art. 2.4.3 - Traveller's civil liability

The Company undertakes to indemnify the Insured Party for any amount they are legally obliged to pay as Compensation (capital, interest, and expenses) for damage unintentionally caused to third parties during the Trip, resulting in death, personal injury (meaning injury to physical or mental integrity subject to medical/legal assessment), or Property damage. The cover is subject to the limits of the Maximum Cover specified in the Policy Insurance Position.

The Insurance also covers civil liability arising from negligent or wilful acts of persons for whom the Insured Party is responsible.

If the Insurance covers several Insured Parties, the Maximum Cover established in the Policy Insurance Position for the Damage related to the claim remains single and indivisible for all purposes, even in cases of joint liability of multiple Insured Parties.

The cover is provided with an excess of € 150 per Claim for Property damage.

For the purposes of this Insurance, the Insured, their family members, and any insured Travel Companions are not considered third parties.

Without prejudice to the provisions of Art. 2.2 - Exclusions, the Insurance does not cover Claims arising from:

- a) ownership, possession or use – except as a passenger – of aeroplanes, vehicles, motorhomes, caravans, boats, or non-motorised vessels longer than 7.50 metres. However, the use of motorhomes and/or caravans that are not in circulation and are permanently located in a paid campsite is covered;
- b) the ownership, possession, or use of firearms;
- c) the ownership, possession, or use of animals other than domestic pets;
- d) Trips undertaken by the Insured for work-related reasons;
- e) the driving of vehicles other than those used for accommodation during the Trip;
- f) liability voluntarily assumed by the Insured Party and not directly deriving from the law;
- g) Theft, fire, explosion and burst;
- h) the practice of any sport carried out professionally or that, in any way, involves direct or indirect remuneration;
- i) Property delivered to or held in custody by the Insured Party for any reason;
- j) atmospheric pollution, even if caused by smoke or gas emissions; pollution, infiltration, or contamination of water, soil, or crops; interruption, depletion, or diversion of springs and watercourses; alteration or depletion of aquifers, mineral deposits, and, in general, any underground resources subject to exploitation.

### Art. 2.4.4 - Force Majeure

In the event that:

- a fortuitous event;
- a case of force majeure;
- a catastrophic weather event;
- a socio-political event;

prevents the regular provision of tourist services and necessitates a change to the Trip, the Company shall reimburse, up to a maximum of € 1,000 per Claim:

- the cost of the unused portion of the Trip, in the event of early return;
- the reasonable expenses incurred by the Insured Parties for organising alternative tourist services to those originally purchased and/or for arranging re-routing services. Reimbursement of expenses incurred by tourist service providers is excluded.

The cover begins with the commencement of the Trip and operates within the limits of the Maximum Cover per Claim indicated in the Policy Insurance Position for each Insured Party, minus any amounts already paid to the Insured by the trip organiser or by parties responsible for the change.

Without prejudice to the provisions of Art. 2.2 - Exclusions, the following costs are excluded from this cover:

- a) overbooking;
- b) events known at least 2 working days before the start of the Trip;
- c) insolvency, default, or financial failure of the Trip organiser and/or service providers;
- d) fraud or gross negligence by the Trip Organiser or the Insured Party;

- e) Accident or Illness of the Insured Party;
- f) missed connections due to failure to observe connecting times;
- g) cancellation of the Trip by the Tour Operator, including as a result of an insured Event;
- h) restrictive measures adopted by public authorities following the occurrence of pandemics and/or epidemics, except as provided in Art. 2.4.7 *Extension for epidemics*, if the cover has been purchased.

#### **Art. 2.4.5 - Delay Protection**

The cover applies when the means of transport departing from Italy, as specified in the Travel Document, departs with a **delay exceeding 8 hours** with respect to the time stated in the document itself or in the latest call sheet/programme provided to the Company.

The Company shall compensate the Insured up to a **maximum of € 100, less any amounts already paid to the Insured by the Travel Organiser or by parties in any way responsible for the delay.**

Without prejudice to the provisions of Art. 2.2 - *Exclusions*, **delays resulting from the following are excluded from this cover:**

- a) overbooking;
- b) events known to the Insured Party at least 2 working days prior to the departure of the Trip;
- c) insolvency, default, or financial failure of the Trip organiser and/or service providers;
- d) fraud or gross negligence by the Trip Organiser or the Insured Party;
- e) Accident or Illness of the Insured Party;
- f) missed connections due to failure to observe connecting times;
- g) cancellation by the Tour Operator, including as a result of an insured Event.

#### **Art. 2.4.6 - In-Flight Accidents**

The cover provided for in Art. 2.4.2 - *Traveller accidents* also applies to Accidents suffered by the Insured Party during tourist or transfer flights as a passenger on aircraft operated by any carrier, for the period of validity of the Policy Insurance Position.

The air travel begins when the Insured Party boards the aircraft and ends when the Insured Party disembarks (including the boarding and disembarking phases).

In the event of an aircraft Accident, the Insurance also covers Accidents sustained by the Insured Party outside the aircraft; **coverage ends upon completion of rescue operations.**

The Company is also liable for Accidents occurring during:

- actions by one or more persons, whether or not acting on behalf of a sovereign power, carried out for political or terrorist purposes, even when the resulting damage is accidental;
- acts of sabotage or other malicious acts committed by third parties;
- forced hijacking, illegal seizure, or undue exercise of control over the Aircraft or its crew while the Aircraft is in flight (including attempted illegal seizure or control), carried out by one or more persons on board the Aircraft acting without the consent of the Owner or Operator.

**Claims occurring on aircraft operated by the following are not eligible for indemnification:**

air companies or businesses for flights other than public passenger transport;

- Flying clubs.

**Air travel by gliders, motor gliders, balloons and airships is also excluded from the Insurance.**

**The following are not considered Accidents eligible for indemnification under this cover:**

- hernias and heart attacks, even if caused by violent exertion;
- strokes, ischaemia, thrombosis and embolisms.

### Art. 2.4.7 - Epidemic extension

The cover also applies to expenses and costs resulting from restrictive measures adopted by public authorities following the outbreak of pandemics and/or epidemics, up to the maximum amounts indicated under Articles 2.4.1 Administrative or health detention and 2.4.4 Force Majeure.

## How it operates

### Art. 2.6 - Insured persons

The Policy covers persons, not older than 80 years of age at the time of signing, who are:

- residing and domiciled in Italy;
- residing abroad but domiciled (even temporarily) in Italy and travelling abroad. In this case, the Services and covers always refer to and are limited to the Domicile in Italy, not to the foreign Country of Residence.

### Art. 2.7 - Start and end of cover

For the Services provided under Art. 2.1.1 - Travel Assistance, cover begins when the Insured Party leaves their Residence or Domicile to undertake their Trip and ends upon their return.

Cover for the following guarantees:

- Art. 2.1.2 - Medical expenses;
- Art. 2.1.3 - Secure Luggage;
- Art. 2.4.1 - Administrative or health detention;
- Art. 2.4.2 - Traveller accidents;
- Art. 2.4.3 - Traveller civil liability;
- Art. 2.4.4 - Force Majeure;
- Art. 2.4.5 - Delay Protection;

begins when the Trip has started.

The cover provided under Art. 2.4.6 - In-Flight Accidents begins when the Insured Party, as a Passenger, boards an Aircraft and ends when they disembark (including the boarding and disembarking phases).

### Art. 2.8 - Territorial extension

The Insurance is valid in the Country or group of Countries where the Trip takes place.

For travel by aeroplane, train, coach, or ship, the Insurance is valid from the point of departure (airport, railway station, port, or bus/tram station) to the point of arrival at the end of the Trip.

For travel by car or other means not mentioned above, the Insurance is valid from 50 km beyond the place of Residence.

The Insurance does not apply to travel in the following Countries: Afghanistan, Burundi, Chad, the West Bank and Gaza Strip, Congo, North Korea, Ivory Coast, Ethiopia, Haiti, Iraq, Kosovo, Liberia, Nepal, Papua New Guinea, Chechen Republic, Central African Republic, Democratic Republic of Congo, Rwanda, Western Sahara, Sierra Leone, Somalia, Sudan, East Timor, Uganda, and Yemen.

Coverage is also excluded in countries that are in a state of declared or de facto war (except as provided in Art. 2.4.2 - Traveller Accidents), or in countries subject to UN and/or EU embargoes.

The Traveller's civil liability cover is valid in all Countries Worldwide.

### Art. 2.9 - Right of subrogation

Except as provided in Articles 2.4.2 - Traveller Accidents and 2.4.6 - In-Flight Accidents, for which the Company waives, in favour of the Insured Party or their beneficiaries, the right of recourse against third parties responsible for the Accident, the Company, as provided for in Art. 1916 of the Civil Code, is subrogated up to the amount paid in all rights and actions that the Insured may exercise against those responsible for the Damage covered by the Insurance.

The Insured undertakes to provide the Company with all documents and information necessary to enable it to exercise its right of subrogation and to take all steps required to safeguard that right.

### Art. 2.10 - Indemnity limit for collective Claims

Limited to the Supplementary Traveller Accident Cover referred to in Art. 2.4.2 and In-Flight Accidents referred to in Art. 2.4.6, in the event of a Claim resulting from a single Event affecting several persons insured under this Policy at the same time, the maximum total amount payable by the Company shall not exceed € 2,500,000. If the total of the Indemnities payable exceeds this amount, the Company shall reduce it proportionally.

## SUMMARY OF INDEMNITY LIMITS/SUBLIMITS AND EXCESSES/DEDUCTIBLES

### Basic Cover

Cover	Description	Limits/Sublimits	Excesses/ Deductibles
Travel Assistance	A) MEDICAL ASSISTANCE	Dispatch of a physician or ambulance in Italy: from 8 p.m. to 8 a.m. Monday to Friday, and 24 hours a day on Saturdays, Sundays, and public holidays.	Not covered
	B) TRANSPORT AND RETURN ASSISTANCE	<ul style="list-style-type: none"><li>- Travel of a family member: accommodation expenses for the family member up to a total of € 500 for the entire period of stay.</li><li>- Extension of stay: maximum € 500, with a limit of € 100 per day for hotel expenses (room and breakfast) per ill/injured Insured Party.</li><li>- Return of the Insured Party with an insured or uninsured travel companion: maximum € 500 per return Trip from Italy or abroad.</li><li>- Return of other insured or uninsured travel companions: maximum € 500 per return Trip from Italy or abroad.</li><li>- Accompaniment of minors: maximum € 500 per return Trip from Italy or abroad.</li><li>- Transport costs from the emergency medical centre or hospital of first Admission to a better-equipped medical centre: maximum € 10,000.</li></ul>	Not covered
	C) SERVICES	<ul style="list-style-type: none"><li>- Interpreter available abroad: up to a maximum of 8 working hours.</li><li>- Referral to a lawyer abroad: advance payment of fees up to the equivalent in local currency of € 7,500.</li><li>- Vehicle Assistance to and from the place of departure (in Italy): maximum € 250 per Claim for roadside assistance expenses.</li></ul>	Not covered
	D) EXPENSES	<ul style="list-style-type: none"><li>- Advance payment of emergency expenses abroad: advance payment on-site for invoices, up to a total of € 1,000.</li><li>- Reimbursement of telephone expenses: up to € 150.</li><li>- Advance payment of bail abroad: maximum € 5,000.</li><li>- Rescue and search expenses: maximum € 1,500.</li></ul>	Not covered
	E) ASSISTANCE AT HOME	<ul style="list-style-type: none"><li>- Dispatch of an ambulance to the home: maximum € 500 for the period of validity of the Policy Insurance Position, with a limit of € 250 per Claim.</li><li>- Expenses for the services of a tradesman: maximum € 250 per Claim and € 500 for the period of validity of the Policy Insurance Position.</li><li>- Security guard: maximum of 10 hours of surveillance.</li></ul>	Not covered

Cover	Description	Limits/Sublimits	Excesses/ Deductibles
<b>Medical expenses</b>	Medical expenses	<ul style="list-style-type: none"> <li>- Hospitalisation/Day Hospital expenses: maximum 60 days.</li> <li>- Medical expenses incurred in Italy: maximum €10,000.</li> <li>- Medical expenses incurred in Europe or Worldwide:               <ul style="list-style-type: none"> <li>• for trips up to 40 days: €1,000,000</li> <li>• for trips longer than 40 days (from the 41st day): €300,000.</li> </ul> </li> <li>- First aid expenses following an Accident for the treatment or correction of physical defects, cosmetic applications, nursing, physiotherapy, spa and weight-loss treatments, and dental care: up to €250 per Claim.</li> </ul>	Not covered
		<ul style="list-style-type: none"> <li>- Expenses for urgent medical examinations/diagnostic tests and the purchase of medicines: up to €1,000 per Claim.</li> </ul>	Excess €50
<b>Secure Luggage</b>	Secure Luggage	<ul style="list-style-type: none"> <li>- Single item: 50% of the Maximum Cover indicated in the Policy Insurance Position.</li> <li>- Replacement of passports, identity cards, or driving licences: up to €150 per Claim.</li> <li>- Jewellery, furs, sports equipment, photographic and cinematographic equipment, radio and television equipment, and electronic devices: 50% of the Maximum Cover indicated in the Policy Insurance Position.</li> <li>- Purchase of essential goods: up to the Maximum Cover of €150.</li> </ul>	Excess €50

### Supplementary Cover

Cover	Description	Limits/Sublimits	Excesses/ Deductibles
<b>Administrative or health detention</b>	Administrative or health detention	<ul style="list-style-type: none"> <li>- Expenses for rebooking missed outbound and/or return flights: maximum of €1,000 per insured person.</li> <li>- Expenses for overnight stays en route: maximum of €100 per night, with a maximum of €500 per Claim.</li> <li>- Penalties for cancelled or missed services due to no-show: up to €1,000.</li> <li>- Reimbursement of fees for services compulsorily used by the Insured Party from the start of quarantine during their stay at the accommodation: maximum of €1,000.</li> </ul>	Not covered
<b>Traveller accidents</b>	Traveller accidents	<p>Within the limits of the Amounts insured indicated in the Policy Insurance Position.</p> <p>Risk of war or insurrection abroad: cover valid for a maximum of 14 days from the onset of such events.</p> <p>Claims arising from a single event affecting multiple insured persons simultaneously: maximum €2,500,000.</p>	<p>Permanent disability:</p> <ul style="list-style-type: none"> <li>- Excess 5%;</li> <li>- No excess applies if permanent disability is equal to or greater than 30%.</li> </ul>

Cover	Description	Limits/Sublimits	Excesses/ Deductibles
<b>Traveller civil liability</b>	Traveller civil liability	Within the limits of the Maximum Cover indicated in the Policy Insurance Position.	Excess for damage to property: € 150 per Claim
<b>Force Majeure</b>	Force Majeure	Maximum of € 1,000 per Claim.	Not covered
<b>Delay Protection</b>	Delay Protection	Maximum € 100.	Not covered
<b>In-flight accidents</b>	In-flight accidents	<p>Within the limits of the insured amounts indicated in the Policy Insurance Position, as provided for in <i>Art. 2.4.2 – Traveller accidents</i>.</p> <p>Claims arising from a single event affecting multiple insured persons simultaneously: maximum € 2,500,000.</p>	Permanent disability: - Excess 5%; - No Excess if Permanent Disability is equal to or greater than 30%.
<b>Epidemic extension</b>	Epidemic extension	Within the maximum amounts provided for in <i>Articles 2.4.1 Administrative or health detention</i> and <i>2.4.4 Force Majeure</i> .	Not covered

## What is insured

### Art. 3.1 – Trip Cancellation<sup>9</sup>

The Company shall reimburse the amount of the cancellation or modification penalty charged to the Insured Party by the Tour Operator prior to the start of the Trip, in accordance with the general terms and conditions of sale applied by the Tour Operator.

The cover only applies if the Insured Party is unable to participate in the Trip or is required to modify it for one of the following reasons, unforeseeable at the time the Insurance was taken out:<sup>10</sup>

- a) death, illness, or Accident of the Insured Party;
- b) death, illness, or Accident of the insured or uninsured Travel Companion, family members, immediate superior, or co-owner of the Insured Party, or of his/her insured or uninsured Travel Companion;
- c) death, illness, or Accident of the children, parents, son-in-law, daughter-in-law, siblings, brothers-in-law, sisters-in-law, or parents-in-law of the Insured Party, as well as any other persons permanently residing with him/her, or with his/her insured or uninsured Travel Companion;
- d) any unforeseen Event, unknown at the time of booking the Trip and beyond the control of the Insured Party, making it impossible to participate in the Trip;
- e) Act of terrorism occurring within 20 km of the destinations listed in the travel contract or of any location where at least one overnight stay is planned.

The cover includes recurrences or flare-ups of pre-existing illnesses occurring after the date of registration for the Trip.

If the Insured Party is registered for a Trip together with their Family Members and/or other persons, the cover applies not only to the Insured Party directly affected, but also to their Family Members, children, parents, son-in-law, daughter-in-law, siblings, brothers-in-law, sisters-in-law, parents-in-law, and to only one insured or one uninsured Travel Companion.

The Company shall reimburse the aforementioned penalty up to the Insured amount indicated in the Policy Insurance Position and up to a maximum of € 5,000 per insured person.

In the event of simultaneous cancellation by multiple Insured Parties registered for the Trip, resulting in a Claim involving several Insured Parties under the same Policy Insurance Position, the Company shall reimburse a maximum amount equal to the total value of the Insured amount for each Insured Party, with a limit of € 20,000 per Claim.

If the change or forced cancellation of the Trip is due to illness or Accident, the Company, with the consent of the Insured Party, shall dispatch a physician to assess whether the Insured Party's condition renders it impossible for them to participate in the Trip. If the Insured Party refuses the medical

### ? QUESTIONS

#### 9 Can I only insure the covers provided in the TRAVEL CANCELLATION section?

Yes, you may purchase only the Travel Cancellation or Modification cover if you have no other insurance requirements.

### ? QUESTIONS

#### 10 I booked a trip with my friends, but they have decided not to go. Can I be reimbursed for the travel cancellation or trip modification penalties?

No, reimbursement of penalties is not provided for voluntary cancellations, but only for events that were unforeseeable at the time the contract was entered into and beyond the control of the Insured Party, making it impossible to participate in the trip.

examination requested by the Organisational Structure, the Company shall reimburse the penalty with an Excess of 25% of the indemnifiable amount, subject to a minimum of € 150 per insured person. The Insured Party must return any unused travel documents to the Company.

## What is NOT covered

### **Art. 3.3 - Exclusions**

The Insurance does not cover Claims:

- a) resulting from wilful misconduct or gross negligence on the part of the Insured Party;
- b) resulting from or arising from acts of war, whether declared or undeclared, civil war, mutiny, civil unrest, sabotage, and all similar events, as well as accidents caused by weapons of war;
- c) resulting from the presence, use, contamination, extraction, handling, processing, sale, distribution and/or storage of asbestos and/or products containing asbestos;
- d) resulting from or arising from the emission or generation of electromagnetic waves and fields;
- e) resulting from Natural Disasters;
- f) resulting from the possession or use of explosives, or from the possession or use of radioactive substances or devices for the acceleration of atomic particles, as well as damage occurring, in relation to the insured risks, in connection with phenomena of atomic nucleus transmutation or radiation caused by the artificial acceleration of atomic particles;
- g) resulting from Accidents caused by the practice of Professional Sports;
- h) resulting from Accidents caused by the practice, even occasional or for any reason, of Air Sports, High-Risk Sports, Motor Sports or Motorboating;
- i) resulting from Accidents caused by drunkenness, abuse of psychotropic substances, or use of narcotics or hallucinogens, as well as illnesses related to the consumption of narcotics, hallucinogens or the abuse of alcohol and psychotropic substances;
- j) resulting from psychological disorders, psychiatric or neuropsychiatric illnesses, anxiety, stress or depression, or panic attacks;
- k) resulting from full-blown AIDS or the following mental illnesses: organic brain syndromes, epilepsy, schizophrenia, manic-depressive forms or paranoid states;
- l) resulting from pre-existing illnesses, except for relapses and exacerbations as provided for in Art. 3.1 - Basic Cover;
- m) resulting from an illness that has already manifested itself or that could manifest itself in connection with transmissible spongiform encephalopathy (TSE), such as bovine spongiform encephalopathy or new variants of Creutzfeldt-Jakob disease (VCJD);
- n) resulting from therapeutic abortion, non-premature birth or puerperium;
- o) occurring during travel undertaken against medical advice or for the purpose of undergoing medical or surgical treatment;
- p) occurring during travel to remote areas accessible only by special emergency vehicles, or in countries at war;
- q) arising from acts of terrorism, except as provided for in letter d) of Art. 3.1 - Basic Cover.

The following are also excluded from the Insurance: cancellations resulting from:

- r) acts of war, socio-political events, Natural Disasters, or epidemics occurring at the destination of the Trip, as well as the fear that such events may occur;
- s) Accident, illness or death of persons over the age of 80 who are not a parent or parent-in-law of the Insured Party, or the insured and uninsured Travel Companion of the same;
- t) Accidents occurring prior to the time of booking and/or registration for the Trip and/or the signing of the Insurance Policy Position;
- u) nervous, mental, neuropsychiatric, and psychosomatic illnesses;
- v) loss of Travel Documents;
- w) pregnancy-related conditions arising prior to the start date of the Insurance;
- x) illness existing at the time of booking the Trip and/or of signing the Policy Insurance Position;
- y) No show.

### Art. 3.4 - Excess

In the event of a change and/or forced cancellation of the Trip due to Hospitalisation or death, the penalty will be reimbursed in full, without the application of any Excess.

In the event of a change and/or forced cancellation of the Trip due to any other reason, the penalty will be reimbursed with an Excess equal to 15% of the indemnifiable amount, with a minimum of € 100 per person.

## How it operates

### Art. 3.5 - Insured persons

The Policy covers persons, not older than 80 years of age at the time of signing, who are:

- residing and domiciled in Italy;
- residing abroad but domiciled (even temporarily) in Italy and travelling abroad.

### Art. 3.6 - Start and end of cover

Cover begins on the date the Policy is issued or when documented confirmation of the Trip is received and remains valid until the first tourist service specified in the contract is used.

### Art. 3.7 - Rules for subscription

The Insurance is only valid if the Policy Insurance Position is taken out within 3 days of booking the Trip and, in any case, within 30 calendar days prior to departure.

Both conditions must be met for the cover to be valid.

### Art. 3.8 - Territorial extension

The Insurance is valid for Trips to destinations Worldwide.

### Art. 3.9 - Right of subrogation

As provided for in Article 1916 of the Italian Civil Code, the Company is subrogated, up to the amount paid, for all rights and actions that the Insured may claim against those responsible for the Damage for which the Insurance is provided.

The Insured undertakes to provide the Company with all documents and information necessary to enable it to exercise its right of subrogation and to take all steps required to safeguard that right.

## SUMMARY OF INDEMNITY LIMITS/SUBLIMITS AND EXCESSES/DEDUCTIBLES

### Basic Cover

Cover	Description	Limits/Sublimits	Excesses/Deductibles
Basic Cover	Basic Cover	Penalty reimbursement: limited to € 20,000 per Claim and € 5,000 per Insured Person	In the event of Insured Party's refusal to undergo the medical examination requested by the Organisational Structure: Excess of 25% of the indemnifiable amount, with a minimum of € 150 per Insured Person. In the event of a change and/or forced cancellation of the Trip for reasons other than Hospitalisation or death: Excess of 15% of the indemnifiable amount, with a minimum of € 100 per person.

**Art. 4.1 - Reporting the Claim and obligations of the Policyholder or the Insured Party**

With regard to the **Travel Protection** Section, in the event of a Claim, the following provisions apply to the following guarantees:

- **Travel Assistance:** the Company provides Assistance Services through the Organisational Structure of UnipolAssistance S.c.r.l., with registered offices at Via Carlo Marengo 25, Turin, Italy - 10126, and Operations Centre at Corso Massimo d'Azeglio 14, Turin, Italy - 10125.

The Company reserves the right to change the Organisational Structure, giving timely notice to the Policyholder, without this entailing any alteration to the guaranteed services.

For all requests, the Insured Party or his/her representative must always contact the UnipolAssistance Operations Centre immediately, available 24 hours a day, 7 days a week, by calling the following number: **+39 0116523211**.

If the Insured Party fails to comply with the above requirement, the Company will not pay any Indemnity, except in cases of objective impossibility.

- **For assistance services providing reimbursement of expenses incurred, and for all other guarantees in the Travel Protection Section**, with the exception of the Supplementary Covers provided for in *Articles 2.4.2 - Traveller Accidents* and *2.4.6 - In-flight Accidents*, the Insured Party must send a report to the Company using one of the following methods:

E-MAIL: [sinistriturismo@unipol.it](mailto:sinistriturismo@unipol.it);

TOLL-FREE NUMBER: **800406858** (call charges payable by the recipient – not valid for calls from abroad), available Monday to Friday from 8:00 a.m. to 7:30 p.m. and Saturday from 8:00 a.m. to 2:00 p.m.;

REGISTERED LETTER WITH RETURN RECEIPT sent to:

**Unipol Assicurazioni S.p.A. Tourism Claims Office**  
**Via della Unione Europea, 3/B, San Donato Milanese (MI) Italy - 20097**

In the event of a telephone report, the required documentation must be sent by registered letter with return receipt or by email to the above addresses.

The Insured Party must include the following information in the report, provide the documentation listed below, and fulfil the related obligations:

**For Travel Assistance (Art. 2.1.1) cover**

- first name, surname, tax code, address, telephone number;
- Policy Insurance Position number;
- location of the Insured Party at the time of the request for Assistance and their telephone number.

In the event of early return, if at the time of the Claim the Insured Party does not provide the Organisational Structure with sufficient information regarding the reasons for return, **they must provide the original documentation supporting the Claim within 15 days.**

**For Medical Expenses (Art. 2.1.2) cover**

- first name, surname, tax code, address, telephone number;
- Policy Insurance Position number;
- First Aid certificate issued at the location of the Accident, stating the condition suffered or the medical diagnosis certifying the type and circumstances of the Accident;
- in the event of Hospitalisation, a complete copy of the medical records;
- original receipts for expenses incurred;
- medical prescription for any diagnostic tests and/or purchase of medicines, with original receipts for the medicines purchased and tests carried out.

**For Secure Luggage (Art. 2.1.3) cover**

- name, surname, address, telephone number, tax code, and bank details including IBAN code;
- Policy Insurance Position number;
- detailed description of the circumstances in which the Accident occurred;
- description, value, date of purchase of lost or damaged items, repair estimate or declaration of irreparability;
- in the case of Luggage entrusted to the air carrier: a copy of the loss or damage report (RIB PIR,

obtained from the airport's Lost and Found office), a copy of the complaint sent to the air carrier within the legal deadline, and any response received from the carrier. If 90 days have passed since the date of the complaint letter to the air carrier without a response, the Insured Party may inform the Company of the lack of reply. In this case, the Company will only pay the indemnity due under the Policy **after applying the contractual Excess of € 50.**

- The Company's right of subrogation against the carrier remains unaffected. The Insured Party undertakes to notify the Company of any additional sums received as indemnity for the same Damage and to promptly return to the Company any amounts not contractually due;
- in the case of Luggage entrusted to a sea or land carrier or hotelier: a copy of the letter of complaint, duly countersigned for receipt by the carrier or hotelier, and their reply;
- in the case of undelivered Luggage: a copy of the report made to the authorities at the location of the event and a copy of the letter of complaint sent to any responsible parties (hotel, restaurant, garage, etc.) and their reply;
- in the case of essential purchases: receipts showing the cost and nature of the goods purchased.

#### **For the Supplementary *Administrative or Health Detention cover***

- first name and surname, tax code, Policy identification details;
- IBAN code and account name to which the Company will pay the indemnifiable expenses, after verifying the validity of the cover and assessing the Damage;
- documentation certifying the administrative or health detention ordered by the public Authorities;
- travel contract or booking confirmation, with a description of the travel package initially planned;
- any re-routing travel ticket, showing the additional cost paid;
- document confirming reimbursement of airport taxes or, alternatively, a "no-fly" statement issued by the air carrier;
- penalty statements or evidence of non-refundability of costs for services lost due to No-show or forced use;
- documentation certifying any refunds received from travel service providers, carriers or public Authorities.

For the **Supplementary *Traveller Accident and In-flight Accident Cover***, the following provisions apply:

- in the event of a Claim, the Policyholder, Insured Party or their beneficiaries must notify the Company or the agency to which the contract is assigned in writing within 3 days of the Accident, or from the moment they are able to do so;<sup>11</sup>
- the Claim report, signed by the Insured Party or their beneficiaries if the Insured Party is unable to do so due to the Accident, must:
  - be accompanied by a medical certificate;
  - indicate the place, date and time of the Accident;
  - describe in detail how the Accident occurred;

#### **! ATTENTION**

**11 In the event of an Accident, is it sufficient to notify the Company and provide a medical certificate attesting to the injuries suffered in order to receive the Indemnity?**

*In the event of an Accident, the Company must be notified in writing within three days of when it is possible to do so, providing medical documentation certifying the resulting injuries and their course. This is a necessary, but not sufficient, condition for obtaining the Indemnity, as the Insured Party is also required to undergo medical examinations arranged by the Company. If the Insured Party has incurred Medical Expenses, they must also provide documentation of the expenses incurred for reimbursement purposes.*

- the Claim must be sent to the Company using one of the following methods:  
EMAIL: [sinistriturismo@unipol.it](mailto:sinistriturismo@unipol.it);  
TOLL-FREE NUMBER (call charges payable by the recipient – not valid for calls from abroad): **800406858**, available Monday to Friday from 8:00 a.m. to 7:30 p.m. and Saturday from 8:00 a.m. to 2:00 p.m.;;  
REGISTERED LETTER WITH RETURN RECEIPT sent to:  
**Unipol Assicurazioni S.p.A. Tourism Claims Office**  
**Via della Unione Europea, 3/B, San Donato Milanese (MI) Italy - 20097**

The injuries suffered must be documented by further medical certificates.

The Insured Party or, in the event of death, the designated Beneficiaries or heirs, must allow the Company to carry out all necessary investigations, assessments and checks.

The Insured Party must also undergo medical examinations, visits and checks requested by the Company in Italy and provide the original or copied medical documentation, releasing physicians and Healthcare institutions from their patient confidentiality requirements.

Failure to comply with the above obligations may result in the total or partial loss of the right to the Indemnity.

- **Settlement of Indemnity for Permanent Disability in favour of the Insured Party's heirs:** in the event of the Insured Party's death prior to the medical-legal assessment established by the Company, for reasons unrelated to the reported Accident, the heirs must submit a Claim for indemnity complete with medical documentation certifying the stabilisation of the permanent sequelae, if not already submitted (including medical records in the event of Hospitalisation).

With regard to the **Supplementary Traveller Civil Liability Cover**, the Insured Party must:

- specify the personal details;
- indicate the place, date and time of the Event;
- describe in detail how the Event occurred.

The Insured Party or, in the event of death, the designated Beneficiaries or heirs, must allow the Company to carry out the necessary investigations, assessments and checks, releasing the physicians who examined and treated the Insured Party from their patient confidentiality requirements for this purpose.

The Claim report signed by the Insured Party or by those entitled to do so, if the Insured Party is unable to do so due to the Event, must be accompanied by a medical certificate (or First Aid certificate).

With regard to the **Trip Cancellation Section**, if an Event occurs that makes it impossible to participate in the Trip, the Insured Party must comply with the following obligations:

- immediately cancel the booking with the Tour Operator to stop the calculation of the applicable penalties;
- within 24 hours of the day following the occurrence of the cause of cancellation, report the Claim by telephone by contacting the toll-free number **800406858**, available Monday to Friday from 8:00 a.m. to 7:30 p.m. and Saturday from 8:00 a.m. to 2:00 p.m.;
- within 5 days of the occurrence of the Event that caused the cancellation, but no later than 24 hours after the scheduled departure date, if the Insured Party is unable to report the cancellation to the Company's toll-free number, report the cancellation as follows:
  - by sending an email to the following address: [sinistriturismo@unipol.it](mailto:sinistriturismo@unipol.it),
  - or
  - by sending a fax to **0517096551**; the date of dispatch shall be that indicated on the fax report with a positive outcome.

If the Insured Party fails to comply with the above obligations, the Company will not reimburse the penalties.

The claim must contain all of the following information:

- first name, surname, tax code, telephone number and address where the Insured Party (and/or the insured Travel Companion, a Family Member of the Insured Party or of the insured Travel Companion, the co-owner of the Insured Party's company or their immediate superior) can be reached to allow for any medical examination or other investigation arranged by the Company;
- travel details: booking confirmation or other documentation certifying the purchase of tourist

services;

- Policy Insurance Position details;
- name of the Tour Operator and the scheduled departure date of the Trip to be cancelled;
- description of the circumstances forcing the Insured Party to cancel;
- medical certificate (mandatory, indicating the condition) or, if the Claim is not due to Illness or Accident, other documentation proving the inability to participate in the Trip.

Even if not immediately available, these documents **must still be sent by registered letter with return receipt to:**

**Unipol Assicurazioni S.p.A. Tourism Claims Office**

**Via della Unione Europea, 3/B, San Donato Milanese (MI) Italy - 20097**

or by sending an email to the following address: [sinistriturismo@unipol.it](mailto:sinistriturismo@unipol.it), together with the following documents:

- medical certificate indicating the condition that occurred (to be sent within the above-mentioned deadlines, otherwise forfeited) or, if the cancellation is not due to Illness or Accident, other documentation certifying the inability to participate in the trip;
- a complete copy of the Travel Documents, including the cancellation conditions applied by the Tour Operator;
- a copy of the penalty statement or other document from the Tour Operator certifying the penalty charged;
- receipt certifying payment of the penalties;
- certificate proving the travellers' degree of kinship with the sick or deceased person;
- consent to the processing of personal data (available on the website [www.unipol.it](http://www.unipol.it));
- bank details, including the IBAN code and tax code of the reimbursement beneficiary.

#### **Art. 4.2 - Reduction of the Insured amounts following a Claim**

In the event of a Claim, the Insured amounts for the individual guarantees of the Policy Insurance Position and the related Indemnity limits **shall be reduced, with immediate effect and until the end of the Insurance Period in progress, by an amount equal to the damage respectively compensable, net of any Excesses, without the refund of the Premium.**

This condition does not apply to the Cancellation cover, as regardless of the outcome of the claim and the amount of any Indemnity, it applies to a single damaging Event and the resulting claim for Compensation. When the damaging Event occurs, the cover ceases to be in effect.

#### **Art. 4.3 - Settlement of Indemnity**

For Claims relating to Assistance Services providing for reimbursement of expenses incurred, and all other guarantees in the Travel Protection Section, except for the Supplementary Covers provided for in *Articles 2.4.2 - Traveller Accidents* and *2.4.6 - In-flight Accidents*, the Company shall reimburse the Insured Party for the authorised expenses incurred within **45 days**:

- from receipt of the original documentation relating to the expenses incurred, showing the actual payment, or
- from the outcome of the informal arbitration.

The amount of the indemnity relating to Claims under the Supplementary Covers provided for in *Articles 2.4.2 - Traveller Accidents* and *2.4.6 - In-flight Accidents* of the Travel Protection Section shall be determined by agreement between the Company and the Insured Party or by informal arbitration, in accordance with the provisions of *Articles 4.8 - Criteria for assessing permanent disability, according to the INAIL table* and *4.9 - Criteria for indemnification*.

Within **45 days** from the date on which the amount of the Indemnity has been determined, the Company shall verify the Insured Party's entitlement and pay the amount due.

The Indemnity shall be paid once all the documents required under *Art. 4.1 - Reporting the Claim and obligations of the Policyholder or the Insured Party* have been submitted to the Company.

#### **Art. 4.4 - Patient confidentiality**

**The Insured Party releases the physicians who examined or treated them, either before or after the Claim, from their patient confidentiality obligations.**

#### Art. 4.5 - Currency of payment

The indemnities and reimbursements shall be paid in Italy in Euros. If expenses are incurred in countries outside the European Union or in EU countries that have not adopted the Euro, the reimbursement shall be calculated at the exchange rate recorded by the European Central Bank on the day the Insured Party incurred the expenses.

### RULES FOR THE TRAVEL PROTECTION SECTION

#### Art. 4.6 - Criteria for the settlement of the Medical expenses cover

The Company shall settle the claim and make payment, net of any applicable Excesses and subject to assessment of the documentation received.

#### Art. 4.7 - Criteria for the settlement of the Secure Luggage cover

The indemnity shall be paid based on the actual value of the Property insured at the time of the incident.

### RULES FOR THE SUPPLEMENTARY COVERS FOR TRAVELLER ACCIDENTS AND IN-FLIGHT ACCIDENTS

#### Art. 4.8 - Criteria for assessing Permanent Disability, according to the INAIL Table

Permanent Disability due to Accident is assessed according to the percentages indicated in the ASSESSMENT TABLE below and with the following criteria:

INAIL Permanent Disability Table - Annex 1 to Presidential Decree no. 1124 of 30 June 1965	Degree % of Permanent Disability ascertained	
	Right	Left
Complete deafness in one ear	15%	
Complete bilateral deafness	60%	
Total loss of vision in one eye	35%	
Anatomical loss or atrophy of the eyeball without the possibility of prosthesis application	40%	
Other visual impairments	see table below	
Unilateral absolute nasal stenosis	8%	
Absolute bilateral nasal stenosis	18%	
Loss of numerous teeth, severely compromising masticatory function with the possibility of effective prosthesis application	11%	
without the possibility of effective prosthesis application	30%	
Loss of one kidney with integrity of the surviving kidney	25%	
Loss of the spleen without alterations in blood composition	15%	
For the loss of a testicle	no indemnity is paid out	
Outcomes of well-consolidated clavicle fracture, without limitation of arm movement	5%	
Complete ankylosis of the scapulohumeral joint with limb in favourable position when accompanied by immobility of the scapula	50%	40%
Complete ankylosis of the scapulohumeral joint with limb in favourable position with normal mobility of the scapula	40%	30%
Loss of arm:		
due to scapulohumeral disarticulation	85%	75%
due to amputation in the upper third	80%	70%
Loss of arm in the middle third or total loss of forearm	75%	65%
Loss of the forearm at the middle third or loss of the hand	70%	60%
Loss of all fingers on the hand	65%	55%
Loss of the thumb or first metacarpal	35%	30%

INAIL Permanent Disability Table - Annex 1 to Presidential Decree no. 1124 of 30 June 1965	Degree % of Permanent Disability ascertained	
	Right	Left
Total loss of the thumb	28%	23%
Total loss of the index finger	15%	13%
Total loss of the middle finger	12%	
Total loss of the ring finger	8%	
Total loss of the little finger	12%	
Loss of the nail phalanx of the thumb	15%	12%
Loss of the nail phalanx of the index finger	7%	6%
Loss of the nail phalanx of the middle finger	5%	
Loss of the nail phalanx of the ring finger	3%	
Loss of the nail phalanx of the little finger	5%	
Loss of the last two phalanges of the index finger	11%	9%
Loss of the last two phalanges of the middle finger	8%	
Loss of the last two phalanges of the ring finger	6%	
Loss of the last two phalanges of the little finger	8%	
Total ankylosis of the elbow joint with an angle of 110°-75°		
a) in semi-pronation	30%	25%
b) in pronation	35%	30%
c) in supination	45%	40%
d) when the ankylosis is such as to allow pronosupination movements	25%	20%
Total ankylosis of the elbow joint in maximum or near maximum flexion	55%	50%
Total ankylosis of the elbow joint in complete or near-complete extension		
a) in semi-pronation	40%	35%
b) in pronation	45%	40%
c) in supination	55%	50%
d) when the ankylosis is such as to allow pronosupination movements	35%	30%
Complete ankylosis of the radiocarpal joint in straight extension	18%	15%
If there is simultaneous abolition of pronosupination movements		
a) in semi-pronation	22%	18%
b) in pronation	25%	22%
c) in supination	35%	30%
Complete coxo-femoral ankylosis with limb in extension and in a favourable position	45%	
Total loss of a thigh due to coxo-femoral disarticulation or high amputation, which does not allow the application of a prosthetic device	80%	
Loss of a thigh at any other point	70%	
Total loss of a leg or amputation of the upper third of the leg, when it is not possible to fit an articulated prosthesis	65%	
Loss of the upper third of a leg when it is possible to fit an articulated prosthesis	55%	
Loss of the lower third a leg or of a foot	50%	
Loss of the forefoot at the tarsometatarsal line	30%	
Loss of the big toe and corresponding metatarsal	16%	
Total loss of the big toe only	7%	
No Indemnity shall be paid for the loss of any other toe, but where there is loss of more than one toe, compensation shall be paid for each toe lost	3%	
Complete straight ankylosis of the knee	35%	
Right-angled tibio-tarsal ankylosis	20%	
Simple shortening of a lower limb exceeding three centimetres and not exceeding five centimetres	11%	

In the case of confirmed left-handedness, the percentages of Permanent Disability established for the right limb shall apply to the left limb, and vice versa.

Loss of vision	Residual vision	Permanent Disability % for the eye with lower visual acuity (worse eye)	Permanent Disability % for the eye with higher higher visual acuity (better eye)
1/10	9/10	1%	2%
2/10	8/10	3%	6%
3/10	7/10	6%	12%
4/10	6/10	10%	19%
5/10	5/10	14%	26%
6/10	4/10	18%	34%
7/10	3/10	23%	42%
8/10	2/10	27%	50%
9/10	1/10	31%	58%
10/10	0	35%	65%

For binocular impairment, the assessments made for each eye shall be combined. The assessment shall refer to visual acuity determined after optical correction, provided the correction is tolerated; otherwise, it shall refer to natural vision.

Where the assessment is based on visual acuity achieved with correction, the degree of Permanent Disability calculated under the above rules shall be increased by two to ten points, depending on the extent of the refractive error.

Loss of five-tenths of visual acuity in one eye, with the other eye normal, shall be assessed at 16% in the case of an agricultural accident.

In the case of unilateral aphakia:

with corrected vision of 10/10, 9/10, 8/10	15%
with corrected vision of 7/10	18%
with corrected vision of 6/10	21%
with corrected vision of 5/10	24%
with corrected vision of 4/10	28%
with corrected vision of 3/10	32%
with corrected vision of less than 3/10	35%

In the case of bilateral aphakia, since optical correction is almost equal and therefore tolerated, the visual acuity impairment assessment table shall apply, with an additional 15% for optical correction and lack of accommodative power.

#### Art. 4.9 - Criteria for indemnification

The Company shall pay the Indemnity for the direct, exclusive and objectively verifiable consequences of the Accident, independent of any impairments or pre-existing pathological conditions.

In the event of anatomical loss or functional reduction of an organ or limb already impaired, the disability percentages provided for in Art. 4.8 - *Criteria for assessing permanent disability, according to the INAIL Table* shall be reduced, taking into account the degree of pre-existing disability.

If the Accident results in death, the Company shall pay the Insured amount to the designated Beneficiaries or, if none have been designated, to the heirs of the Insured Party in equal shares.

If the Indemnity for Permanent Disability has been paid and the Insured Party dies within two years of the Accident as a result of it, the Company shall pay the Beneficiaries or, if none have been designated,

the heirs, the difference between the sum due for death and the Indemnity already paid for Permanent Disability, if lower.

#### **Art. 4.10 - Disputes - Informal arbitration**

Medical disputes regarding the indemnification of the Claim, or the cause, nature and consequences of the Accident, or the quantification of the Indemnity, may be submitted in writing to a panel of three physicians. These physicians shall be appointed one per party, and the third by the physicians appointed by mutual agreement or, failing that, by the Council of the Medical Association having jurisdiction over the place where the panel is to convene.

The medical panel shall be based in the Italian municipality where the Institute of Legal Medicine closest to the Insured Party's residence is located, or to the Policyholder's residence if the Insured Party resides abroad. Each party shall bear the costs of its own physician, while those of the third physician shall be borne by the losing party.

The medical board's decisions shall be taken by majority vote, without legal formalities, and shall be binding on the parties. The parties waive in advance the right to contest the decision, except in cases of violence, fraud, error, or breach of contract.

In any case, the Company and the Policyholder may take legal action for indemnification relating to the Claim.

The results of the arbitration shall be recorded in a report drawn up in two copies, one for each party. The report shall remain valid even if one of the physicians does not sign it.

The medical board's decisions shall be binding for the parties even if one of the physicians refuses to sign the relative report; such refusal must be certified by the arbitrators in the final report.

### **RULES FOR SUPPLEMENTARY TRAVELLER'S CIVIL LIABILITY COVERAGE**

#### **Art. 4.11 - Dispute management and defence costs**

The Company shall manage disputes on behalf of the Insured Party, exercising all rights and actions available to the Insured Party, and retaining the authority to appoint lawyers, experts, consultants, or technicians:

- in extrajudicial proceedings and in civil court proceedings, until the damage has been determined;
- in criminal proceedings, management shall continue until the conclusion of the proceedings ongoing at the time the damage is determined.

The Company shall bear the defence costs incurred for legal actions brought against the Insured Party, up to a limit of one quarter of the Maximum Cover specified in the Policy.

If the amount payable to the injured party exceeds this maximum cover, the costs shall be apportioned between the Company and the Insured Party in proportion to their respective interests.

The Company shall not recognise any expenses incurred by the Insured Party for lawyers or technical experts not appointed by it and shall not be liable for fines, penalties, or criminal legal costs.

The Insured Party must appear in court personally in cases where required by law or when requested by the Company.

### **RULES FOR THE TRIP CANCELLATION SECTION**

#### **Art. 4.12 - Reimbursement methods**

The reimbursement amount shall be calculated based on the cancellation fee applicable on the date the illness or reason for cancellation occurred.

Any additional cancellation fee incurred due to a delay by the Insured Party in reporting the cancellation shall be borne by the Insured Party.

The Insured amount indicated by the Policyholder or Insured Party must correspond to the total cost of the Trip, including registration fees, administrative expenses, airport taxes, and visa charges. If the Insured amount is insufficient, the provisions of Art. 1907 of the Italian Civil Code shall apply, and the indemnity shall therefore be paid in proportion to the total value of the Trip and the value actually insured.

Text of the articles of the Italian Civil Code and the Navigation Code referred to in the contract.

### CIVIL CODE

#### **Art. 60 - Other cases of declaration of presumed death**

In addition to the case indicated in Art. 58, presumed death may be declared in the following circumstances:

- 1) When a person has disappeared during military operations in which they participated, either as a member of the armed forces or in any related capacity, and no further news has been received for two years from the entry into force of the peace treaty or, in the absence thereof, three years from the end of the year in which hostilities ceased;
- 2) When a person has been taken prisoner by the enemy, interned, or otherwise transported to a foreign country, and two years have elapsed since the peace treaty entered into force, or, in its absence, three years since the end of the year in which hostilities ceased, without any subsequent news;

When a person has disappeared as a result of an accident and no news has been received for two years from the date of the accident, or, if the date is unknown, for two years from the end of the month, or, if the month is also unknown, from the end of the year in which the accident occurred.

#### **Art. 62 - Conditions and forms of declaration of presumed death**

The declaration of presumed death in the cases referred to in Art. 60 may be requested when it has not been possible to carry out the investigations required by law for the preparation of the death certificate.

This declaration shall be issued by a court ruling at the request of the public prosecutor or any of the persons indicated in the paragraphs of Art. 50.

If the court does not grant the application for a declaration of presumed death, it may declare the missing person absent.

#### **Art. 1882 - Concept**

Insurance is a contract by which the insurer, in return for payment of a premium, undertakes to compensate the insured, within the agreed limits, for damage suffered due to an accident, or to pay a lump sum or annuity upon the occurrence of an event related to human life.

#### **Art. 1888 - Proof of contract**

The insurance contract must be evidenced in writing.

The insurer is obliged to issue the policyholder with the insurance policy or another document signed by them.

Upon the request and at the expense of the policyholder, the insurer must also provide duplicates or copies of the policy, but may in such cases require the presentation or return of the original.

#### **Art. 1907 - Partial insurance**

If the insurance covers only part of the value that the insured item possessed at the time of the accident, the insurer shall be liable for damages in proportion to that part, unless otherwise agreed.

#### **Art. 1910 - Insurance with different insurers**

If several insurance policies are separately taken out with different insurers for the same risk, the insured must inform each insurer of all the existing insurance policies.

If the insured party wilfully fails to give notice, the insurers shall be exempt from any obligation to pay the indemnity. In the event of a claim, the Insured must notify all insurers in accordance with Article 1913, indicating to each the names of the others. The insured may claim the indemnity due under each contract from the respective insurers, provided that the total amount collected does not exceed the value of the damage.

The insurer who has made payment shall have the right of recourse against the others for proportional distribution of the indemnity due under each contract. If one insurer is insolvent, its share shall be divided among the remaining insurers.

#### **Art. 1915 - Failure to comply with the obligation to notify or mitigate the damage**

An Insured Party who wilfully fails to comply with the obligation to notify or mitigate the damage loses the right to the indemnity.

If the insured negligently fails to fulfil this obligation, the insurer shall have the right to reduce the indemnity in proportion to the detriment suffered.

#### **Art. 1916 - Insurer's right of subrogation**

The insurer who has paid the indemnity is subrogated, up to the amount paid, for the rights of the insured against the liable third parties.

Except in cases of wilful misconduct, subrogation shall not apply if the damage was caused by the insured party's children, foster children, ascendants, other relatives, or relatives by marriage living permanently with them, or by domestic servants.

The insured shall be liable to the insurer for any detriment caused to the right of subrogation.

The provisions of this article also apply to insurance against accidents at work and accidental injuries.

### **NAVIGATION CODE**

#### **Art. 211 - Consequences of disappearance at sea**

- 1) In cases of disappearance from on board due to falling overboard, where the conditions for declaring death without recovery of the body provided for in Article 145 of the civil status regulations are met, and in cases of disappearance due to shipwreck where, in the opinion of the maritime or consular authority, the missing persons are deemed to be dead, the public prosecutor, having obtained authorisation from the court, shall arrange for the report to be entered in the register of deaths.
- 2) In other cases of disappearance from a vessel or due to shipwreck, the public prosecutor, with court authorisation, shall forward the report to the competent authority for entry in the register of births. In such cases, the consequences of the disappearance shall be governed by the provisions of Book I, Title IV, Chapter II, of the Italian Civil Code, and, two years after the event, the person shall be declared presumed dead in accordance with Article 60(3) of the same Code, upon the request of the public prosecutor or any person entitled to do so.

#### **Art. 874 - Declaration of operator**

Anyone undertaking the operation of an aircraft must first declare it to ENAC, in the forms and manner prescribed by Articles 268 to 270.

When the operation is not undertaken by the owner, and the operator fails to make such a declaration, it may be made by the owner.

### **CONSUMER CODE**

#### **Art. 67 duodecies - Right of withdrawal**

The consumer has a period of fourteen days to withdraw from the contract without penalty and without having to provide any reason.

This period is extended to thirty days for distance contracts concerning life insurance referred to in Legislative Decree No. 209 of 7 September 2005, containing the Private Insurance Code, and transactions relating to individual pension schemes.

The period during which the right of withdrawal may be exercised shall commence either:

- 1) on the date of conclusion of the contract, except in the case of life insurance, where it shall begin when the consumer is informed that the contract has been concluded; or
- 2) on the date the consumer receives the contractual terms and conditions and the information referred to in Article 67-undecies, if that date is later than that referred to in point a).

The effectiveness of contracts relating to investment services is suspended during the period provided for the exercise of the right of withdrawal.

The right of withdrawal does not apply:

- a) to financial services, other than individual portfolio management, if the investments have not yet commenced, whose price depends on fluctuations in the financial market beyond the supplier's control and which may occur during the withdrawal period, such as services relating to:
  - 2) foreign exchange transactions;
  - 3) money market instruments;
  - 4) transferable securities;
  - 5) units in collective investment undertakings;
  - 6) futures contracts on financial instruments, including equivalent instruments regulated in cash;
  - 7) forward rate agreements (FRAs);
  - 8) interest rate swaps, currency swaps, or exchange contracts linked to shares or share indices (equity swaps);
  - 9) options to buy or sell any instrument referred to in this section, including equivalent instruments regulated in cash.

This category includes, in particular, currency and interest rate options;

- b) travel and luggage insurance policies, or other similar short-term policies with a term of less than one month;
- c) contracts fully performed by both parties at the express written request of the consumer before the latter exercises their right of withdrawal;
- d) consumer declarations made before a public official, provided that the official confirms the consumer has been guaranteed the rights referred to in Article 67-undecies(1).

When exercising the right of withdrawal, the consumer must send a written communication to the supplier before the expiry of the deadline, in accordance with the instructions provided under Article 67-septies(1.d), by registered post with acknowledgement of receipt or by another method indicated under the same provision.

This article does not apply to the termination of credit agreements governed by Articles 67(6) and 77.

If a distance contract concerning a specific financial service is supplemented by another distance contract relating to financial services provided by the same supplier or a third party under an agreement between them, such additional contract shall be terminated without penalty if the consumer exercises their right of withdrawal in accordance with the provisions of this article.

What do you need?	Who should you contact?	What are the contact details?
<b>Requesting Assistance</b>	Organisational Structure UnipolAssistance S.c.r.l.	Telephone number: +39 0116523211
<b>Reporting a Claim under the Travel Protection Section</b>	Unipol Assicurazioni S.p.A. Tourism Claims Office	Postal address: Unipol Assicurazioni S.p.A. Tourism Claims Office Via della Unione Europea 3/B, San Donato Milanese (MI) Italy - 20097  Email: <b><a href="mailto:sinistriturismo@unipol.it">sinistriturismo@unipol.it</a></b>  Toll-free number: 800406858, available Monday to Friday from 8:00 a.m. to 7:30 p.m. and Saturday from 8:00 a.m. to 2:00 p.m.;
<b>Reporting a Claim under the Travel Cancellation Section</b>	Unipol Assicurazioni S.p.A. Tourism Claims Office	Postal address: Unipol Assicurazioni S.p.A. Tourism Claims Office Via della Unione Europea 3/B San Donato Milanese (MI) Italy - 20097  Email: <b><a href="mailto:sinistriturismo@unipol.it">sinistriturismo@unipol.it</a></b>  Toll-free number: 800406858, available Monday to Friday from 8:00 a.m. to 7:30 p.m. and Saturday from 8:00 a.m. to 2:00 p.m.;

**Unipol Assicurazioni S.p.A.**

Registered Office: via Stalingrado 45, Bologna (Italy) 40128 - unipol@pec.unipol.it - tel. +39 051 5076111 - fax +39 051 5076666  
 Share capital fully paid-up € 3,365,292,408.03 - Business Register of Bologna, Tax Code 00284160371 - VAT no. 03740811207 - E.A.I. 160304  
 Company enrolled with the Register of Insurance and Reinsurance Companies in Sec. I under number 1.00183  
 Parent Company of Unipol Insurance Group, enrolled with the Register of parent companies under no. 046  
 unipol.com - unipol.it





# PRIVACY POLICY

### Disclosure to Customers concerning the use of their data and their rights

Dear Customer,

Pursuant to Articles 13 and 14 of Regulation (EU) 2016/679 – General Data Protection Regulation (hereinafter, the "**Regulation**"), we inform you that, in order to provide you with the insurance products and/or services requested or provided for your benefit, certain personal data relating to you and/or other persons will be processed (for example, other Insured Parties or policy beneficiaries, members of associations that have entered into specific agreements with the Company – as defined *below* – on the basis of which you may receive discounts or benefits).

### Who will process the personal data?

The data controller is **Unipol Assicurazioni S.p.A.** ([www.unipol.it](http://www.unipol.it)) with registered office at Via Stalingrado 45, Bologna, Italy - 40128 (hereinafter, the "**Company**").

### What personal data will we process?

The following categories of personal data (hereinafter, the "**Data**" or "**Your Data**") will be processed:

- a) personal details (including, but not limited to, first name, surname, place of residence, date and place of birth, and tax code) and contact information (telephone number and email address);
- b) socio-economic information (including, but not limited to, income data, professional details, ownership of real estate and movable property, any business activities, and information on creditworthiness);
- c) information regarding your insurance position with the Company (for example, premiums paid, claims settled, etc.);
- d) information regarding claims related to your insurance policies, including those held with other insurance companies;
- e) data relating to your payment methods (such as bank details);
- f) data belonging to special categories (in particular, data relating to your health and trade union membership) may also be processed, strictly limited to what is necessary for the provision of the insurance services you have requested, or to grant you any benefits and/or discounts provided under applicable agreements.

In addition to the Data you provide directly, Data obtained from third-party sources may also be processed<sup>1</sup>. If any data belonging to special categories refers to minors, you undertake to obtain the necessary consent from all individuals exercising parental responsibility over them.

<sup>1</sup> By way of example, the Data may be collected from or through: policyholders of insurance contracts under which you are insured or a beneficiary; co-obligors; other insurance operators (such as intermediaries or insurance companies) from whom data on policies or claims may be acquired, including for fraud prevention; associations (e.g. ANIA) and insurance consortia; public entities and databases; and organisations from which commercial and credit information is requested to meet your needs (e.g. for policy issuance, renewal, or claim settlement), in particular through third-party companies managing Credit Information Systems (CIS) relating to loan applications and relationships involving banks and financial institutions.

## Why will we process the Data?

The Data will be processed for the purposes and on the legal bases outlined below:

- **(F1)** – *Policy stipulation, provision of the insurance services you have requested (hereinafter, the "Insurance Services" or the "Services") and related activities:* processing is carried out to allow the stipulation of the policy relating to the insurance product you have requested, as well as to provide the relative Services. In particular, the processing may involve the following activities: preparation and conclusion of insurance contracts; collection of premiums; settlement of claims; payment or execution of any additional services provided under the requested Services; and activities relating to reinsurance and/or co-insurance.
- **(F2)** – *Administrative-accounting purposes and fulfilment of regulatory obligations in the sector:* processing is carried out to comply with regulatory (e.g. tax), administrative and accounting obligations applicable from time to time, as well as to comply with other specific obligations required by the insurance sector (for example, keeping insurance records) and any provisions issued by competent public authorities, such as the Judicial Authority or Supervisory Authorities<sup>2</sup>.
- **(F3)** – *Anti-fraud purposes:* processing involves activities relating to the prevention and detection of insurance fraud and the assessment of the relevant legal actions to be taken, including in conjunction with other insurance companies within the Unipol Group.
- **(F4)** – *Exercise and defence of rights:* processing is carried out to enable the Company to take action and/or defend its rights, both in and out of court, as well as to conduct defensive investigations for the legal protection of rights in criminal matters concerning conduct deemed unlawful or fraudulent.
- **(F5)** – *Statistical and/or tariff purposes:* processing relates to data analysis and management for tariff and/or statistical purposes, according to product parameters, policy characteristics, and information on claims, commercial and credit information (relating to your reliability and punctuality in payments) for the analysis of new insurance markets, and for management and internal control purposes.
- **(F6)** – *Service communications:* processing involves the use of Data to send you the service communications necessary for the proper execution of your contractual relationship with the Company, as well as other communications required by specific industry regulations. Some of the personal data you provide (name, surname, policy number, e-mail address) may also be processed to provide you with technical assistance and to ensure access to your reserved area.
- **(F7)** – *Commercial communications relating to products and/or services similar to those you have purchased (including "soft spam"):* your e-mail address, if provided during the purchase of Insurance Services, may be used to send you commercial communications regarding insurance products and services similar to those you have purchased. You always have the right to object at any time to receiving such communications (see the section entitled "**Your rights**").

<sup>2</sup> For the fulfilment of specific regulatory obligations, reference is made, by way of example, to: (i) provisions of IVASS, CONSOB, COVIP, Bank of Italy, AGCM, and the Italian Data Protection Authority; (ii) compliance with tax assessments (e.g. pursuant to Law No. 95/2015 (a) ratifying the Agreement between the United States of America and the Italian Republic on the implementation of FATCA – Foreign Account Tax Compliance Act, and (b) ratifying agreements between Italy and other foreign countries for the implementation of an automatic exchange of financial information for tax purposes through the "Common Reporting Standard" or "CRS" communication standard); (iii) compliance with requirements regarding customer identification, retention, and due diligence, and the reporting of suspicious transactions under anti-money laundering and counter-terrorist financing legislation (Legislative Decree No. 231/07); (iv) contribution to a Central Computerised Archive managed by Consap on behalf of the Ministry of Economy and Finance (as data controller), for the purpose of preventing fraud through identity theft; (v) contribution to other mandatory databases, such as the Central Accident Register and the SITA ATRC Database on Risk Certificates, managed by ANIA.

#	Categories of Data	Legal basis	Provision of Data
F1	a); b); c); d); e); f)	The legal basis for processing lies in the need to execute a contract to which you are a party. Any processing of data belonging to special categories is carried out based on the consent provided pursuant to Article 9 (2.a) of the Regulation.	The provision of your Data is necessary for the pursuit of the indicated purpose; if you fail to provide it, the Services cannot be delivered.
F2	a); b); c)	The legal basis for processing lies in the need to comply with applicable regulatory obligations.	
F3	a); b); c); d); e); f)	The legal basis for processing lies in the need to protect or exercise the Company's rights.	
F4	a); b); c); d); e); f)	The legal basis for processing lies in the need to protect or exercise the Company's rights.	
F5	a); b); c)	The legal basis for processing lies in the Company's legitimate interest in carrying out pricing and statistical analyses.	
F6	a); c)	The legal basis for processing lies in the need to execute a contract to which you are a party or to comply with specific regulatory obligations applicable from time to time.	The provision of your Data is necessary for the pursuit of the indicated purpose; failure to provide it will prevent us from sending you service communications related to your insurance position.
F7	a)	Processing is carried out for direct marketing purposes, pursuant to Article 130(4) of Legislative Decree No. 196/2003.	The provision of your Data is optional, and any failure to provide it will not affect the provision of the Services.

### How will we process your Data?

Your Data will be processed using methods and procedures, including computerised ones, strictly relevant to the purposes indicated above, after adopting security measures deemed appropriate to the risks, and will be made accessible only to authorised and trained personnel, to the extent strictly necessary for the performance of their duties.

Your Data may also be processed using artificial intelligence systems, particularly for statistical or pricing purposes, as well as for the prevention or detection of insurance fraud. The use of these systems will not, under any circumstances, result in decisions based solely on automated processing.

Furthermore, we would like to point out that, to improve and enhance the reliability of the artificial intelligence systems, the Company may use your Data during the training phases of such systems. This processing is carried out on the basis of the Company's legitimate interest in ensuring the highest level of performance of its systems and organisational tools, while balancing the Company's interests with the fundamental rights and freedoms of data subjects.

If you wish to benefit from specific discounts or advantages when purchasing products and/or services offered by the Company, you may be asked (under specific dedicated agreements) to provide certain personal data (personal details, as well as data belonging to special categories, such as trade union membership) relating to third parties; in such cases, it will be necessary to obtain consent for the processing of data from the third parties concerned.

## To whom will we disclose the Data?

The Data will not be disclosed except to third parties for the purposes outlined above. In particular, the Data may be shared with:

- external parties entrusted by the Company with the performance of activities on its behalf (for example, but not limited to, providers of IT, telematic, and archiving services; parties responsible for the management, settlement, and payment of claims; parties providing support for operational activities, such as postal service companies; entities performing auditing, consulting, commercial information activities for financial risks, fraud control, debt collection, etc.) with whom the Company enters into agreements regulating the processing of personal data;
- Other companies within the Unipol Group<sup>3</sup>, if necessary to achieve the above purposes;
- entities forming part of the so-called “*insurance chain*”, in Italy and, where necessary for the provision of requested services (e.g. in the context of assistance guarantees), in other European Union countries or, if required, outside the EU. By way of example: other insurers; co-insurers and reinsurers; insurance and reinsurance intermediaries and other channels for acquiring insurance contracts; banks; medical examiners; experts; lawyers; private investigators; car repair shops; payment service companies; affiliated clinics or healthcare facilities; public or associative bodies and organisations, including those in the insurance sector, for the fulfilment of regulatory and supervisory obligations (e.g. CONSAP); other databases to which the communication of the data is mandatory, such as the Central Accident Register (the complete list is available at our headquarters or from the Data Protection Officer);
- The competent authorities – judicial (hereinafter, “**Judicial Authority**”), public bodies (hereinafter, “**Public Administration**”), supervisory authorities (e.g. IVASS) or public security authorities – both to protect the Company’s rights and where necessary to comply with a legal provision, regulation, European legislation, or an order and/or measure issued by the aforementioned authorities;
- insurance companies not belonging to the Unipol Group, where necessary to pursue the legitimate interests of the Company or of such companies, relating to specific requirements for fraud prevention and detection, or in any case for defensive investigations and the judicial protection of rights in criminal matters;
- ANIA (the Italian National Association of Insurance Companies), for the collection and processing of information, news, and data instrumental to the operation and protection of the insurance industry, as well as for the management of the Agreement between insurers for direct compensation (CARD);
- Consortium bodies in the insurance sector, which operate in mutual exchange with all member insurance companies to which the data may be communicated;
- CONSAP (“Concessionaria Servizi Assicurativi Pubblici” - Public Insurance Services Concessionaire);
- entities authorised to access certain Data necessary for activities ancillary to the contractual relationship (for example, but not limited to, banks and credit institutions, postal services or other companies providing similar services, security companies, or companies providing roadside assistance services);
- in the context of life insurance policy settlements, where strictly necessary and conditions are met, the personal data of the beneficiary may be communicated to the heir(s) of the policyholder entitled to inherit, in accordance with the provisions laid down by the Data Protection Authority or the Judicial Authorities.

For further information, please consult the Privacy section of [www.unipol.it](http://www.unipol.it).

Your Data will not be transferred to countries outside the European Union or European Economic Area; if necessary for the purposes mentioned above, such transfers will be carried out based on safeguards provided by the Regulation, such as an adequacy decision by the European Commission or the signing of standard contractual clauses with the Data importer.

## For how long will we process the Data?

Your Data will be processed for the duration of the existing contractual relationship and subsequently retained for administrative and accounting purposes, as well as to fulfil applicable regulatory obligations,

<sup>3</sup> For further information, please refer to the list of Group companies available on [www.unipol.com](http://www.unipol.com).

generally for ten (10) years from the last registration; this is without prejudice to further retention if necessary for the exercise or protection of rights, in the event of disputes or complaints.

## Your Rights

The privacy legislation (articles 15 to 22 of the Regulation) guarantees you the right to access Your Data at any time, to request its rectification and/or completion if it is inaccurate or incomplete, to request its deletion if it has been processed unlawfully, and to request the portability of the Data you have provided, if it is processed automatically based on your consent or for the contractual services you have requested, within the limits established by the Regulation (article 20).

The privacy legislation also grants you the right to request the restriction of processing where applicable, and to object to the processing on grounds relating to Your particular situation.

You may always withdraw any consent you have given; withdrawal does not affect the lawfulness of any processing carried out up to that point.

Furthermore, you may always object to the sending of commercial communications if not based on your prior consent (Soft Spam).

The Data Protection Officer is available for any clarification regarding the processing of your Data and for the exercise of your rights; you can contact him/her at: [privacy@unipol.it](mailto:privacy@unipol.it).

By visiting the Privacy section of [www.unipol.it](http://www.unipol.it) or contacting your trusted agent/intermediary, you will find all instructions to object, at any time and free of charge, to the sending of commercial and promotional communications regarding our insurance products or services.

This is without prejudice to your right to lodge a complaint with the Italian Data Protection Authority should you deem this necessary for the protection of your personal data and your associated rights.



