POLICY SCHEDULE POLICY NO. 204548126

The guarantees operating in favour of the Insured Party and the sums insured are listed below.
Please note that the details of each single guarantee in force are contained in the Insurance Conditions, of which this Policy Sheet is an integral part.

GARANTEES	GARANTEES IN FORCE		SUMS INSURED
	YES	*NO*	
CHAPTER 1 – MEDICAL EXPENSES (Travelling in Europe and Mediterranean basin)	**X**		**€ 250.000,00**
CHAPTER 1 – MEDICAL EXPENSES (Travelling in the World no Usa & Canada)	**X**		**€ 500.000,00**
CHAPTER 1 – MEDICAL EXPENSES (Travelling in Usa & Canada)	**X**		**€ 1.000.000,00**
CHAPTER 2 – DAILY ALLOWANCE FOR HOSPITALIZATION FOLLOWING COVID-19 INFECTION	**X**		**€ 100,00 max 10 gg**
CHAPTER 3 – CONVALESCENCE INDEMNITY	**X**		**€ 1.500,00**
CHAPTER 4 – PERSONAL CARE	**X**		**See Insurance Conditions**
CHAPTER 5 – BAGGAGE (Travelling in Italy)	**X**		**€ 1.000,00**
CHAPTER 5 – BAGGAGE (Travelling in Europe)	**X**		**€ 1.000,00**
CHAPTER 5 – BAGGAGE (Travelling in the World)	**X**		**€ 1.000,00**
CHAPTER 6 – TRIP CANCELLATION ALL RISK		X	
CHAPTER 7 – TRIP CANCELLATION FOLLOWING A DELAYED DEPARTURE		X	
CHAPTER 8 – REPEAT OF TRIP		X	
CHAPTER 9 – FLIGHT DELAY	**X**		**€ 250,00**
CHAPTER 10 – TRIP RE-ROUTING	**X**		**€ 500,00**
CHAPTER 11 – ACCIDENTS	**X**		**€ 50.000,00**
CHAPTER 12 – LEGAL PROTECTION	**X**		**€ 10.000,00**
CHAPTER 13 – CIVIL LIABILITY	**X**		**€ 50.000,00**
CHAPTER 14 – VEHICLE ASSISTANCE	**X**		**See Insurance Conditions**
CHAPTER 15 – HOMECARE FOR FAMILY MEMBERS WHO STAY AT HOME	**X**		**See Insurance Conditions**
CHAPTER 16 – TRIP INTERRUPTION FOLLOWING A QUARANTINE		X	
CHAPTER 17 – HOMECARE	**X**		**See Insurance Conditions**
CHAPTER 18 – MISSING A CONNECTING FLIGHT	**X**		**€ 250,00**
CAPITOLO 19 – ZERO RISCHI		X	
CAPITOLO 20 – VOLO ZERO RISCHI		X	

OBLIGATIONS OF THE INSURED PARTY IN THE EVENT OF A CLAIM

Personal Care
In the event of a claim, IMMEDIATELY contact the Company's Operations Center which operates 24 hours a day and 365 days a year, by calling the following number **+39/039/9890.702**

Other guarantees
All claims must be filed using one of the following modalities:

- **By Internet** (on the website www.nobis.it section "On-Line Filing") following the related instructions.
- **By mail sending the correspondence and the related documentation to the following address:**

NOBIS COMPAGNIA DI ASSICURAZIONI - Ufficio Sinistri (Claims Office)
Viale Gian Bartolomeo Colleoni, 21 – Centro Direzionale Colleoni
20864 AGRATE BRIANZA (MB)
Mail: gst@nobis.it

NOBIS TRAVEL

FORM 6003 - 2025.002 - EDITION 01.11.2025

TRAVEL MULTI-RISK INSURANCE CONTRACT

The Information Set includes the following documents:
a) DIP Non-Life;
b) DIP Additional;
c) Glossary;
d) Insurance conditions;
which must be delivered to the Policyholder before the contract is signed.

Read the Pre-contractual Information carefully before signing

Document drafted according to the guidelines of the ANIA technical committee on simple and clear contracts

USEFUL CONTACTS

24-HOUR ASSISTANCE - 7 DAYS A WEEK

TOLL-FREE NUMBER from Italy
800.894123

When calling from abroad
+39.039.9890.702

CON NOBIS

DOWNLOAD CON NOBIS, ASSISTANCE AT YOUR FINGERTIPS!

All Nobis products include CON NOBIS: the app for smartphones and tablets thanks to which, if necessary, you can request quality assistance with a touch, even by video call!

Download it for free and log in with your policy number.

GOOGLE PLAY

APPLE STORE

NON-LIFE INSURANCE CONTRACT

DIP - Pre-contractual information document of non-life insurance contracts

Company: Nobis Compagnia di Assicurazioni S.p.A. **Product: Nobis Travel**

Nobis Compagnia di Assicurazioni S.p.A. is registered in Italy and authorised to carry out insurance business by Decree of the Minister of Industry, Trade and Crafts of 20 October 1993 (Official Journal of 03 November 1993 no. 258). It is registered in Sect. I, at No. 1.00115, of the IVASS Register of Undertakings and is subject to its supervision.

Full pre-contractual and contractual information on the product is provided in the following document:

- Information Set

WHAT KIND OF INSURANCE IS IT?

The Policy has a number of coverages offered for the protection of travellers, designed to provide protection against harmful events and unforeseen events that occur most frequently before and during travel, such as charges for payment of penalties in the event of cancellation of the trip, theft and loss of luggage, Home Assistance, Vehicle Assistance, Travel Protection, Travel Interruption following quarantine, Delay or loss of the flight in connection, medical treatment and return/medical transport expenses and accidents. All this is complemented by Personal Assistance, Liability Coverage, Legal Protection, Trip Repeat, Zero Risk and Zero Risk Flight that make the offer even more global.

Please note that the coverage actually active will be exclusively those resulting from the Policy Schedule signed by the Policyholder and contained in the Insurance Conditions.

WHAT IS INSURED?

The main coverages that may be active in the Nobis Travel Product are summarised below. Please note that the coverage actually active is exclusively that shown on the Policy Schedule signed by the Policyholder and present in the Insurance Conditions that is part of the Information Set.

✓ **Medical expenses**

Within the coverage limits for the Insured indicated in the policy schedule and in the insurance conditions, the medical expenses, during the trip, established and documented, by the Insured will be reimbursed, for urgent, non-delayable and unforeseeable treatment or interventions, which occurred during the period of validity of the coverage.

✓ **Hospital indemnity following COVID-19 infection**

The Company grants a lump sum allowance for each day of hospitalisation at a healthcare institution arranged as a direct and exclusive consequence of COVID-19 infection (so-called Coronavirus) suffered by the Insured, regardless of the expenses incurred.

✓ **Hospitalisation allowances**

The Company grants the Insured a fixed and predetermined hospitalisation allowance of €1,500.00 at the time of discharge of the Insured from the Intensive Care Unit of the Hospital where he was hospitalised as a result of COVID-19 infection. This benefit will apply only if the Insured, during the aforementioned stay, was admitted to an intensive care unit, as shown from the medical record that must be produced in full at the time of reporting the claim.

✓ **Personal and dwelling assistance**

The Company undertakes, within the limits agreed in the policy, to make available to the Insured, through the use of personnel and equipment of the Operations Centre, the benefits contractually provided in the event that the Insured person finds himself in difficulty as a result of the occurrence of illness, accident or a fortuitous and unforeseeable event at the time the policy is taken out, which also affects his home. The aid may consist of benefits in cash or in kind.

✓ **Luggage**

The Company covers the luggage of the Insured against the risks of fire, theft, mugging, robbery as well as loss and damage and non-delivery by the carrier within the limits indicated in the policy schedule.

✓ **Travel cancellation**

The Company will compensate the Insured and only one travel companion, as long as insured and enrolled in the same trip, for the withdrawal fee resulting from the cancellation of tourist services, which is the consequence of unforeseeable circumstances at the time of booking the trip or tourist services. This coverage is provided by choosing one of the following packages:

A) TRAVEL CANCELLATION NAMED RISKS
B) TRAVEL CANCELLATION ALL RISK

✓ **Travel cancellation due to delayed departure**

The Company will reimburse to the Insured 50% of the travel fee with the limit per Insured as provided in the policy schedule (excluding registration fees/opening fees, refundable airport taxes, visas and insurance premiums), if the Insured decides not to participate in the trip following a delay of the departure flight of at least 8 hours complete. The insurance comes into effect in the event of a delay of the plane, on the day of departure, calculated on the basis of the official schedule due to reasons attributable to the airline or the tour operator or due to force majeure such as strikes, airport congestion or inclement weather.

✓ **Trip Repeat**

The Company shall make available to the Insured and to the family members travelling with him, provided that they are insured, an amount equal to the pro-rata value of the stay not used by the Insured because of the following events: a) Use of the "Organised Medical Transport", "Transport of the Body" and "Early Return" benefits which determine the return to the residence of the Insured; b) Death or hospitalisation exceeding 5 days of a family member of the Insured; c) Death or hospitalisation exceeding 24 hours of the Insured. The pro-rata, non-transferable and non-refundable amount must be used within 12 months from the date of return.

✓ **Flight delay**

In the event of a delayed departure of the outbound or return flight (excluding delays at intermediate stops and/or connecting flights), exceeding 8 hours, the Company will pay compensation to the Insured within the maximum indicated in the policy schedule.

✓ **Travel Protection**

The Company will reimburse the Insured 50% within the limit indicated in the policy, of any increased costs incurred to purchase new travel tickets (air, sea or rail tickets), replacing those not usable for delayed arrival of the Insured at the place of departure determined by one of the causes or unforeseeable events indicated in the Chapter "Travel Cancellation", "Travel Cancellation (Named Risks)" benefit and provided that the purchased travel tickets are used to take advantage of the services previously booked.

✓ **Injuries**

The Company will pay compensation corresponding to the maximum stated in the policy if the Insured suffers, during the period of validity of the coverage, damage resulting from the direct, exclusive and objectively ascertainable consequences of the accident and which within one year causes death or permanent disability.

✓ **Legal protection**

The Company shall bear the burden of out-of-court and judicial assistance following a claim falling within the scope of the insurance cover, within the limits of the ceiling indicated in the policy schedule and the contractual conditions.

✓ **Civil liability**

The Company undertakes, up to the maximum limits indicated in the Policy Schedule and in the insurance conditions, to indemnify the Insured against what he is required to pay, as a civil liability under the law, as compensation (principal, interest and expenses) for unintentionally caused damage to third parties, for death, for personal injury and for damage to property and animals, as a result of an accidental fact occurred in the context of private life during the trip.

✓ **Vehicle assistance**

There are some services of vehicle assistance, including roadside assistance and towing, the Driver, hotel charges, that are active during

the transfer of the Insured to go from their residence to the departure station of the trip (railway, sea, airport) or in the location booked and vice versa provided that in European Union countries.

✓ **Home care**
The Company, through the Operations Centre, makes available, 24 hours a day, its medical on-call service for any information or suggestions of a medical or health nature, sends a doctor in case of urgency, carries out transport by ambulance and provides nursing assistance for the family members of the Insured (spouse/cohabiting partner, parents, siblings, children, in-laws, sons-in-law, daughters-in-law and grandparents) who remain at home.

✓ **Travel interruption following quarantine**
If, following a measure of home isolation of the Insured ordered by the Quarantine Authorities, the Insured is unable to take advantage of the booked trip, the Company reimburses the following: a) penalties charged for ground services booked and not used within the limit of €1,500.00 per Insured; b) costs relating to the modification or redo of the ticket originally purchased in order to return to their residence, up to €1,000.00, and net of any reimbursements received from the carrier; c) any hotel/subsistence costs charged to the Insured for the quarantine period within the limit of €100.00 per day for a maximum of 14 days, if said quarantine cannot take place at the Insured's home.

✓ **Flight Delay and Missed Flight in Connection**
The Company will reimburse the Insured up to the maximum indicated in the policy schedule, the cost of purchasing an economy class ticket returning to the place of departure of his trip, or the cost of purchasing a new economy class ticket that allows him to reach the final destination of the trip, in the event of loss of connection with the flight after the first scheduled flight of the ticket.

✓ **Zero risk**
The coverage provided by this policy insures pecuniary damage resulting from insured events the occurrence of which may affect the performance of the travel contract purchased by the traveller. The events covered by this contract and related reimbursable property damages are:

- delay in the departure journey;
- reimbursement of the individual fee as a result of unforeseeable events of force majeure and adverse weather conditions;
- reimbursement of accommodation costs reasonably incurred by travellers as a result of unforeseeable events, force majeure and adverse weather conditions.

In the event that the delay in the departure journey simultaneously renders both the Delay in the departure journey and the Individual Fee Refund due to unforeseeable events of force majeure and adverse weather conditions active, the refund for the first 24 hours may not exceed the price of one day of individual fee participation.
Coverage is provided up to the cost of the trip and in any case within the coverage limits per Insured, per event and per insurance year indicated on the policy schedule.

✓ **Zero risk flight**
If as a result of any event leading to the cancellation of duly scheduled and booked flights it becomes necessary, cancelling or modifying the originally booked trip the company will reimburse alternatively:

a. The penalty for ground services applied by direct suppliers for cancellation of the trip following the cancellation of the flight;
b. The higher cost reasonably incurred by the Policyholder or the Insured for arranging alternative transportation services to those provided for in the contract.
c. In the event of insolvency, default or non-fulfilment of pecuniary obligations of the air carrier, the insurance, within the limits indicated in the policy, shall be provided in excess of any maximum limits provided by the insolvency funds established or insolvency proceedings.

Coverage is provided up to the cost of the trip and in any case within the coverage limits per Insured, per event/group and per insurance year indicated on the policy schedule.
An event will mean the cancellation of a means of transport, which has affected several persons enrolled in the same travel program/insured group.

WHAT IS NOT INSURED?

× With regard to the travel cancellation guarantee, non-residents in Italy cannot be insured.
× Travel for more than 30 consecutive days is not insured.
× Cover is not provided in Antarctica and the Southern Ocean and in countries that were in a state of belligerence, declared or de facto, among which the countries listed in the JCC Global Cargo report on the website https://watchlists.ihsmarkit.com that, at the time of departure, report a Combined Risk Level equal to or higher than the "Very High" category are considered such.
Countries whose condition of belligerence has been made public are also considered to be in a state of declared or de facto belligerence.
× Individuals other than natural persons registered for the trip organised by the Policyholder are not insured.

ARE THERE COVERAGE LIMITS?

All benefits are not payable for claims caused by:
! state of war (declared or not), martial law, revolution, riots or popular movements, looting, embargo, vandalism, strikes;
! acts of terrorism with the exception of cover for Assistance and Medical Expenses and as provided for the Trip Cancellation Coverage;
! earthquakes, tsunamis, anomalous waves, storm surges, hail, floods, flooding, fires, volcanic eruptions and/or other atmospheric phenomena for which a state of disaster and/or a state of emergency is declared (except as provided for in Art. 6.1 and Art. 6.2) as well as phenomena occurring in connection with transformation or energetic adjustments of the atom, natural or artificially caused;
! wilful misconduct or gross negligence of the Policyholder or the Insured;
! travel undertaken against medical advice or, in any case, with acute pathologies or for the purpose of undergoing medical/surgical treatment;
! travel to a territory where a prohibition or restriction (even temporary) issued by a competent public authority is in force;
! extreme travel to remote areas, accessible only with the use of special rescue vehicles;
! travel to countries formally advised against by the Ministry of Foreign Affairs and International Cooperation, for Italy, and/or equivalent competent authority of the country of destination of the travel;
! pollution of any nature, seepage, contamination of air, water, soil, subsoil, or any environmental damage;
! bankruptcy of the Carrier, the travel organiser or any supplier;
! errors or omissions when booking or inability to obtain a visa or passport;
! suicide or attempted suicide;
! illnesses with symptoms in place at the time of signing the "Travel Cancellation" policy and departure of the trip for the "Reimbursement of medical expenses" and "Personal Assistance" coverages;
! illnesses attributable to complications of pregnancy beyond the 24th week;
! voluntary termination of pregnancy, organ removal and/or transplantation;
! non-therapeutic use of drugs or narcotic substances, alcohol and drug addiction, HIV-related diseases, AIDS, mental disorders and psychological disorders in general, including psychotic and/or neurotic behaviour;
! pandemics and/or epidemics and/or measures taken by the Authorities (including Health Authorities), it being expressly understood that this exclusion shall not apply in relation to events directly linked to the "COVID-19" virus;
! quarantines that are the cause of Trip Cancellation, which concern the place of residence and/or departure and/or transit and/or destination of the trip purchased by the Insured, with the exception of the coverage provided for in the Chapter "Interruption of stay following quarantine";
! the following activities or sports practice such as: mountaineering with climbs above the third degree, free climbing, jumps from the trampoline with ski or water skis, acrobatic and extreme skiing, archery, cycling activities, caving, off-piste skiing, ski mountaineering, freestyle skiing, water skiing, bobsleigh, river canoeing above the third degree, rapid descent of waterways, rafting, Canyoning, kite-surfing, hydrospeed, bungee jumping, skydiving, hang gliding, air sports in general, boxing, wrestling, martial arts, boxing, American football, beach soccer, snowboarding, rugby, ice hockey, scuba diving, weightlifting, equestrian activities, karting, jet skiing, snowmobiling, trekking carried out at altitudes above 3000 meters above sea level, hunting, shooting with rifles;
! acts of recklessness;
! sports activities carried out in a professional capacity and/or participation in sports races or competitions, including tests and training carried out under the sponsorship of federations;

! motor vehicle, motorcycle, motorboat, including watercraft, sled, snowmobile and related tests and training events or competitions;
! infectious diseases where assistance is prevented by national or international health standards;
! childbirth (early, premature or full-term) during the journey;
! carrying out activities involving the direct use of explosives or firearms;
! events occurring in countries in a state of belligerency make it impossible to provide assistance.

This policy is valid only if combined (in an ancillary form) with the sale of a trip made by the Policyholder.
Issuing more than one application as coverage for the same risk in order to raise the coverage limits of the specific coverage and the contractually provided risk accumulations is not permitted.
Adherence to this policy cannot in any way be issued to prolong a risk (i.e. the trip) already in progress and it is expressly understood that adherence to this policy must take place mandatorily before the start of the trip. If the issue occurs after the date of departure of the trip, the contract and the individual application issued will be deemed to have no effect and the Company will refund the policy premium.

All claims relating to events occurring outside the period of use of the tourist service provided by the Trip Organiser, Policyholder of this policy, are excluded.
With regard to the sale of transport services only, this policy is valid only during the period between the date of departure and the date of return indicated on the ticket and in any case within the maximum limit indicated in the application and with a maximum of thirty consecutive days.
With regard to the Trip Cancellation Cover, claims relating to coverage of tourist services not purchased by the Policyholder who issued the application itself and coverage of services not part of the travel booking are excluded.
Cover is not provided in Antarctica and the Southern Ocean and in countries that were in a state of belligerence, declared or de facto, among which the countries listed in the JCC Global Cargo report on the website https://watchlists.ihsmarkit.com that, at the time of departure, report a Combined Risk Level equal to or higher than the "Very High" category are considered such.
Countries whose condition of belligerence has been made public are also considered to be in a state of declared or de facto belligerence.

WHERE DOES THE COVERAGE APPLY?

✓ The insurance is valid in the country or group of countries where the travel is made as indicated in the policy and where the Insured has suffered the claim that gave rise to the right to benefit. In the case of travel by plane, train, coach or ship, the insurance is valid from the departure station (airport, railway, etc., of the organised trip) to the arrival station at the end of the trip.

✓ For the "Vehicle Assistance" coverage, it is specified that the coverage is active for claims occurring within the European Union.

WHAT OBLIGATIONS DO I HAVE?

At the time of signing the contract, the Policyholder is obliged to make non-reticent, exact and complete statements about the risk to be insured and to communicate, during the course of the contract, all changes involving a change in risk. Untrue, inaccurate or reticent statements or failure to notify changes in risk may result in the termination of the policy or the loss, in whole or in part, of the right to compensation.

The Policyholder is also obliged to pay the premium in order to determine the activation of the insurance cover.

In the event of a claim, the Insured must make available to the Company all the documentation necessary to verify the case.

WHEN AND HOW DO I PAY?

The contract is concluded with the payment, through the Policyholder, of the premium which is determined for periods of annual insurance. The provisions of Art. 1901 of the Italian Civil Code are still in force.

Payment can be made through the intermediary or directly to the company.

The premium already includes taxes.

WHEN DOES THE COVERAGE START AND END?

For the Policyholder, the insurance contract shall take effect at midnight (or at the agreed time) on the day indicated in the policy if the premium or the first premium instalment has been paid, otherwise it shall take effect at midnight on the day of payment. The insurance is valid for one year and, at its natural expiry, is expected to renew tacitly in the absence of cancellation.

For Insured Persons, the Trip Cancellation Cover starts from the date of registration for the trip or from the time of joining the policy by the payment of the insurance premium by the Insured Person and/or the Policyholder and ends on the day of departure at the time when the Insured Person starts to use the first tourist service provided by the Policyholder. Other coverages start from the date of the start of the trip (i.e. from the date of the start of the purchased tourist services) and end at the end of the same except for those coverages that follow specific legislation.

HOW CAN I CANCEL THE POLICY?

For the Policyholder, the contract automatically renews for one year at its natural expiry, unless terminated by registered letter with return receipt or certified e-mail sent at least 30 days before the expiry.

The Parties shall be entitled to terminate the contract in the event of a claim within the sixtieth day after the date on which the compensation was paid or the claim was otherwise settled.

MULTI-RISK TRAVEL INSURANCE

Additional pre-contractual information document for non-life insurance products
(DIP Additional Non-Life)

Product: NobisTravel
Version no. 1 November 2025 (last available)

Purpose
This document contains additional and complementary information to that contained in the Pre-contractual Information Document for Non-Life Insurance Products (DIP Non-Life), to help the potential Policyholder understand the product features in more detail, with particular regard to insurance cover, limitations, exclusions, costs and the Company's financial situation.

The Policyholder must read the insurance conditions before signing the contract.

Company
Nobis Compagnia di Assicurazioni S.p.A., with registered office at 20864 Agrate Brianza (MB) at Viale Gian Bartolomeo Colleoni 21. Tel: +39.039.9890001, website **www.nobis.it**, e-mail: **assicurazioni@nobis.it**, certified e-mail: **nobisassicurazioni@pec.it**.
It is registered in Sect. I, at No. 1.00115, of the IVASS Register of Undertakings and is subject to its supervision.
The company is subject to the management and coordination activities of Axa Assicurazioni S.p.A. pursuant to Art. 2497 ff. of the Italian Civil Code and belongs to the Axa Italia insurance group, registered in the Register of Insurance Groups under number 041.

Financial year 2024
Financial statements approved on 28/03/2025
The net equity of Nobis Compagnia di Assicurazioni S.p.A. amounts to € 173,843,377 and the economic result for the period amounts to € 32,530,247.89.
With reference to the solvency situation, it is specified that the value of the solvency ratio is 192.7% and the Policyholder's attention is drawn to the report on the solvency and financial condition of the Company (SFCR) available on the Company's website at the following link: https://www.nobis.it/chi-siamo/governance/solvency-ii-sfcr/.

Italian law applies to the contract and the same is subject exclusively to Italian jurisdiction.

Product

WHAT IS INSURED?

It is specified that with regard to coverage (and the related insured amounts/coverage limits)
- **Hospitalisation allowances;**
- **Travel cancellation following delayed departure;**
- **Trip repeat;**
- **Travel protection;**
- **Travel interruption following quarantine;**
- **Zero risk flight;**

There is no information other than that provided in the DIP Non-Life.

Medical expenses	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 1, Art. 1.1 and Art. 1.2 (page 6 of 27).
Hospital indemnity following COVID-19 infection	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 2, Art. 2.1 and Art. 2.2 (page 7 of 27).
Personal assistance	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 4, Art. 4.1 to Art. 4.29 (page 7 of 27, 8 of 27, 9 of 27).
Luggage	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 5, Art. 5.1 (page 10 of 27).
Travel cancellation	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 6, Art. 6.1 and Art. 6.2 (page 10 of 27, 11 of 27).
Flight delay	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 8, Art. 8.1 (page 12 of 27).
Injuries	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 11, Art. 11.1 (page 13 of 27).
Legal protection	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 13, Art. 13.2 (page 15 of 27).
Civil liability	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 13, Art. 13.2 (page 16 of 27).

Vehicle assistance	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 14, Art. 14.1 to Art. 14.10 (page 17 of 27, 18 of 27).
Home care	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 15, Art. 15.1 to Art. 15.8 (page 18 of 27).
Dwelling assistance	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 17, Art. 17.1 (page 19 of 27).
Missed flight in connection	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 18, Art. 18.1 (page 19 of 27).
Zero risk	It is specified that the coverage includes the cases indicated in the Insurance Conditions, Section III, Chapter 19, Art. 19.1 (page 20 of 27).

WHAT IS NOT INSURED?

Risks excluded	There is no information other than that provided in the DIP Non-Life.

ARE THERE COVERAGE LIMITS?

The general exclusions, which apply to all coverage, have already been set out in the DIP Non-Life.
Below are the Exclusions, Deductibles and Excesses specifically applicable to each cover.

Medical expenses	Excludes expenses for physiotherapy, nursing, spa, slimming and the elimination of physical birth defects; expenses relating to glasses, contact lenses, prostheses and therapeutic appliances and those relating to operations or applications of an aesthetic nature. The insurance is not active for expenses incurred for voluntary terminations of pregnancy as well as benefits and therapies related to fertility and/or infertility and/or impotence. Costs are also excluded if the Insured has not reported the hospitalisation (including the Day Hospital) or first aid to the Operation Centre; If the Insured intends to use hospital/medical facilities/doctors that are not part of the Company's Affiliated Network, the maximum outlay of Nobis Compagnia di Assicurazioni S.p.A. will not exceed the amount indicated in the Policy Schedule. Within the maximum limits indicated in the policy, for residents in Italy with the destination area of the trip Italy, the Company will reimburse the Insured for medical expenses incurred resulting from the accident. If the Insured makes use of the National Health Service in Italy, the coverage will apply to any expenses or excess expenses remaining at the expense of the Insured. The Medical Expenses Coverage is active for a period not exceeding 110 days in total of hospital stay. **Deductible and excess**: For each claim a fixed deductible of €70.00 will be applied which remains at the expense of the Insured, except in cases of Hospitalisation and Day Hospital for which no deductible will be applied. For claims with an amount exceeding €1,000.00 in case of non-authorisation by the Operations Centre, an excess, equal to 25% of the amount to be refunded with a minimum of €70.00, will be applied. It is understood that for amounts exceeding €1,000.00, no reimbursement shall be due if the Insured is unable to prove payment of the medical expenses incurred by bank transfer or credit card.
Personal, home and dwelling assistance	The Company shall not be liable for the expenses incurred by the Insured without prior authorisation from the Operations Centre. In the event that the Insured voluntarily refuses organised medical transport/medical repatriation, the Company shall immediately suspend assistance and the Insured shall have no further claim on the Company. In the event that the Insured, in the absence of a medical indication to the contrary, unilaterally refuses transfer to a Health Facility indicated by the Company, the latter will suspend the assistance and the Insured shall have no further claim on the Company for any reason or cause whatsoever. Infectious diseases are excluded if assistance is prevented by international health standards.
Luggage	Damage resulting from: (a) wilful misconduct, negligence, carelessness of the Insured, as well as forgetfulness; (b) insufficient or inadequate packaging, normal wear and tear, manufacturing defects and weather events; (c) breakage and damage to luggage unless it is the result of theft, robbery, mugging or is caused by the carrier; (d) theft of luggage contained inside the vehicle which is not locked properly and the theft of luggage placed on board motor vehicles or placed on external luggage racks; (e) money, credit cards, cheques, securities and collections, sample documents, airline tickets and any other travel documents; (f) jewellery, precious stones, furs and any other valuable item left unattended; (g) goods purchased during the journey without proper proof of expenditure (invoice, singing receipt, etc.); (h) goods which, other than clothing and suitcases, bags and backpacks, have been delivered to a transport company, including the air carrier. Without prejudice to the sums insured and the maximum refundable of €300.00 per individual item, the refund is limited to 50% for jewellery, precious stones, watches, furs, photocineoptic equipment, radio and television sets and electronic equipment.
Travel cancellation	Trips that are cancelled as a result of an event other than those specified in the "What is insured?" box transcribed in this DIP Additional are excluded from coverage. **Coverage limit, deductible and excess**: The insurance is provided up to the total cost of the trip within the coverage limit per Insured indicated in the policy schedule and with the limit of €50,000 per event. Airport taxes are always excluded if they are refundable. Compensation will be made after deduction of the following excess: 20% to be calculated on the penalty applied with a minimum of €50.00 in cases where the penalty is equal to or greater than 90%; 15% to be calculated on the penalty applied with a minimum of €50.00 for all other cases, except for causes related to COVID-19 infection; 30% to be calculated on the penalty applied with a minimum of €50.00 for all cases of COVID-19 infection. The excess will not apply in cases of death or hospitalisation.
Cancellation due to late departure	The coverage is not active when the intended flight has been permanently cancelled and not reprogrammed and the scheduled return date, resulting from the initial booking, is postponed. The service is not provided in the event of a "Flight Delay" coverage. Refunds are only available in cases where the change in departure time has not been made official by the airline or tour operator within 24 hours prior to departure. The coverage is not active in case of delays due to quarantine or lock-down.
Travel protection	The coverage is not active if the Insured decides to cancel the trip by activating the "Trip Cancellation" coverage.
Legal protection	In addition to the exclusions provided for all coverages, already indicated in the DIP Non-Life, claims arising from: a) the payment of fines and financial penalties in general; b) tax charges; c) expenses, charges and fees relating to debt recovery disputes, meaning both the cases in which the Insured person qualifies as a creditor and the case in

	which he is a defendant in the dispute (debtor); d) expenses, charges and fees for disputes in administrative, tax and tax-related matters; e) expenses, charges and fees for disputes arising from malicious acts of the Insured person; f) expenses, charges and fees for disputes relating to succession and/or donations; g) expenses, charges and fees for disputes arising from the sale and/or exchange of real estate, land and registered movable property; h) expenses, charges and fees for disputes arising from lease agreements; i) expenses for disputes against Nobis Compagnia di Assicurazioni S.p.A.; j) expenses for disputes between insured persons (several insured persons under the same contract); k) registration fees. Claims relating to late payments in leases, arising from the circulation of aircraft, boats and vehicles owned and/or operated by the Insured, relating to reciprocal relations between members and/or directors and/or company, as well as mergers, transformations and any other operation relating to corporate changes, concerning issues relating to the application of Art. 2114 of the Italian Civil Code ("Compulsory social security and assistance") et seq., as well as disputes relating to the award of public contracts, relating to events occurring during the explosion or emanation of heat or radiation from transmutations of the nucleus of the atom, as well as during radiation caused by the artificial acceleration of atomic particles. Please note that coverage will not be active for claims that do not concern the scope of the private life of the Insured.
Civil liability	The coverage shall not apply to claims: (a) arising from the pursuit of professional, industrial, commercial or service activities; (b) arising from theft; (c) arising from the ownership, possession, driving and use of motor vehicles; (d) arising from breaches of contractual and tax obligations; (e) of whatever nature and for whatever cause due to: pollution of the air, water or soil; (f) arising from extraordinary maintenance, extension, elevation or demolition work; (g) from the possession or use of explosives or radioactive substances or apparatus for the acceleration of atomic particles, as well as damage which, in relation to the risks insured, has occurred in connection with phenomena of transmutation of the nucleus of the atom or with radiation caused by the artificial acceleration of atomic particles; (h) arising from things which insured persons possess in any capacity and from those transported, towed, lifted, loaded or unloaded; (i) arising from the keeping of non-domestic animals for whatever reason; (j) arising from hunting activity; (k) arising from moisture, leeching and generally from unsanitary conditions in the dwellings. It is understood that for the Civil Liability service deriving **from running the house**, damage resulting from water spillage is included with the application of a deductible of €200.00, with the exclusion of damage resulting from sewer regurgitation or caused by frost. The Civil Liability service deriving **from ownership**, **possession or use of dogs**, **cats**, **other domestic but not wild animals and saddle animals in general**, is active with the application of a deductible of € 100.00, for damage caused by dogs. The Civil Liability provision resulting **from interruption or suspension - total or partial - of the use of third party goods as well as industrial**, **commercial**, **craft**, **agricultural or service activities**, is active with the application of a deductible of €500.00.
Injuries	The coverage is not active for accidents arising from driving vehicles or boats that are not for private use for which the Insured does not have the required licences and from driving or using, even as a passenger, underwater means of locomotion. **Age restrictions**. Persons who are under 75 years of age at the time of taking out the policy are insurable.
Flight delay	The coverage is not active when the intended flight has been permanently cancelled and not reprogrammed and the scheduled return date, resulting from the initial booking, is postponed. The coverage is not active if the Insured decides to cancel the trip by activating the "Trip Cancellation" coverage. The coverage is not active if the delays are due to quarantines or lock-downs, as well as other known or planned events or strikes up to six hours before departure.
Vehicle assistance	The coverage excludes vehicles registered for the first time in over 8 years; vehicles weighing more than 35 quintals; non-land vehicles and not duly registered; vehicles rented, leased or used for public transport; accidents occurring in countries outside the European Union.
Travel interruption following quarantine	Travel to destinations with restrictive measures already in force on the date of arrival at the booked hotel, claims caused by violations of regulations and/or provisions in force on the date of arrival scheduled for the booked trip, those caused with intent or gross negligence of the Insured or the Policyholder are excluded from the cover. Problems related to identity and/or travel documents, visas and any documentary equipment (including health) provided for by the rules in force from time to time are also excluded.
Missed flight in connection	The coverage excludes cases where the responsible airline handles transporting the Insured to the point of departure of the trip or to the final destination of the connected flights booked, delays/cancellations have been caused as a result of strikes or are attributable to the operation or internal organisation of the Travel Organiser or the Airline, or to the operation or organisation of service companies subcontracted by both, flights are operated by the same airline or the same airline alliance and the coverage is not active in the event of delays due to quarantines or lock-downs.
Zero risk	In addition to the exclusions valid for all coverages, disbursements caused by: overbooking; events known at least 2 working days in advance of the departure of the organised trip; insolvency, default or non-fulfilment of financial obligations under the responsibility of the travel organiser and/or service providers; wilful misconduct and negligence with prediction of the travel organiser and passenger; accident and illness; missed connections of means of transport due to non-observance of "connecting time"; cancellation by the Tour Operator also as a result of an insured event. After each claim the sum insured is automatically reduced with immediate effect and until the end of the current insurance year by an amount equal to that of the damage reimbursable.
Zero risk flight	The Company is not obliged to provide the coverage for all claims caused or dependent on: wilful misconduct and negligence with forecast of the travel organiser and the passenger; accident and illness; known events and/or public knowledge at the time of booking and/or issuance of the policy if not at the same time as the booking. This policy can be taken out within 2 days from the date of booking the flight or even at a later date provided that there are at least 30 days to the date of departure.
For each individual cover indicated in this product and explicitly signed by the Policyholder, insurable sums are provided, identified in detail in the Policy Schedule, the limits and any deductibles or excesses, identified in detail in the Insurance Conditions. The Company waives the right of recourse that is due to it under Article 1916 of the Italian Civil Code against third parties responsible for the accident.	

WHO IS THIS PRODUCT FOR?

This contract is aimed at persons residing in Italy, who purchase a tourist service from the Policyholder, and who are interested in the cover for the protection of their travel.

WHAT COSTS MUST I INCUR?

When taking out the insurance policy, the Insured Person shall bear the cost of the premium quantified according to the rate prepared for the type of trip to which the policy is linked and the chosen coverages.
Intermediary costs: the average fee payable to the Intermediary for Class 1 (Injuries) is 35.13%, for Class 2 (Illness), it is 24.26%, for Class 7, (Goods transported) it is 30.036%, for Class 13 (Civil Liability General), it is 19.58%, for Class 16 (Financial losses), it is 32.26%, for Class 17 (Legal Protection), it is 27.83% and for Class 18 (Assistance), it is 35.49%.

HOW CAN I FILE COMPLAINTS AND RESOLVE DISPUTES?

To the insurance undertaking	Any complaints regarding the contractual relationship or the management of claims must be forwarded by the Customer to the Complaints Office of Nobis Compagnia di Assicurazioni S.p.A., Viale Colleoni no. 21, 20864 Agrate Brianza (MB), fax 039/6890.432, e-mail: reclami@nobis.it. Response within 45 days from the claim.
To IVASS	In case of unsatisfactory outcome or late response, you can contact IVASS, Via del Quirinale 21,00187 Rome, fax 06.42133206, certified e-mail: **ivass@pec.ivass.it**. Info at: **www.ivass.it**.
PRIOR TO RECOURSE TO THE JUDICIAL AUTHORITY, alternative dispute resolution systems may be used, such as:	
Mediation	Requesting a Mediation Body among those in the list of the Ministry of Justice, available on the website www.giustizia.it. (Law 9/8/2013, no. 98).
Assisted negotiation	By request of your attorney to the Company.
Other alternative dispute resolution systems	- Once the insured party's right to compensation has been verified, disputes of a medical nature shall be referred in writing to a Board of three Doctors, one appointed by each party and the third by mutual agreement or, failing this, by the Medical Board having jurisdiction in the place where the Board is to meet. - For the resolution of cross-border disputes, it is possible to submit a complaint to IVASS directly to the competent foreign system by requesting the activation of the FIN-NET procedure or by the applicable regulations.

TAX REGIME

Tax treatment applicable to the contract	The following tax treatment applies to this insurance contract: Class 1 - Accidents: premium tax of **2.5%**; Class 2 - Illness: premium tax of **2.5%**; Class 7 - Goods transported: premium tax of **12.5%**; Class 13 - Civil Liability General: premium tax of **22.25%**; Class 16 - Pecuniary Losses: premium taxes equal to **21.25%**; Class 17 - Legal Protection: premium taxes equal to **21.25%**; Class 18 - Assistance: **10%** tax on the taxable premium. The coverages provided for in this contract are not among those for which the tax deduction of the premium is provided by law.

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SECTION I - GLOSSARY AND DEFINITIONS

In order to make this document easier to read and understand, the following is an explanation of some terms of the insurance glossary, as well as those terms that take on a specific meaning within the policy. Where the terms of this section are set out in the policy, they shall have the meaning set out below.

Outpatient clinic: the facility or medical centre equipped and duly authorised to provide medical services, as well as the professional practice suitable by law for the exercise of the individual medical profession.
Regulation Appendix: the document by which the Company indicates to the Policyholder the number of names communicated and included in the insurance as well as the amount of the related premium due to supplement the minimum premium. Insured person: the person whose interest is protected by the insurance or any person registered for the trip organised by the Policyholder and duly communicated to the Company.
Insurance: the insurance contract.
Assistance: timely help, in cash or in kind, provided to an Insured Person who is in a difficult situation following the occurrence of an accident.
Acts of terrorism: an action in the public domain - including serious forms of unlawful violence against a community (or part of it) and its property - aimed at instilling terror in the members of an organised community and/or destabilising the established order and/or restricting individual freedoms (including freedom of worship), by means of attacks, kidnappings, hijacking of aircraft, ships, etc. and similar acts, provided they are likely to endanger the lives of individuals.
Damage: damage suffered by luggage due to breakage, collision, impact against fixed or moving objects.
Luggage: clothing, sports and personal hygiene items, photocinematic equipment, radio and television equipment and electronic equipment and the suitcase, bag, backpack that can hold them and that the Insured person takes with him/her on the trip.
Operating Centre: the structure of the Company consisting of technicians and operators, in operation 24 hours a day every day of the year, which provides telephone contact with the Insured and organises and provides assistance services.
Travel companion: the insured person who, although not related to the Insured person who suffered the event, is duly enrolled in the same trip as the Insured person.
Connecting time: the time interval established by airport companies and air carriers, between the landing time and the departure of the next flight necessary to reach the destination.
Policyholder: the natural or legal person who stipulates the insurance contract.

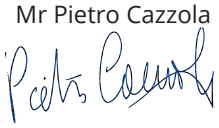
- Day hospital: the day stay, with bed without overnight stay, for medical services that are:
- referring to therapies (with the exception of tests for diagnostic purposes including preventive);
- documented by medical records;

practiced in a hospital, clinical institution or nursing home.
Variable Data: means the variable risk elements aimed at paying the premium and its balance, or the number of insured persons and/or insured assets for which insurance coverage is provided that must be communicated by the Policyholder, in accordance with the procedures provided for in the Contract.
Destination: the location on the travel contract/booking statement of the Policyholder Tour Operator as the destination of the stay or the first stop in case of a trip involving an overnight stay.
Domicile: the place of residence, even temporary, of the Insured.
Contract duration: the period of validity of the contract chosen by the Insured;
Europe: all countries of Europe and the Mediterranean basin, excluding the Russian Federation.
Foreign: all countries other than those indicated in the definition 'Italy'.
Family members: spouse/cohabiting partner, parents, brothers, sisters, children, in-laws, sons-in-law, daughters-in-law, grandparents, grandchildren, aunts and uncles and nieces and nephews, up to the 3rd degree of kinship, brothers-in-law and sisters-in-law.
Turnover: the total amount realised by the Policyholder during the policy period.
Deductible: a predetermined amount to be borne by the Insured for each claim.
Theft: crime as provided for by Art. 624 of the Italian Criminal Code, perpetrated by anyone who takes possession of the movable property of others, taking it from those who possess it, in order to profit for themselves or for others.
Failure: the damage suffered by the vehicle due to wear, defect, breakage, failure of its parts (excluding any ordinary maintenance), such as to make it impossible for the Insured to use it under normal conditions. Company: Nobis Compagnia di Assicurazioni S.p.A.
Fire: self-combustion with flame development.
Accident: the event, suffered by the vehicle, due to unforeseeable circumstances, inexperience, negligence, non-compliance with rules or regulations, related to road traffic, as defined by law, that causes damage to the vehicle such that it is impossible to use it under normal conditions.
Indemnity or Compensation: the sum due by the Company in the event of a claim covered by the policy coverage.
Accident: an event due to a fortuitous, violent and external cause that produces objectively ascertainable physical injury resulting in death or permanent disability or total or partial temporary disability.
Surgical intervention: a medical act performed in the operating theatre of a healthcare institution or outpatient clinic equipped for the purpose, which may be performed by means of a bloody action on tissue or by the use of mechanical, thermal or light energy sources. For insurance purposes, the closed reduction of fractures and dislocations is also considered equivalent to surgery.
Permanent disability: the permanent and irretrievable loss or decrease, as a result of accident or illness, of the ability to perform any profitable work, regardless of the profession pursued.
Healthcare institution: the hospital, nursing home, scientifically oriented hospital and care institutions (IRCCS), university clinic, duly authorised by the competent authorities - according to legal requirements - to provide hospital care. Spas, rehabilitation and re-education health facilities, residences for the elderly (RSAs), clinics for dietary and aesthetic purposes and centres, however understood, providing the services defined in Art. 2 of Law 15.03.2010 no. 38.

Italy: the territory of the Italian Republic, the Vatican City and the Republic of San Marino.
Sickness: any alteration of health not dependent on injury.
Pre-existing disease: disease which is the expression or direct consequence of pathological situations arising before the conclusion of the policy.
Coverage limit: sum up to which the company is liable for each insurance claim.
Medicinal products: considered as such are those that are described in the Italian Pharmaceutical Directory. Thus, parapharmaceutical, homeopathic, cosmetic, dietetic, galenic products, etc. are not such, even if prescribed by a doctor.
World: all countries of the world.
Family: the common-law spouse/cohabiting partner and children living with the Insured.
Tour operator: tour operator (also "T.O."), travel agency, hotel, airline company or other operator legally recognised and authorised to provide tourist services.
Overbooking: overbooking of seats available for a tourist service (e.g. air carrier, hotel) with respect to actual capacity/ availability.
Policy/Policy Schedule: the document proving the insurance and coverages that are actually active.
Premium: the sum owed by the Policyholder to the Company.
Final premium: the amount of the policy premium payable by the Policyholder to the Company based on the actual number of names communicated or in the case of a policy at the rate, multiplying the annual gross rate indicated in the policy to the real turnover achieved by the Policyholder during the period of the policy.
Minimum premium: the amount of the policy premium payable in each case by the Policyholder to the Company, regardless of the actual number names communicated or in the case of a policy at the rate, by the actual amount of turnover in the period of the policy term.
Quarantine: mandatory home isolation, involving one or more persons, with or without health surveillance aimed at the subsequent assessment of actual COVID-19 infection.
Robbery: the theft of movable property from the holder, by violence or threat to his person.
Residence: the place where the natural/legal person has his/her habitual residence/registered office as shown in the registry certificate. Hospitalisation: the stay, involving overnight stay, in a healthcare institution - public or private - duly authorised to provide hospital care.
Risk: probability of the occurrence of the harmful event against which the insurance is provided.
Excess: the portion of the reimbursable damage, expressed as a percentage, that remains borne by the Insured.
Tourist services: Air passes, hotel accommodations, transfers, car rentals, etc., sold by the Policyholder to the Insured. Accident: the occurrence of the fact or harmful event for which insurance cover is provided.
Losing costs: costs which the losing party is ordered to reimburse to the winning party in the civil proceedings.
Gross Rate: the multiplier to be applied to the Policyholder's turnover through which the Ultimate Premium is determined.
Third party: as a rule, the following do not qualify as third parties: a) the spouse, parents, and children of the Insurant, as well as any other relative or relatives-in-law living with the Insurant and recorded in the family register; b) employees of the Insurant who suffer the damage in the course of their work or service.
Vehicle: a mechanical means of transport driven by the Insured, powered by a motor and intended to circulate on roads, public and private areas.
Travel/Rental: the travel and/or stay for tourist, study and business purposes of the Insured organised by the Policyholder; the travel/rental begins later at the time of check-in (if by flight), entrance to the hotel/apartment (if stay only), boarding (if by ship or ferry), railway coach (if by train).

Nobis Compagnia di Assicurazioni S.p.A. is responsible for the truthfulness and completeness of the data and information contained in this Information Set.

The Legal Representative
Mr Pietro Cazzola



SECTION II - INSURANCE CONDITIONS

Nobis Travel Form 6003 - 2025.002 - ed. 2025-11 - Last updated 01/11/2025

In this section, the Policyholder will find the Rules that regulate the relationship between the Company and the Policyholder, providing for the rights and obligations of the Parties. For ease of reading, the most important rules to pay attention to have been highlighted in green, as well as the parts of the Insurance Conditions containing exclusions, forfeitures, nullities, limitations of cover or burdens to be borne by the Policyholder or the Insured.

Art. 1 - DETERMINATION OF THE PREMIUM - STATEMENTS REGARDING THE CIRCUMSTANCES OF THE RISK

The premium is determined on the basis of the data indicated on the summary sheet signed by the Policyholder, with reference to the following variables specific to each insured trip: destination, price of the trip, duration of the trip, chosen coverage limits and number of Insured Persons.

The Policyholder is obliged to notify the company immediately of any changes that have occurred during the contract. In the event of inexact or reticent declarations by the Policyholder, made at the time the contract is stipulated, concerning circumstances that affect the assessment of the risk, or failure to communicate any variation of such circumstances that lead to an aggravation of risk, payment of the claim shall not be due or shall be due at a reduced rate in application of the provisions of Articles 1892 - 1893 - 1894 and 1898 of the Italian Civil Code.

Art. 2 - EXCLUSION OF ALTERNATIVE COMPENSATION

If the Insured Person does not receive one or more benefits, the Company is not obliged to provide compensation or alternative benefits by way of compensation.

Art. 3 - VALIDITY, EFFECTIVENESS AND DURATION OF COVERAGE

The duration of coverage is the one resulting from the application communicated by the Policyholder for each individual Insured Person through the appropriate online system made available to the company, provided that all the rules of recruitment and communication by the Policyholder have been followed.

The "Trip Cancellation" cover starts from the date of booking of the trip, through the payment of the insurance premium by the Policyholder or the Insured and ends when the Insured begins to use the first service purchased by the Policyholder.

The other coverages apply during the course of the trip (from the moment the traveller begins to use the first tourist service purchased by the Policyholder, to the moment when he finishes using the last tourist service purchased by the Policyholder), except for those coverages that follow the specific regulations indicated in the individual chapters and still subject to a maximum duration that may not exceed a number of days equal to thirty, unless specific derogating regulations indicated in the individual chapters.

In the event that the "Trip Cancellation" coverage is in force, the adherence to this policy by the insured must take place obligatorily at the time of booking (confirmation of purchased tourist services) of the trip.

Please note that, under this contract, if you have chosen the Travel Cancellation coverage, non-residents in Italy cannot be insured.

This policy is valid only if combined (in an ancillary form) with the sale of a trip/stay organised by the Policyholder.

Art. 4 - OBLIGATIONS OF THE INSURED IN CASE OF CLAIM

In the event of a claim, the Insured must notify the Company by telephone or in writing in accordance with the procedures set out in the individual covers. Failure to comply with this obligation may result in the total or partial loss of the right to compensation under Art. 1915 of the Italian Civil Code.

For details, please refer to Section IV "Claims Reporting and Compensation" of this contract.

Art. 5 - TERRITORIAL EXTENSION

The insurance is valid in the country or group of countries where the travel is made and where the Insured has suffered the claim that gave rise to the right to benefit. In the case of travel by plane, train, coach or ship, the insurance is valid from the departure station (airport, railway, etc., of the organised trip) to the arrival station at the end of the trip.

The Insurance is valid in any case only for events occurring at a distance greater than 50 km from the place of residence, with the exception of the "Trip Cancellation" coverage.

Cover is not provided in Antarctica and the Southern Ocean and in countries that were in a state of belligerence, declared or de facto, among which the countries listed in the JCC Global Cargo report on the website https://watchlists.ihsmarkit.com that, at the time of departure, report a Combined Risk Level equal to or higher than the "Very High" category are considered such. Countries whose condition of belligerence has been made public are also considered to be in a state of declared or de facto belligerence.

Art. 6 - CLAIMS SETTLEMENT CRITERIA

Payment of the amount contractually due in the event of a claim shall be made, subject to the original presentation of the relevant notices, bills and receipts of the expenses incurred duly receipted. At the request of the Insured Person, the Company shall return the aforementioned originals, after marking the date of settlement and the amount settled.

If the Insured Party has presented the original of the notices, bills and receipts to Third Parties in order to obtain reimbursement, the Company shall pay the amount due under this contract upon proof that the expenses were actually incurred, net of the amount borne by said Third Parties. Reimbursement shall always be made in euro currency.

The Company shall reimburse the Insured Person only after complete presentation of the required documentation necessary for the assessment of the claim.

Art. 7 - SETTLEMENT OF DAMAGES/APPOINTMENT OF EXPERTS

The quantification of the damage shall be carried out by the Company by direct agreement between the Parties or, failing that, established by two experts appointed one on each side. In case of disagreement, they will appoint a third. If either party fails to appoint its own expert or there is no agreement on the choice of a third party, the appointment shall be made by the President of the Court in whose jurisdiction the registered office of the company is located. Each party bears the costs of its own expert and half

of that of the Third Expert. Decisions shall be taken by majority vote with dispensation from all legal formalities and shall be binding on the Parties, who hereby waive any right to appeal except in cases of violence, wilful misconduct, error or breach of contract.
In any case, the Parties or one of them shall be entitled to take legal action directly to the judicial authorities for the protection of its rights.

Art. 8 - LAW - JURISDICTION
The Parties agree that this contract shall be governed by Italian Law. The Parties further agree that any dispute arising from this contract shall be subject to Italian jurisdiction.

Art. 9 - INTEGRATION OF CLAIMS DOCUMENTATION
The Insured Party acknowledges and expressly grants the company the right to request, in order to facilitate the settlement of the claim, additional documentation with respect to that indicated in the individual coverage/benefit.
Failure to produce the relevant documents may result in total or partial forfeiture of the right to reimbursement.

Art. 10 - OBLIGATIONS OF THE POLICYHOLDER
The Policyholder undertakes:
- in the event that the agreements with the company provide for an automatic compulsory inclusion of all travellers, to insure with this policy all customers who purchase a trip of their own organisation;
- in the event that the agreements with the company provide for the option for the traveller to opt into the coverage offered by this contract, to offer all its customers this policy;
- to make available to all policyholders, in paper or electronic format and before signing the contract, the "Information Set" including the "Policy Schedule";
- to publish the insurance coverage under this policy on the sites upon acceptance of the texts by the company.

Art. 11 - CUMULATION CLAUSE
It is agreed that in the case of an event affecting more than one Insured person with the company, the maximum outlay of the latter may not exceed the amount of €1,000,000.00 per event except as provided for by the 'accident' coverage.
If the amounts to be settled under contractual terms exceed the limits indicated above, the compensation payable to each Insured will be reduced proportionately.

Art. 12 - NON-PAYMENT - EVEN PARTIAL - OF THE PREMIUM
If the Policyholder does not pay the premium due at the signing of the contract or two or more successive premium instalments within the agreed terms or does not pay the portion of the variable premium to balance in the manner and terms provided for or does not make any communication regarding the Variable Data or makes it qualitatively and quantitatively incomplete or later than the contractually provided terms, the company will have the right to declare by registered letter with return receipt the suspension of the effects of the insurance coverage (with the exception of the services indicated in the "Personal assistance" cover, where provided) to date from receipt of the communication itself, putting the Policyholder in formal notice and, to persist in such default within 15 days of receipt of the aforementioned communication, declare in the same terms the termination of the contract, constituting such conduct of the Policyholder a serious breach of the obligations assumed pursuant to Art. 1455 et seq. of the Italian Civil Code, without prejudice to any other right also aimed at compensation for the damage suffered. Suspension and/or termination of the effects of this Agreement shall be effective and valid not only for the Policyholder but also for the Insured and the latter shall be duly informed by the Policyholder of such circumstance, indemnifying the Policyholder, the company from any and all prejudices arising from the failure to comply with such obligation. in case of non-communication of Variable Regulatory Data or non-payment of the balance premium within the agreed terms, without prejudice to the suspension of the coverage, it is expressly agreed that any claims occurring in the period to which the non-regulation relates will not be compensated and/or settled by the company to the Policyholder and/or the Insured. Similarly, if one of the events provided for in this article does not result in an immediate and complete definition of the Policyholder's debt position, the company subsequently reserves the right to settle claims in proportion to the collections actually recorded.

Art. 13 - EFFECTS ON THE INSURED PERSON
The Policyholder undertakes to inform the Insured, at the time of adherence to the policy, that the insurance coverage referred to in this Contract will be suspended by the company, in addition to the hypotheses provided for by the current code legislation, when the hypotheses referred to in Art. 12, i.e. in the event that the Policyholder fails to provide any notice with respect to the Variable Data and/or provides such notice qualitatively and quantitatively in an incomplete or late manner with respect to the contractually agreed deadlines, the Company may, in the event of the persistence of such breach, declare the termination of the contract. And this also in the event of non-payment of the premium and/or premium instalments after the expected monthly deadlines or sums due to balance by the Policyholder and in any case in all cases in which the Policyholder defaults on the obligations under this contract.
the Policyholder also undertakes to inform the Insured of the provisions of the last paragraph of Article 12 above and to indemnify the company from any and all requests and/or complaints that may be received by the Insured.

Art. 14 - SPECIFICATIONS RELATING TO THE "TRAVEL CANCELLATION" COVERAGE
(article active where the coverage is provided for in the Policy Schedule)
Upon occurrence of one of the events provided for in Art. 12 above, the Policyholder undertakes to indemnify the company from any claim - even economic - that may be made by its customers in the event of a request to activate the "Travel Cancellation" coverage, given that the claims affecting the coverage in question are directly and exclusively caused by the application of the cancellation penalty from the travel contract by the Policyholder itself.

Art. 15 - EXCLUSIONS AND LIMITS VALID FOR ALL COVERAGE
All benefits are not payable for claims caused by:
- state of war (declared or not), martial law, revolution, riots or popular movements, looting, embargo, vandalism, strikes;

- acts of terrorism with the exception of cover for Assistance and Medical Expenses and as provided for the Trip Cancellation Coverage;
- earthquakes, tsunamis, anomalous waves, storm surges, hail, floods, flooding, fires, volcanic eruptions and/or other atmospheric phenomena for which a state of disaster and/or a state of emergency is declared (except as provided for in Art. 6.1 and Art. 6.2) as well as phenomena occurring in connection with transformation or energetic adjustments of the atom, natural or artificially caused;
- wilful misconduct or gross negligence of the Policyholder or the Insured;
- travel undertaken against medical advice or, in any case, with an acute illness or for the purpose of undergoing medical/surgical treatment;
- travel to a territory where a prohibition or restriction (even temporary) issued by a competent public authority is in force;
- extreme travel to remote areas, accessible only with the use of special rescue vehicles;
- travel to countries formally advised against by the Ministry of Foreign Affairs and International Cooperation, for Italy, and/or equivalent competent authority of the country of destination of the travel;
- pollution of any nature, seepage, contamination of air, water, soil, subsoil, or any environmental damage;
- bankruptcy of the Carrier, the travel organiser or any supplier;
- errors or omissions when booking or inability to obtain a visa or passport;
- suicide or attempted suicide;
- illnesses with symptoms in place at the time the 'Travel Cancellation' coverage is taken out and when leaving the for trip for the 'Medical expenses' and 'Personal Assistance' coverages;
- illnesses attributable to complications of pregnancy beyond the 24th week;
- voluntary termination of pregnancy, organ removal and/or transplantation;
- non-therapeutic use of drugs or narcotic substances, alcohol and drug addiction, HIV-related diseases, AIDS, mental disorders and psychological disorders in general, including psychotic and/or neurotic behaviour;
- pandemics and/or epidemics and/or measures taken by the Authorities (including Health Authorities), it being expressly understood that this exclusion shall not apply in relation to events directly linked to the "COVID-19" virus;
- quarantines that are the cause of Trip Cancellation, which concern the place of residence and/or departure and/or transit and/or destination of the trip purchased by the Insured, with the exception of the coverage provided for in the Chapter "Interruption of stay following quarantine";
- the following activities or sports practice such as: mountaineering with climbs above the third degree, free climbing, jumps from the trampoline with ski or water skis, acrobatic and extreme skiing, archery, cycling activities, caving, off-piste skiing, ski mountaineering, freestyle skiing, water skiing, bobsleigh, river canoeing above the third degree, rapid descent of waterways, rafting, Canyoning, kite-surfing, hydrospeed, bungee jumping, skydiving, hang gliding, air sports in general, boxing, wrestling, martial arts, boxing, American football, beach soccer, snowboarding, rugby, ice hockey, scuba diving, weightlifting, equestrian activities, karting, jet skiing, snowmobiling, trekking carried out at altitudes above 3000 meters above sea level, hunting, shooting with rifles;
- acts of recklessness;
- sports activities carried out in a professional capacity and/or participation in sports races or competitions, including tests and training carried out under the sponsorship of federations;
- motor vehicle, motorcycle, motorboat, including watercraft, sled, snowmobile and related tests and training events or competitions;
- infectious diseases where assistance is prevented by national or international health standards;
- childbirth (early, premature or full-term) during the journey;
- carrying out activities involving the direct use of explosives or firearms;
- events occurring in countries in a state of belligerency, making it impossible to provide assistance.

This policy is valid only if combined (in an ancillary form) with the sale of a trip made by the Policyholder. Issuing more than one application as coverage for the same risk in order to raise the coverage limits of the specific coverage and the contractually provided risk accumulations is not permitted.
Adherence to this policy cannot in any way be issued to prolong a risk (i.e. the trip) already in progress and it is expressly understood that adherence to this policy must take place mandatorily before the start of the trip. If the issue occurs after the trip's date of departure, the contract and the individual application issued will be deemed to have no effect and the Company will refund the policy premium.
All claims relating to events occurring outside the period of use of the tourist service provided by the travel organiser, who is Policyholder to this policy, are excluded.
With regard to the sale of transport services only, this policy is valid only during the period between the date of departure and the date of return indicated on the ticket and in any case within the maximum limit indicated in the application and with a maximum of thirty consecutive days.
With regard to the Trip Cancellation Cover, claims relating to coverage of tourist services not purchased by the Policyholder who issued the application itself and coverage of services not part of the travel booking are excluded.
Cover is not provided in Antarctica and the Southern Ocean and in countries that were in a state of belligerence, declared or de facto, among which the countries listed in the JCC Global Cargo report on the website https://watchlists.ihsmarkit.com that, at the time of departure, report a Combined Risk Level equal to or higher than the "Very High" category are considered such. Countries whose condition of belligerence has been made public are also considered to be in a state of declared or de facto belligerence.

Art. 15 Bis - SANCTIONS CLAUSE
In no event shall the insurers/reinsurers be obliged to provide any insurance cover, satisfy any claim or compensation under this contract if such cover, payment or compensation would expose them to any prohibitions, economic sanctions or restrictions imposed pursuant to any United Nations ("UN") Resolutions, or economic or trade sanctions imposed by any laws or regulations of the European Union, the United Kingdom or the United States of America.

SECTION III - COVERAGE OFFERED BY INSURANCE

This section is divided into 20 main chapters (*Medical expenses - Hospital indemnity following COVID-19 infection - Recovery allowance - Personal assistance - Luggage - Travel cancellation (Named risks/All risk - Travel cancellation following delayed departure - Trip repeat - Flight delay - Travel re-routing - Accidents - Legal protection - Civil liability - Vehicle assistance - Home care for family members staying at home - Travel interruption following quarantine - Home care - Missed connected flight - Zero Risk - Zero Risk Flight*) governing the coverages covered by this Insurance, including their benefits, limits and exclusions.

CHAPTER 1 - MEDICAL EXPENSES

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.

Art. 1.1 - SUBJECT MATTER OF INSURANCE

Within the coverage limits per Insured indicated on the Policy Schedule, the ascertained and documented medical expenses incurred by the Insured shall be reimbursed, during the stay, for urgent, unforeseeable treatment or operations which cannot be postponed during the period of validity of the cover.
The coverage includes the costs for:

- hospitalisation in a healthcare institution;
- surgery and medical fees as a result of illness or accident;
- outpatient medical examinations, diagnostic tests and laboratory tests (provided they are relevant to the reported illness or accident) within the limit of € 1,500.00;
- medicines prescribed by the attending physician on site (provided they are relevant to the illness or accident reported) within the limit of € 1,000.00;
- medical expenses on board a ship within the limit of € 800.00;
- urgent dental care, only as a result of an accident, up to € 200.00 per Insured;
- transport costs from the place of the accident to the nearest healthcare institution, up to € 5,000.00.

In case of hospitalisation or in case of Day Hospital as a result of accident or illness reimbursable under the policy, the Operations Centre, at the request of the Insured, will provide direct payment for medical expenses. In cases where the company cannot make direct payment, the expenses will be reimbursed under policy terms provided they are authorised by the Operations Centre contacted in advance.
However, any excess over the coverage limits and deductibles remains the responsibility of the Insured, who must pay them directly on site.
For amounts exceeding € 1,000.00, the Insured Person must request prior authorisation from the Operations Centre. Medical expenses incurred in Italy for accidents occurring during the trip will be reimbursed up to a limit of € 1,000.00, provided they are incurred within 30 days of the date of return.
The "Organised Medical Transport" services referred to in Art. 4.10 and "Return of the Convalescent Traveller" as per Art. 4.16 are always included in the coverage.

Art. 1.2 - DEDUCTIBLE AND EXCESS

For each claim a fixed deductible of € 70.00 will be applied which remains at the expense of the Insured, except in cases of Hospitalisation and Day Hospital for which no deductible will be applied.
For claims with an amount exceeding € 1,000.00 in case of non-authorisation by the Operations Centre, an excess, equal to 25% of the amount to be refunded with a minimum of € 70.00, will be applied.
It is understood that for amounts exceeding € 1,000.00, no reimbursement shall be due if the Insured is unable to prove payment of the medical expenses incurred by bank transfer or credit card.

Art. 1.3 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE MEDICAL EXPENSES COVERAGE

In addition to the exclusions set forth in the general conditions of the coverages, the following are excluded: expenses for dental, physiotherapeutic, nursing, spa, slimming treatments and for the elimination of congenital physical defects; expenses related to eyeglasses, contact lenses, prostheses and therapeutic devices, and those related to operations or applications of an aesthetic nature. The insurance is not active for expenses incurred for voluntary terminations of pregnancy as well as benefits and therapies related to fertility and/or infertility and/or impotence.
The costs are also excluded if the Insured has not reported the hospitalisation (including the Day Hospital) or provision of first aid to the Operations Centre.
If the Insured intends to use hospital/medical facilities that are not part of the Company's Affiliated Network, the maximum payout of the Company may not exceed the amount of €300,000.00 without prejudice to the maximum limit indicated in the Policy Schedule.
If the Insured makes use of the National Health Service in Italy, the coverage will apply to any expenses or excess expenses remaining at the expense of the Insured. The Medical Expenses Coverage is active for a period not exceeding 110 days in total of hospital stay.
If one of the cases provided for in the fourth and fifth paragraphs of Art. 4.30, no further claims for medical expenses will be taken over by the Company.

CHAPTER 2 - HOSPITAL INDEMNITY FOLLOWING COVID-19 INFECTION

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.
This coverage is valid as a result of COVID-19 infection, provided that the diagnosis occurs during the course of the trip and that the infection results in a subsequent hospitalisation.

Art. 2.1 - SUBJECT MATTER OF INSURANCE
Pursuant to and within the terms of the Insurance Conditions, the company grants a lump sum allowance for each day of hospitalisation at a healthcare institution, arranged as a direct and exclusive consequence of COVID-19 infection (so-called Coronavirus) suffered by the Insured, regardless of the expenses incurred, to the extent of the following benefit:

Art. 2.2 - BENEFIT
The company, if the hospitalisation of the Insured continues for a number of days greater than 5, recognises for each subsequent day of hospitalisation (*i.e.* from the sixth day of hospitalisation) an amount equal to €100.00 for a maximum number of days equal to 10. Consequently, therefore, the maximum amount payable to each Insured during the validity of the policy may not exceed the amount of € 1,000.00.

CHAPTER 3 - HOSPITALISATION ALLOWANCES

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.
This coverage is valid as a result of COVID-19 infection, provided that the diagnosis is made during the course of the trip and that the infection results in a subsequent hospitalisation in an intensive care unit of a healthcare institution.

Art. 3.1 - SUBJECT MATTER OF INSURANCE
The Company grants the Insured a fixed and predetermined hospitalisation allowance of € 1,500.00 at the time of discharge of the Insured from the Intensive Care Unit of the Hospital where he was hospitalised as a result of COVID-19 infection. This benefit will apply only if the Insured, during the aforementioned stay, was admitted to an intensive care unit, as shown from the medical record that must be produced in full at the time of reporting the claim.

CHAPTER 4 - PERSONAL ASSISTANCE

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid. Service activities included in the 'Personal Assistance' coverage are offered free of charge.

Art. 4.1 - SUBJECT MATTER OF INSURANCE
The Company undertakes, within the limits agreed in the policy, to make the services contractually envisaged immediately available to the Insured, through the use of the personnel and equipment of the Operative Centre, in the event that the Insurant finds himself in difficulty following the occurrence of a fortuitous and unforeseeable event at the time the policy is taken out. The aid may consist of benefits in cash or in kind.

Art. 4.2 - MEDICAL ADVICE BY TELEPHONE
If, as a result of illness or accident, it is necessary to ascertain the state of health of the Insured, the company will make available the Medical Service of the Operations Centre for contacts or assessments necessary to deal with the health emergency.

Art. 4.3 - SENDING A DOCTOR TO ITALY IN CASES OF URGENCY
If the Insured, travelling in Italy, needs a doctor and cannot find him, the company through the Operations Centre makes available to the Insured, at night (from 8 pm to 8 am) and 24 hours a day on Saturdays and holidays, its medical on-call service that guarantees the availability of general practitioners ready to intervene at the time of the request. By calling the Operations Centre and following an initial telephone diagnosis with the on-call doctor, the company will send the requested doctor free of charge.
if a doctor is not immediately available and circumstances make it necessary, the company shall arrange for the patient to be transferred to an emergency department by ambulance.

Art. 4.4 - SENDING A PAEDIATRICIAN IN CASES OF URGENCY
If the Insured, during the stay in Italy, needs a paediatrician and cannot find one, the company through the Operations Centre following a first telephone diagnosis with the internal on-call doctor, will send the paediatrician free of charge to the home of the Insured.
The benefit is valid only once during the period of coverage.
if a doctor is not immediately available and circumstances make it necessary, the company shall arrange for the patient to be transferred to an emergency department by ambulance.

Art. 4.5 - PSYCHOLOGICAL CONSULTATION IN CASE OF COVID-19 INFECTION
The Operations Centre provides, from 9.00 am to 6.00 pm, from Monday to Friday, its staff specialised in psychological consultations so that the Insured can receive initial support and the most appropriate indications regarding the management of psychological distress for themselves or for the members of the Family.
Benefit valid only in case of hospitalisation following COVID-19 infection.

Art. 4.6 - SECOND OPINION IN CASE OF COVID-19 INFECTION
The Operations Centre provides, 24 hours a day, its medical on-call service so that the Insured can transmit a copy of their medical record and obtain from the company, also with the support of specialist doctors of affiliated facilities, a second opinion on the diagnostic and therapeutic path undertaken. Benefit valid only in case of hospitalisation following COVID-19 infection.

Art. 4.7 - INFORMATION EMERGENCY NUMBER IN CASE OF COVID-19 INFECTION
The Company, through its Operations Centre in operation 24 hours a day and following a request from the Insured, will communicate by telephone, the telephone numbers established by the Authorities for the management of events relating to COVID-19 infection (so-called Coronavirus) and related reports.

Art. 4.8 - REPORTING A DOCTOR ABROAD
When after a medical consultation (see provision "Medical advice by telephone") the need arises for the Insured to undergo a medical examination, the Operations Centre will provide the name of a doctor in the area where the Insured is consistent with local availability.

Art. 4.9 - MONITORING OF HOSPITAL ADMISSION
If the Insured is hospitalised, the Operations Centre Medical Service is available, as a reference point, for any communications and updates on the clinical course to be given to the Insured's family members.

Art. 4.10 - ORGANISED MEDICAL TRANSPORT
Should the Insured Person suffer an accident or contract an illness during the covered trip, which makes it impossible for the Health Facility to provide the necessary treatment on site or which prevents the continuation of the trip, the Medical Service of the Operations Centre of the Company will organise the Medical Transport of the Insured Person.
It is understood that the organisation of the Medical Transport is subject to the transmission, by the Insured, of the health documentation issued on site attesting to the nature and severity of the accident or illness as well as containing an explicit declaration of transportability of the Insured, in the absence of which no benefit can be provided by the Company. The Company may arrange a consultation with the local Health Unit and/or the General Practitioner treating the Insured, in order to retrieve any document useful for the assessment of the case.
It is specified that, according to the seriousness of the case and at the sole discretion of the Medical Service of the Operations Centre, the Insured may be transported to the hospital centre most suitable for his state of health and closer to the place of occurrence of the accident or returned to his residence.
The choice of the most suitable means of transport for the Insured will remain the exclusive responsibility of the Medical Service of the Operations Centre, which, according to current legislation and the actual availability of carriers, may be made by the following types of means: medical aircraft - airliner - train - ambulance - other means deemed suitable.
If the clinical condition of the Insured makes it necessary, the Medical Transport will be carried out with the accompaniment of medical and/or paramedical personnel of the Operations Centre.
As for the return from non-European countries - meaning every country outside Continental Europe including possessions, territories and overseas departments but excluding those of the Mediterranean basin - it will be carried out where possible by scheduled flight or by other means that the Medical Service will consider suitable having regard to the individual case.
It is understood between the Parties that the benefit referred to in this Article will not be due if the Insured - directly or through his family members - voluntarily discharges.

Art. 4.11 - RETURN OF FAMILY MEMBERS OR TRAVELLING PARTNER
In case of Medical Transport of the Insured, Transport of the body and Return of the Convalescent, the Operations Centre will organise and the company will take charge of the return (by plane in economy class or train in first class) of family members, provided they are insured, or of a travel companion. The service is active if the Insured is unable to use the travel documents in his possession.

Art. 4.12 - TRANSPORT OF THE BODY
In the event of the death of the Insured during his/her journey and/or stay, the Operations Centre will arrange the transport of the body by completing the necessary formalities and **taking charge of** the necessary and indispensable (post-mortem treatment, transport coffin documentation) **expenses** to the place of burial in the country of residence of the Insured. However, search costs, burial costs and any recovery of the body are excluded from the cover.

Art. 4.13 - TRAVEL OF A FAMILY MEMBER IN CASE OF HOSPITALISATION
In case of hospitalisation of the Insured person for more than 5 days, the Operations Centre will organise and the Company will bear the cost of the round trip (by plane economy class or train 1st class) and the costs of accommodation for a family member or another person designated by the Insured person, up to an amount of € 100.00 per day and for a maximum of 10 days.
The benefit will only be provided if another adult family member is not already present on site.

Art. 4.14 - ASSISTANCE TO CHILDREN
If, as a result of illness or accident, the Insured cannot take care of minor children travelling with him, the Operations Centre makes available to a family member or another person designated by the Insured or possibly by his spouse, a return ticket by train in first class or by plane in economy class, to reach the minors and bring them back to their home.
The benefit will only be provided if another adult family member is not already present on site.

Art. 4.15 - TAKING OVER THE COSTS OF MOVING THE FAMILY MEMBER OR TRAVELLING PARTNER IN CASE OF HOSPITALISATION
The Operations Centre will arrange for a family member of the Insured or a travel companion, also insured, to set up the transfer from the hotel to the healthcare institution, and vice versa, where the Insured is hospitalised and the company will bear the transfer costs within the limit of € 300.00.

Art. 4.16 - RETURN OF THE CONVALESCENT TRAVELLER
If the state of health of the Insured prevents him from returning to his residence by the means initially provided, the Operations Centre will organise and the company will take charge of the cost of the ticket for return (by plane in economy class or by train in first class), upon receipt of medical documentation issued on site attesting to the nature of the illness.
The service is active if the Insured is unable to use the travel documents in his possession.

Art. 4.17 - EXTENSION OF STAY
The Operations Centre will provide for the Insured, their family members or their Travelling Companion, who are also insured, the logistical organisation for the overnight stay resulting from an extension of the stay due to illness or accident of the Insured, against a proper medical certificate and the company will bear the costs of accommodation up to a maximum of 10 days and in any case within the limit of € 100.00 per day.

Art. 4.18 - URGENT SENDING OF MEDICINES ABROAD
The Operations Centre will, as far as possible and in compliance with the rules governing the transport of medicines and only as a result of an accidental event, accident or illness, forward to the destination medicines essential for the continuation of an ongoing therapy, in the event that, since the Insured cannot dispose of these medicines, it is impossible for him to obtain them on site or obtain equivalents. In any case, the cost of these medicines shall be borne by the Insured.

Art. 4.20 - INTERPRETER AVAILABLE ABROAD
The Operations Centre in case of necessity resulting from hospitalisation abroad or judicial proceedings against him for negligent acts occurred abroad, and limited to countries where there are their own correspondents, will organise the finding of an interpreter and the company will assume the cost up to € 1,000.00.

Art. 4.21 - ADVANCE OF BASIC NECESSITY EXPENSES
Should the Insured incur unforeseen expenses resulting from events of particular and proven seriousness, the Operations Centre will provide for the payment "on the spot" of invoices or an advance of money to the Insured up to € 8,000.00, against a guarantee that can be provided at home by a third party with immediate coverage of the loan.

Art. 4.22 - EARLY RETURN
The Operations Centre will arrange and the company will cover the cost of the ticket for the early return (by plane in economy class or by train in first class) of the Insured, to his residence, following the death or imminent danger of life in the country of residence exclusively of one of the following family members: spouse, son/daughter, brother/sister, parent, father/mother--in-law, son-in-law, daughter-in-law, grandparents, grandchildren, uncles and aunts and nephews/nieces up to the 3rd degree of kinship, brothers/sisters-in-law.
If it is not possible to carry out an immediate assessment of the case, in order to verify the actual existence of an imminent danger to life, the company reserves the right to reimburse the amount of the travel tickets after verification of the documentation produced by the Insured, which attests to the traceability of the case to the event insured.
The benefit is also valid for material damage to the principal or secondary home, professional practice or business of the Insured that make his presence indispensable and undelayable. In the event that the Insured has to leave the vehicle to return early, the company will provide the Insured with a plane or train ticket to go later to recover the vehicle. The services are active if the Insured is unable to use the travel documents in his possession.

Art. 4.23 - TELEPHONE/TELEGRAPH CHARGES
The company will take charge of any documented expenses that may become necessary in order to contact the Operations Centre up to €100.00.

Art. 4.25 - TRANSMISSION OF URGENT MESSAGES
If the Insured in a state of need is unable to deliver urgent messages to people, the Operations Centre will endeavour to forward such messages.

Art. 4.26 - RESCUE, SEARCH AND RECOVERY COSTS OF THE INSURED PERSON
In the event of accident or illness, the search and rescue costs of the Insured are guaranteed up to an amount of € 1,500.00 per person provided that the searches are carried out by an official organisation.

Art. 4.27 - BAIL MONEY ADVANCE ABROAD
The company will pay an advance abroad, up to an amount of € 25,000.00, for the bail money ordered by the local authority to release the insured on bail. Since this amount is only an advance, the Insured must designate a person to make the amount available at the same time on a bank account in the name of the company. In the event that the bail money advance is refunded by the local authorities, the same must be returned immediately to the company which, in turn, will dissolve the obligation mentioned above. This coverage is not valid for acts resulting from the trade and distribution of drugs or narcotics, as well as participation of the Insured in political demonstrations.

Art. 4.28 - BLOCKING AND REPLACING CREDIT CARDS
The Operations Centre, in the event of theft, robbery or loss of credit cards held by the Insured during the period of validity of the policy, undertakes to notify the companies issuing such credit cards, from the moment the Insured notifies the theft or loss and at the same time takes action for the cancellation and replacement of such credit cards and for the request for a duplicate thereof, where possible.

Art. 4.29 - ACTIVATION OF ONLINE VIDEO AND NEWSPAPER STREAMING SERVICE IN CASE OF HOSPITALISATION
In case of hospitalisation of the Insured during the period of validity of the coverage, the Operations Centre will activate and the company will bear the cost of the following services in favour of the Insured:
- a temporary video streaming subscription to allow viewing of entertainment programs through the devices of the Insured;
- a temporary subscription to an online newspaper chosen by the Insured.

Art. 4.30 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE PERSONAL ASSISTANCE COVERAGE
In addition to the exclusions envisaged in the general conditions of the coverages, the Company is not liable for expenses incurred by the Insured Party without prior authorisation from the Operations Centre.
If the Insured Person does not receive one or more benefits, the Company is not obliged to provide compensation or alternative benefits by way of compensation.
The company does not recognise reimbursements or compensatory compensation for services organised by other insurance companies or other bodies or that have not been requested in advance to the Operations Centre and organised by the latter. The reimbursement can be recognised (within the limits provided for in this contract) only if the Operations Centre, previously contacted, has authorised the Insured to independently manage the organisation of the assistance intervention: in this case the Operations

Centre must receive the original documentation of the expenses incurred by the Insured. In the event that the Insured Person voluntarily refuses organised medical transport/repatriation (Art. 4.10), the Company shall immediately suspend assistance and the Insured shall have no further claim on the Company for any reason or cause whatsoever. In the event that the Insured, in the absence of medical indication to the contrary, unilaterally refuses to be transferred to a Health Facility indicated by the Company, the latter shall immediately suspend assistance and the Insured shall have no further claim on the Company for any reason or cause whatsoever. Infectious diseases are also excluded if assistance is prevented by international health regulations.

Art. 4.31 - LIABILITY
The company declines all liability for delays or impediments that may arise during the performance of the Assistance benefits in the case of events already excluded under the Insurance Conditions and as a result of:

- provisions of the local authorities prohibiting the planned assistance;
- any fortuitous or unforeseeable circumstances;
- force majeure.

Art. 4.32 - RETURN OF TRAVEL TICKETS
The Insured is obliged to hand over to the company unused travel tickets as a result of the services enjoyed.

CHAPTER 5 - LUGGAGE

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.

Art. 5.1 - SUBJECT MATTER OF INSURANCE
The company covers the following within the coverage limits indicated in the policy schedule:

- the luggage of the Insured against the risks of fire, theft, mugging, robbery as well as loss and damage and non-delivery by the carrier.
- within the aforementioned ceilings, but still subject to the limit of € 300.00 per person, the reimbursement of expenses for remaking/duplicating the passport, identity card and driving license of motor vehicles and/or nautical license as a result of the events described above;
- within the aforementioned ceilings but still subject to the limit of € 300.00 per person, reimbursement of documented expenses for the purchase of basic necessities and personal use items incurred by the Insured as a result of total theft of luggage or delivery by the carrier after more than 12 hours of arrival at the destination of the Insured.

Art. 5.2 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE LUGGAGE COVERAGE
In addition to the exclusions provided for in the general conditions of coverages, the following shall be excluded from coverage:

a) damage resulting from wilful misconduct, negligence, carelessness of the Insured, as well as forgetfulness;
b) damage resulting from insufficient or inadequate packaging, normal wear and tear, manufacturing defects and atmospheric events;
c) breakage and damage to luggage unless caused by fire, theft, robbery, mugging or caused by the carrier;
d) damage resulting from theft of luggage contained inside the vehicle which is not properly locked and theft of luggage placed on board motor vehicles or placed on external roof racks. Theft from 8 pm to 7 am is also excluded if the luggage is not placed in a locked vehicle in a secure parking lot;
e) money, credit cards, cheques, securities and collections, samples, documents, airline tickets and any other travel documents;
f) jewellery, precious stones, furs and any other precious object left unattended;
g) goods purchased during the trip without proper proof of expenditure (invoice, receipt, etc.);
h) goods which, other than clothing and suitcases, bags and backpacks, have been delivered to a transport company, including the air carrier;

Without prejudice to the sums insured and the maximum refundable of €300.00 per single item, the reimbursement is limited to 50% for jewellery, precious stones, watches, furs and any other precious object, photocineoptic equipment, radio-television equipment and electronic equipment.
Photocineoptic equipment (lenses, filters, flash units, batteries, etc.) are considered as a single object.

Art. 5.3 - CRITERIA FOR COMPENSATION
the compensation will be settled, in addition to what is reimbursed by the air carrier or hotelier responsible for the event, up to the amount insured, based on the new value for the goods demonstrably purchased new (invoice or tax receipt) in the three months prior to the damage; otherwise the reimbursement will take into account the degradation and state of use. For goods purchased during the trip, any compensation will be paid only if the Insured is able to provide proper proof of purchase.

Art. 5.4 - OBLIGATIONS OF THE INSURED IN CASE OF CLAIM
Under penalty of loss of the right to compensation, the Insured Person is obliged to file a report with the competent authority, obtaining the original. For damages which occurred during air transport, the report must be made to the appropriate airport office (LOST & FOUND), obtaining the PIR (Property Irregularity Report).
The Insured is also required to make a prior claim to the air carrier and to produce to the company the original of the carrier's reply letter. The Company shall reimburse the Insured Person only after complete presentation of the required documentation necessary for the assessment of the claim.

CHAPTER 6 - TRAVEL CANCELLATION

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.

Art. 6.1 - TRAVEL CANCELLATION ("NAMED RISKS")
The company will compensate, according to the conditions of this policy, the Insured and only one Travelling Companion, provided that they are insured and enrolled in the same trip, the withdrawal fee resulting from the cancellation of tourist

services, determined in accordance with the General Conditions of Contract, which is the result of unforeseeable circumstances at the time of booking the trip or tourist services determined by:

- death, illness (including COVID-19 infection) or accident of the Insured or Travelling Companion, their spouses/cohabiting partners, parents, brothers, sisters, children, in-laws, sons-in-law, sisters/in/law, grandparents, uncles, aunts, nieces and nephews, grandchildren up to the 3rd degree of kinship, brothers-in-law, sisters-in-law, the Company co-owner of the Insured or immediate superior, of such severity as to prevent the Insured from undertaking the journey due to his/her health condition or the need to provide assistance to the persons mentioned above who are ill or injured.
- material damage to the home, office or business of the Insured or his/her family members that makes his/her presence indispensable and undelayable;
- inability of the Insured to reach the place of departure of the trip following major natural disasters declared by the competent Authorities;
- failure or accident of the means of transport used by the Insured that prevents him from reaching the place of departure of the journey;
- Court summons or summons as Juror of the Insured, occurred after the booking;
- theft of the documents of the Insured Person necessary for expatriation, when it is proved that it is not materially possible to reapply for them in time for departure;
- inability of the Insured to take the holidays already planned as a result of new employment or dismissal by the employer;
- inability to reach the chosen destination as a result of hijacking caused by acts of air piracy;
- impossibility to undertake the journey due to the change in the date of the school examinations schedule or of qualification for professional activity or participation in a public competition;
- impossibility to undertake the trip in the event that, within 7 days before the departure of the Insured, the dog or cat owned by the latter (duly registered) must undergo life-saving surgery due to injury or illness of the animal.

In the event of a claim involving more than one Insured Person registered for the same trip, the Company will reimburse all eligible family members and only one of the Travelling Companions provided that they are also insured.

Art. 6.2 - TRAVEL CANCELLATION "ALL RISK"

In the event that the Policyholder has chosen and signed the "Travel Cancellation" cover in "All Risk" form resulting from the policy schedule, Art. 6.1 is hereby amended as follows:

The company will compensate, according to the conditions of this policy, the Insured and only one Travelling Companion, provided that they are insured and enrolled in the same trip, the withdrawal fee resulting from the cancellation of tourist services, determined in accordance with the General Conditions of Contract, which is the result of unforeseeable circumstances at the time of booking the trip or tourist services determined by:

- any unforeseeable, objectively documentable event beyond the control of the Insured and of such seriousness as to prevent the Insured from undertaking the journey; or
- the objective and undelayable need to provide assistance to his sick or injured family members.

In the event of a claim involving more than one Insured Person registered for the same trip, the Company will reimburse all eligible family members and only one of the Travelling Companions provided that they are also insured.

The impossibility to undertake the trip due to a confirmed COVID-19 infection of the Insured or his family members is included in the coverage.

Cancellations by policyholders due to the impossibility to reach the place of departure of the trip as a result of major natural disasters declared by the competent Authorities, as well as terrorist acts that occurred after the signing of the insurance contract and within 30 days preceding the date of departure of the trip, are also included in the coverage, provided that such acts take place in any case within a radius of 100 km from the place where the stay relative to the reservation of the insured trip or from the destination Airport had been scheduled, only in the case of the purchase of the air ticket (so-called "Flight Only" formula).

Art 6.3 - COVERAGE LIMIT, EXCESS, DEDUCTIONS

The Insurance is provided up to the total cost of the trip within the maximum per Insured person indicated in the policy schedule and with the limit of €50,000 per event (i.e. fact that affects one or more persons objectively connected by the purchase of the same trip booked by the Policyholder. Practical management costs, fuel adjustments already provided for on the date of issue of the policy, provided they are included in the booking statement, and the cost of visas are considered included, provided that they have been included in the total cost of the insured trip. Airport taxes are always excluded if they are refundable.

Compensation will be made after deduction of the following excess:

- 20% to be calculated on the penalty applied with a minimum of €50.00 in cases where the penalty is equal to or greater than 90%;
- 15% to be calculated on the penalty applied with a minimum of €50.00 for all other cases, except for causes related to COVID-19 infection;
- 30% to be calculated on the penalty applied with a minimum of €50.00 for all cases of COVID-19 infection.

The excess will not apply in cases of death or hospitalisation.

6.4 - CRITERIA FOR COMPENSATION

The Insured, or whoever on his behalf, is obliged, within 24 hours of the day following the day of the event (meaning the manifestation of the causes that determine the cancellation of the trip), to make an immediate telephone complaint by contacting the toll-free number 800.894124 or the number 039/9890.703, active 24 hours a day, or to make the complaint online via the internet on the website www.nobis.it - section "On-Line Complaint", following the relevant instructions.

The Insured is also obliged to notify the organising Tour Operator and/or the Travel Agency at which the booking was concluded of the cancellation of the trip or tourist services purchased.

In the event that the Insured is in a position to waive travel due to illness or accident, without hospitalisation, the Operations Centre will, with the consent of the Insured, send its medical consultant free of charge in order to certify that the conditions of the Insured are such as to prevent his participation in the trip and to allow the opening of the claim through the issuance by the doctor of the appropriate certificate. In this case the reimbursement will be made with the application of excesses indicated in Article 6.3.

The company, against the aforementioned request by the Insured, reserves the right not to send its medical consultant; in this case the opening of the claim will be made directly by the doctor of the Operations Centre and even in this case the reimbursement will be made with the application of excesses indicated in Article 6.3.
If the Insured does not allow the company to send its own medical consultant free of charge in order to certify that the Insured's condition is such as to prevent his participation in the trip and/or does not report the claim (via the Internet or by telephone) by midnight on the day following the day of the event, the excess charge will be 30%, except in the case of death or hospitalisation or COVID-19 infection of the Insured.
The Insured must allow the company to carry out the investigations and verifications necessary for the definition of the claim, as well as to produce to the same all the documentation relating to the specific case, freeing, for this purpose, from professional secrecy the Doctors who have examined and treated him, possibly assigned to the examination of the claim itself.
Failure to comply with these obligations and/or if the medical consultant or the company assessor verifies that the conditions of the Insured are not such as to prevent his participation in the trip and/or in the event of failure by the Insured to produce the documents necessary for the company to properly assess the claim for reimbursement may result in the total or partial loss of the right to compensation. IMPORTANT: The compensation payable to the Insured is equal to the withdrawal fee (i.e. the penalty provided for in the travel contract, in the event of cancellation of the same), calculated on the date on which the event occurred, or the occurrence of the circumstances that determined the impossibility to undertake the trip. Any higher withdrawal fee charged by the Tour Operator as a result of a delay by the Insured in reporting the cancellation of the trip to the Tour Operator will be borne by the Insured.

Art. 6.5 - COMPANY COMMITMENT
If the Insured Person reports the claim by telephone within 24 hours of the day following the day of the event, the Company undertakes to settle the claim within 45 days from the date of notification provided that the complete documentation arrives within 15 days from the date of notification.
If, for reasons attributable to the company, the liquidation occurs after 45 days, the Insured will be entitled to the legal interest (compound) calculated on the amount to be settled.
The commitment of the company to the opening, management and possible settlement of the claim that affects this coverage will not be effective if the Insured becomes subject to a confinement measure (so-called lock down) ordered by the Authorities (including Health) and relating to the place of residence and/or departure and/or transit and/or destination of the chosen trip. This agreement will not be active if the Insured, although subject to confinement, documents with appropriate medical documentation (i.e. medical records and/or diagnostic and laboratory tests) their pathological condition.

Art. 6.6 - RIGHT OF SUBROGATION
For each travel cancellation, subject to a withdrawal fee of more than 50%, the Insured expressly acknowledges that the ownership and any rights related to the same shall be deemed transferred to the company that will be able to freely dispose of it on the market.

CHAPTER 7 - TRAVEL CANCELLATION FOLLOWING DELAYED DEPARTURE

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid. This coverage may only be selected as an alternative to the Chapter 20 "ZERO RISK FLIGHT" coverage

Art. 7.1 - SUBJECT MATTER OF INSURANCE
The Company will reimburse to the Insured 50% of the travel fee with the limit per Insured as provided in the policy schedule (excluding registration fees/opening fees, refundable airport taxes, visas and insurance premiums), if the Insured decides not to participate in the trip following a delay of the departure flight of at least 8 hours complete. The Insurance intervenes in the event of a flight delay, on the day of departure, calculated on the basis of the official time communicated to the traveller with the news sheet or the call fax, due to reasons attributable to the Airline or the Tour Operator or due to force majeure such as strikes, airport congestion or inclement weather.

Art. 7.2 - SPECIFIC EXCLUSIONS AND LIMITS FOR TRAVEL CANCELLATION COVERAGE
The coverage is not active when the intended flight has been permanently cancelled and not reprogrammed and the scheduled return date, resulting from the initial booking, is postponed.
Refunds are only available in cases where the change in departure time has not been made official by the airline or tour operator within 24 hours prior to departure.
The coverage is not active in case of delays due to quarantine or lock-down.

CHAPTER 8 - TRIP REPEAT

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.

Art. 8.1 - SUBJECT MATTER OF INSURANCE
The company within the maximum limit indicated in the policy schedule makes available to the Insured and to the family members travelling with him, provided that they are insured, an amount equal to the pro-rata value of the stay not used by the Insured because of the following events:

a) Use of the services "Organised Health Transport", "Transport of the body" and "Early Return" organised by the Operations Centre that determines the return to the residence of the Insured;
b) Death or hospitalisation of more than 5 days of a family member of the Insured;
c) Death or hospitalisation of more than 24 hours of the Insured.

The amount will be made available to the Insured exclusively for the purchase of a trip organised by the Policyholder. The pro-rata amount, non-transferable and non-refundable, must be used within 12 months from the date of return.

CHAPTER 9 - FLIGHT DELAY

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid. This coverage may only be selected as an alternative to the Chapter 19 "ZERO RISK" coverage

Art. 9.1 - SUBJECT MATTER OF INSURANCE

In the event of a delayed departure of the outbound or return flight (excluding delays at intermediate stops and/or connecting flights), exceeding 8 hours, the Company will pay compensation to the Insured within the maximum indicated in the policy schedule.

the calculation of the delay will be made on the basis of the actual departure time made official by the carrier, compared to the last update of the departure time officially communicated by the Policyholder to the Insured at the travel agency or local correspondent, up to six hours before the scheduled departure time.

The coverage is valid for delays due to any reason, **excluding known or occurred facts or to known or planned strikes up to six hours before the scheduled departure time.**

the Policyholder and the Insured undertake to pay the Company the amounts recovered from any person and entity in relation to the events covered. The cover is valid only if the travel tickets have been issued by the Policyholder.

Art. 9.2 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE "FLIGHT DELAY" COVERAGE

Without prejudice to the provisions of Art. 9.1, the coverage is also not active when the intended flight has been permanently cancelled and not reprogrammed and the scheduled return date, resulting from the initial booking, is postponed.

The coverage is not active if the Insured decides to cancel the trip by activating the "Trip Cancellation" coverage.

The coverage is not active in case of delays due to quarantine or lock-down.

CHAPTER 10 - TRAVEL PROTECTION

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.

Art. 10.1 - SUBJECT MATTER OF INSURANCE

The company will reimburse the Insured 50%, within the limit indicated in the Policy Schedule, of any increased costs incurred to purchase new travel tickets (air, sea or rail tickets), replacing those not usable for delayed arrival of the Insured at the place of departure, determined by one of the causes or unforeseeable events indicated in Art. 6.1 "Trip Cancellation (Named Risks) and provided that the purchased tickets are used to take advantage of the services previously booked.

Art. 10.2 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE "TRAVEL PROTECTION" COVERAGE

The coverage is not active if the Insured decides to cancel the trip by activating the "Trip Cancellation" coverage.

CHAPTER 11 - ACCIDENTS

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.

Art. 11.1 - SUBJECT MATTER OF INSURANCE

The company will pay compensation corresponding to the insured maximum limits indicated on the policy schedule if the Insured suffers, during the period of validity of the coverage, damage resulting from the direct, exclusive and objectively ascertainable consequences of the accident and which within one year causes:

- death;
- permanent disability.

The Insurance also applies to accidents sustained by the Insured as a passenger on scheduled and charter flights (excluding private aircraft), from the time of boarding an aircraft until the time of disembarkation and which result in objectively ascertainable physical injury resulting in death or permanent disability. The coverage is also valid for accidents resulting from aggression or violent acts that have a political or social motive such as, for example, attacks, piracy, sabotage, terrorism, provided that they do not result from war, even if not declared, insurrection, popular turmoil.

Art. 11.2 - AGE RESTRICTIONS

Persons who have not yet reached the age of 75 when taking out the policy are insurable, it being understood that the Insurance remains in force for those already previously insured.

Art. 11.3 - CAPITAL INSURED AND ACCUMULATION

The capital insured per Insured is that indicated on the Policy Schedule. The coverages provided are:

- Case of death
- Case of permanent disability.

The two compensations cannot be combined; in particular, if, as a result of an accident, the Company awards compensation for permanent disability and subsequently the death of the Insured occurs, attributable to the same cause that gave rise to the first settlement, the further compensation will cover the difference up to the maximum insured.

It is agreed that in the case of an event affecting more than one Insured with the Company, the maximum outlay of the latter may not exceed € 300,000.00 per policy and per event. If the total insured sum exceeds the limits indicated above, the compensation payable to each Insured will be reduced proportionately.

Art. 11.4 - REPORTED CLAIMS AND RELATED OBLIGATIONS

The claim must be reported to the Company by the Policyholder or the Insured, as soon as the latter has the opportunity, by contacting the Operations Centre by telephone.

The Insured is still required to send in writing (by email or registered letter with return receipt) a complaint of the claim to the Intermediary to whom the policy is assigned or to the Company within five days from when it became aware of it pursuant to

Article 1913 of the Italian Civil Code. The report of the accident must be accompanied by a medical certificate and must contain an indication of the place, day and time of the event, as well as a detailed description of how it occurred, the clinical course of the injuries as documented by additional medical certificates. The Insured or, in the event of death, the beneficiaries indicated, must allow the company to carry out the necessary investigations, evaluations and investigations.

Art. 11.5 - WAIVER OF RIGHT OF RECOURSE
The Company waives the right of recourse that is due to it under Article 1916 of the Italian Civil Code against third parties responsible for the accident.

Art. 11.6 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE "ACCIDENTS" COVERAGE
In addition to the exclusions provided by the General Rules, the coverage is not active for accidents resulting from:

a) driving of vehicles or boats that are not for private use for which the Insured does not have the required licences;
b) driving or using, including as a passenger, underwater means of transport.

Art. 11.7 - CRITERIA FOR COMPENSATION
Case of death:
in the event of an accident, which is reimbursable under the policy, the Company shall make payment of the sum insured to any designated beneficiaries resulting in the contractual documentation, or in the absence of such designation, to the heirs to the will or lawful heirs.
Payment of the sum insured will take place provided that the death occurs within one year from the day of the accident, even if after the expiration of the policy.
Presumed death:
if the body of the Insured is not found and the competent authorities have declared his presumed death, the company will pay the sum insured in the event of death.
Permanent disability:
in the event of an accident, reimbursable under the policy, the Company shall pay a percentage of the maximum insured for permanent disability, in proportion to the degree of permanent disability established according to the criteria of the table of percentages of disability attached to the Italian Presidential Decree no. 1124 of 30-6-1965 and subsequent amendments, relating to the "Industry" sector with waiver of the company of the application of the deductible provided therein and with the understanding that the capital will be liquidated instead of the annuity.

Art. 11.8 - PERMANENT DISABILITY DEDUCTIBLE
Compensation for permanent disability is payable only if the degree of permanent disability exceeds 5 percentage points of the total permanent disability; in this case the compensation will be paid only for the percentage of permanent disability exceeding 5 percentage points. It is understood that for percentages of permanent disability exceeding 65% the deductible will not be applied.

CHAPTER 12 - LEGAL PROTECTION

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.

Art. 12.1 - SUBJECT MATTER OF INSURANCE
The company shall bear the burden of out-of-court and judicial assistance following a claim falling within the scope of the insurance cover, within the limits of the ceiling indicated in the policy schedule and the conditions laid down in this policy. The insurance is therefore provided for the expenses, charges and fees of professionals freely chosen by the Insured for:

a) the work of a single lawyer for each grade of judgment, including the mediation procedure pursuant to Italian Legislative Decree no. 28/2010;
b) the Court-Appointed Expert (CTU), to the extent of the fee liquidated by the Court, and the Party-Appointed Expert (CTP);
c) the involvement of an informant (private investigator) in the search for defence evidence;
d) a lawyer and/or expert on the other side, in the event of the insured person's failure to pay the costs, to the extent liquidated by the judge;
e) ritual and/or irregular arbitration, including arbitration and legal actions against insurance companies (excluding Nobis Compagnia di Assicurazioni S.p.A.), to recognise the right of the Insured to compensation and/or quantification thereof, for a litigation value of not less than €1,000.00;
f) transactions authorised in advance by the company;
g) the formulation of appeals and requests to be submitted to the competent authorities;
h) the intervention of local counsel - for civil judgments with a value of more than €3,000.00 - in the event that the lawyer chosen by the Insured in his/her city of residence does not have a practice in the place where the competent judicial authority is based and, therefore, must be represented by another professional; in this case, the company will pay to the latter the domicile rights. **The charges for out-of-court processing and travel expenses of the Insured's trusted lawyer are excluded.**

The company also bears the costs of justice in criminal proceedings (Article 535 of the Italian Code of Criminal Procedure) within the maximum limits and conditions provided for in this policy.

Art. 12.2 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE "LEGAL PROTECTION" COVERAGE
In addition to the exclusions provided for in the general conditions of coverages, the claims resulting from the following shall be excluded:

a) payment of fines, penalties and financial penalties in general;
b) tax burdens;
c) the costs, fees and charges relating to debt recovery disputes, meaning both the cases in which the Insured person qualifies as a creditor and the case in which he is a taxable person in the dispute (debtor);
d) expenses, charges and fees for administrative, tax and tax disputes;

e) the costs, charges and fees for disputes arising from the intentional acts of the Insured;
f) expenses, fees and charges for succession and/or donation disputes;
g) the costs, charges and fees for disputes arising from the purchase and/or exchange of registered real estate, land and movable property;
h) the costs, charges and fees for disputes arising from leases;
i) the costs of litigation against Nobis Compagnia di Assicurazioni S.p.A.;
j) costs of disputes between insured persons (several persons insured under the same contract);
k) registration fees.

The following claims are also excluded:

1. relating to late payments in leases;
2. relating to the operation of aircraft, boats and vehicles owned and/or operated by the Insured;
3. relating to reciprocal relations between shareholders and/or directors and/or company, as well as mergers, transformations and any other operation relating to corporate changes;
4. relating to the application of Art. 2114 of the Italian Civil Code ("Compulsory social security and assistance") and following, as well as disputes relating to the award of public contracts;
5. relating to events occurring during explosions or the emanation of heat or radiation from transmutations of the nucleus of the atom, or during radiation caused by the artificial acceleration of atomic particles.

The coverage is only for claims that have occurred in the private life of the Insured and refers to the following cases:

a) damage suffered by the Insured, as a result of facts/acts of other subjects;
b) disputes for damages caused to other subjects as a result of the facts/acts of the Insured;
c) criminal defence for a negligent crime or fine for acts committed or attributed;
d) civil and criminal litigation as a tourist on organised trips, for any negligent act which has occurred during the trip. Disputes with the Tour Operator or travel agency are included;
e) disputes arising from claims for breach of contract, for which the value in dispute is not less than €1,000.00.

Art. 12.3 - COEXISTENCE WITH LIABILITY INSURANCE

Limited to the case in which the Insured must answer for damage caused to third parties or is sued in civil proceedings, legal assistance is provided by the insurance company that insures Civil Liability for costs for defence and costs awarded against the losing party, pursuant to Article 1917, paragraph 3 of the Italian Civil Code. Therefore, the company, with the exception of the case of criminal charges, will not be required to any intervention except to supplement and after exhaustion of what is owed by the insurance company that provides Civil Liability.

Art. 12.4 - COVERAGE STARTS

The coverage is provided for claims resulting from events occurring during the period of validity of the policy, namely after 24 hours on the day of commencement of the Insurance and in any case after the start of the travel of the Insured. The facts giving rise to the claim shall be deemed to have occurred at the initial time of the violation of the rule or default; if the event giving rise to the claim continues through several successive acts, it shall be deemed to have occurred at the time when the first such act was put into effect. Disputes brought by or against more than one person and concerning identical or related claims shall be considered for all purposes as a single claim. In the case of charges against more than one insured person and due to the same fact, the claim shall be single for all purposes.

Art. 12.5 - CLAIMS MANAGEMENT

The Insured, after reporting the claim to the company, for the protection of his interests, chooses a lawyer from among those who practice in the district of the Court where he is domiciled or where the competent judicial offices are located. Subsequently, the company will communicate its approval and the Insured will proceed with the appointment. The company bears the related costs up to the maximum insured and within the limits of the conditions provided for in this policy, according to professional tables determined pursuant to Italian Ministerial Decree 585/94 and subsequent amendments. The Insured may not take legal action, reach agreements or settlements out of court or during litigation without the prior consent of the company (which must reach the Insured within 30 days of the request), on penalty of reimbursement of the expenses incurred by the latter and the obligation to return any advanced sums by the company. In the same terms and with adequate justification, the refusal of approval must be communicated. The Insured must send, as a matter of urgency, to the Legal Counsel of his choice all the judicial documents and necessary documentation - relating to the claim - at his own expense, according to the tax rules in force. A copy of such documentation and all court documents prepared by the attorney must be sent to the company. In the event of disagreement between the Insured and the Company regarding the management of claims, the decision will be referred to an arbitration panel composed of three arbitrators, one chosen by the Insured, one appointed by the Company and a third party appointed by mutual agreement of the Parties or, in the absence of agreement, by the President of the Court of jurisdiction pursuant to law. Each Party will contribute half of the arbitration costs, whatever the outcome of the arbitration.

Art. 12.6 - CHOICE OF LAWYER

If it is not possible to settle the dispute out of court, or in the event of a conflict of interest between the company and the Insured, the latter has the right to choose a lawyer from among those who practice in the district of the court where the Insured is domiciled or the competent judicial offices are located, providing the name to the company. The power of attorney to the designated lawyer must be issued by the Insured, who will also provide the necessary documentation, at his own expense according to the tax rules in force.

CHAPTER 13 - CIVIL LIABILITY

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.

Art. 13.1 - SUBJECT MATTER OF INSURANCE AND INSURED PERSONS

The Company undertakes, up to the maximum limits indicated in the Policy Schedule, to indemnify the Insured against what he is required to pay, as a civil liability under the law, as compensation (principal, interest and expenses) for unintentionally

caused damage to third parties, for death, for personal injury and for damage to property and animals, as a result of an accidental fact occurred in the context of private life during the trip.

Art. 13.2 - RISKS INCLUDED

The Insurance also applies to liabilities arising from:

a) from the conduct of the home where the Insured resides during the stay abroad, including related facilities, dependencies, gardens, private roads, trees even tall trees, sports equipment and swimming pools, fences in general, as well as automatic gates.
b) If the house is part of a condominium, the Insurance includes both the damages for which the Insured must be liable on his own and the proportional share of the damages arising from the conduct of the common property, excluding any greater burden resulting from his joint and several obligation with the other condominium residents.
a) Also included, with application of a deductible equal to € 200.00, damage resulting from the spreading of water, with the exception of damage resulting from sewer regurgitation or caused by frost;
b) from intoxication or poisoning caused by food or drink prepared or administered by the Insured, with the exclusion of such damages, where the preparation of food or the administration of drinks is the subject of the activity carried out by the Insured;
c) the ownership or use of rowing or sailing boats of a length not exceeding 6.50 meters, provided that they are not rented or leased;
d) the ownership and/or use of bicycles also with battery-powered power assistance or circulation as a pedestrian;
e) the exercise of recreational sports activities provided that they are not practiced under the sponsorship of Federations or for which the Insured receives some form of remuneration;
f) the ownership, possession or use of dogs, cats, other domestic animals but not wild animals and saddle animals in general. For damages caused by dogs, the company will apply a deductible of €100.00;
g) accidents suffered by family members during the performance of their duties (excluding occupational diseases), provided that they are in compliance with all the requirements laid down by the rules in force, none excluded, including the reporting of names and compulsory insurance with the INAIL.
The coverage also includes the sums that the Insured must pay as a result of the exercise of the action for redress by INAIL. The Insurance must be limited exclusively to the case of death and personal injury resulting in permanent disability of more than 5% calculated on the basis of the tables in the annexes to Italian Presidential Decree no. 1124 of 30.06.1965;
h) from camping, using the necessary equipment or hobbies such as modelling, DIY and gardening, including the use of power mowers;
i) the ownership and possession of weapons, including firearms provided they are lawfully held, including personal use for defence, target shooting, skeet shooting and the like, excluding hunting;
j) damage caused as transported on cars, motorcycles and vessels owned by others, for damage caused to third parties not transported on the same, excluding damage caused to the vehicles themselves;
k) from interruption or suspension - in whole or in part - of the use of third-party goods as well as industrial, commercial, craft, agricultural or service activities, up to a limit of 10% of the maximum limit, with a limit of € 15,000.00 per annual insurance period and with a deductible of € 500.00;
l) damage to property of others, resulting from the burning of property of the Insured or property held by him. This coverage is intended to be provided within the maximum coverage for damage to property but with a limit of compensation of € 15,000.00 per claim. If the Insured is already covered by a fire policy with a "Third Party Recourse" coverage, this will be active at second risk, for the excess of the sums insured with the aforementioned fire policy.

Art. 13.3 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE CIVIL LIABILITY COVERAGE

In addition to the exclusions provided for in the general conditions of coverages, the claims resulting from the following shall be excluded:

a) the exercise of professional, industrial, commercial or service activities;
b) theft;
c) the ownership, possession, driving and use of motor vehicles;
d) breaches of contractual and tax obligations;
e) of whatever nature and whatever cause due to: pollution of air, water or soil;
f) extraordinary maintenance, expansion, elevation or demolition;
g) possession or use of explosives or radioactive substances or apparatus for accelerating atomic particles, as well as damage which, in relation to the risks insured, has occurred in connection with phenomena of transmutation of the nucleus of the atom or radiation caused by the artificial acceleration of atomic particles;
h) things which insured persons hold in any capacity and those transported, towed, lifted, loaded or unloaded;
i) the keeping of non-domestic animals for any reason;
j) hunting activity;
k) humidity, dripping and generally from unhealthiness of the premises used as a dwelling.

Art. 13.4 - PERSONS NOT CONSIDERED THIRD PARTIES

For the purposes of this insurance, the spouse, parents, children of the Insured as well as any other person living with him and listed in the Household Certificate are not considered third parties.

Art. 13.5 - OBLIGATIONS OF THE INSURED IN THE EVENT OF A CLAIM

In the event of a claim, the Insured must give written notice (by email or by registered mail) to the Intermediary to whom the policy is assigned or to the Company, within five days of becoming aware of it.
Failure to comply with this obligation may result in the total or partial loss of the right to compensation (Art. 1915 of the Italian Civil Code).

Art. 13.6 - MANAGEMENT OF DAMAGE DISPUTES - LEGAL FEES

The Company assumes, as long as it has an interest, the management of disputes, both out of court and judicial, both civil and criminal, on behalf of the Insured by designating, where necessary, attorneys or technical experts and making use of all

the rights and actions due to the Insured. The Company undertakes to continue in the criminal defence of the Insured until the conclusion of the level of proceedings underway to full settlement of the injured party. The company shall bear the costs incurred in resisting the action brought against the Insured, up to an amount equal to a quarter of the ceiling established in the policy for the damage to which the claim relates. If the sum due to the injured party exceeds this ceiling, the costs are shared between the company and the Insured in proportion to the respective interest.
The company does not recognise expenses incurred by the Insured for lawyers or technicians not designated by it and is not liable for fines or penalties or criminal justice costs.

CHAPTER 14 - VEHICLE ASSISTANCE

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.

The following services are intended to be active during the transfer of the Insured to go from their residence to the departure station of the trip (rail, sea, airport) or to the location booked and vice versa provided that in European Union countries.

Art. 14.1 - SUBJECT MATTER OF INSURANCE

The company will organise and manage through the Operations Centre the services indicated in Art. 14.2, provided for in the event of breakdown or accident occurred to the vehicle, it being understood that all expenses resulting from the repair of the vehicle (for breakdown and/or accident, theft) will always be borne by the Insured.

Art. 14.2 - ROAD ASSISTANCE AND TOWING

If the car is immobilised following a breakdown or accident, the Operations Centre will send the rescue vehicle to the site of immobilisation 24 hours a day, and the company will bear the cost, to tow the car to the nearest service point of the manufacturer or to the nearest workshop or possibly to carry out light maintenance on site that allow the car to resume driving independently.
The costs of spare parts used to carry out light maintenance on site and any other repair costs are borne by the Insured.
In addition, the cost of rescue will be borne by the Insured if the breakdown or accident occurs outside the public road network or areas equivalent to them (circuit or off-road routes).
If the car remains immobilised on the highway in Italy, the Insured must call the authorised rescue vehicles, subsequently communicating it by phone to the Operations Centre. Such communication is mandatory in order to be able to take advantage of the reimbursement of the assistance by the Operations Centre, upon receipt of the receipt issued by the authorised rescuer.

Art. 14.3 - SENDING SPARE PARTS

The Operations Centre will search for and send spare parts necessary for the repair of the vehicle, if the same are not available at the place where the breakdown or accident occurred. In case of air shipment, the spare parts will be sent to the nearest airport to the place where the vehicle is located. In any case the purchase costs of spare parts and customs will be borne by the Insured.

Art. 14.4 - RETURN TO RESIDENCE AND/OR VEHICLE ABANDONMENT

The Operations Centre will organise, up to the residence of the Insured, the return of the vehicle following breakdown, accident, discovery after theft involving more than 5 working days for the necessary repairs, all within the cost limit for the company equal to the value of the vehicle after the accident. The company will bear the costs of keeping the vehicle from the time of the claim and until the return, with a maximum of € 50.00. If the estimated costs for repairs are uneconomical or in any case higher than the value of the vehicle after the accident, the coverage will not be active and the company will only bear the costs of legal abandonment.

Art. 14.5 - CONTINUED JOURNEY

If the vehicle is unavailable, due to breakdown, accident, discovery after theft, for a period of more than 3 working days for the necessary repairs, the Operations Centre will make available to the Insured and other passengers a ticket (tourist class plane or first class train) or alternatively a Group C rental car, consistent with the opening hours of the car rental stations, without driver for a maximum of 2 days unlimited mileage to reach the destination. Fuel costs, non-compulsory insurance and any deductibles are excluded.

Art. 14.6 - RETURN OF THE INSURED AND OTHER PASSENGERS

If the Insured has not received the benefits referred to in Art. 14.5, the Operations Centre will make available to the Insured and other passengers, a ticket for the return to the residence (tourist class plane or first class train) or alternatively a Group C rental car, subject to the opening hours of the car rental stations, without driver for a maximum of 2 days with unlimited mileage to reach the residence. Fuel costs, non-compulsory insurance and any deductibles are excluded.

Art. 14.7 - TAKING OVER THE COSTS OF RECOVERY OF VEHICLE

If the Insured is unable to return to his home with the vehicle which has broken down or was in an accident, following one of the events referred to in Art. 14.4, 14.5, 14.6, the Operations Centre will provide, after repairs have been carried out, a one-way ticket to allow the Insured to go to the place where the vehicle is located for its recovery.

Art. 14.8 - HOTEL EXPENSES

If the car remains immobilised following a breakdown or accident and the repair can only take place the next day, or it has been stolen forcing passengers who are away from their home to a forced stop, the company will bear the cost of the hotel stay for all occupants of the car for an overnight stay and breakfast up to a maximum of € 100.00 per person. Expenses other than those indicated above remain the responsibility of the Insured.

Art. 14.9 - DRIVER

The Operations Centre will provide a driver to replace the sick or injured Insured and provided that there is no other passenger on board with a driving license. The driver is available for a maximum of three days to take the vehicle of the Insured to the first original destination of the trip or to the residence of the Insured.

Art. 14.10 - BAIL MONEY ADVANCE
in the event of a traffic accident of the assisted vehicle, the Operations Centre may pay the amount of the bail in advance for provisional release of the driver up to € 5,000.00 against bank guarantees deemed adequate by the Operations Centre. The advance amount, if the driver is detained by the Judicial Authority following conviction, non-appearance or in any other case, must be refunded to the Operations Centre within 2 months of the advance paid.

Art. 14.11 - SPECIFIC EXCLUSIONS AND LIMITS FOR VEHICLE ASSISTANCE COVERAGE
In addition to the exclusions provided for in the general conditions of coverages, the following shall be excluded from coverage:

- vehicles first registered more than 8 years ago;
- vehicles weighing more than 35 quintals;
- non-land vehicles and vehicles not duly registered;
- vehicles rented, leased or used for public transport;
- accidents occurring in countries outside the European Union.

CHAPTER 15 - HOME ASSISTANCE FOR FAMILY MEMBERS STAYING AT HOME

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.

For family members of the Insured (spouse/cohabiting partner, parents, siblings, children, in-laws, sons-in-law, daughters-in-law, grandparents) who remain at home, in Italy, the following benefits start from the day of departure of the trip booked by the Insured and are valid until the return of the same.

Art. 15.1 - MEDICAL CONSULTATIONS BY TELEPHONE
The company, through the Operations Centre, makes available, 24 hours a day, its medical on-call service for any information or suggestions of a medical or health nature.

Art. 15.2 - SENDING A DOCTOR IN CASE OF EMERGENCY
The company, through the Operations Centre, makes available, at night and 24 hours on Saturdays and holidays, its medical on-call service that guarantees the availability of general practitioners, paediatricians and cardiologists ready to intervene at the time of request. By calling the Operations Centre and following an initial telephone diagnosis with the on-call doctor, the company will send the requested doctor free of charge.
If a doctor is not immediately available and circumstances make it necessary, the company shall arrange for the patient to be transferred to an emergency department by ambulance. The company will promptly inform the Insured about the health condition of the family member updating him promptly until the return of the Insured from the trip.

Art. 15.3 - REIMBURSEMENT OF MEDICAL EXPENSES
Upon contact with the Operations Centre, within the maximum limit per Insured of € 1,000.00, medical expenses incurred for basic diagnostic tests will be reimbursed.

Art. 15.4 - TRANSPORT BY AMBULANCE
The company, through the Operations Centre, if the patient needs transport by ambulance, organises the transfer at its own expense, sending the ambulance directly and bearing the transport costs up to a maximum of 200 km of total journey (round trip).

Art. 15.5 - NURSING CARE
If the patient needs the home care of general and/or specialised nurses as a result of illness or accident, the Operations Centre provides for the search and dispatch of personnel, keeping the related costs at their own expense within the limit of €1,000.00.

Art. 15.6 - HOME DELIVERY OF MEDICINES
The Operations Centre guarantees, 24 hours a day, the research and delivery of medicines. If the medicine requires a prescription, the staff in charge first goes to the patient's home and then to the pharmacy. The cost of the medicine is to be paid by the Insured.

Art. 15.7 - FREE APPOINTMENT MANAGEMENT
The Operations Centre makes available its database relating to the affiliated health network. If the patient needs information or an appointment for an examination, testing, hospitalisation, it is sufficient that he contact the Operations Centre. According to the specific needs related to the type of examination or testing to be carried out, the desired day and time, the area and the rate, the Operations Centre selects, using the database, doctors and/or affiliated centres that meet the needs of the patient and by virtue of the preferential access channels, makes the appointment by name and on behalf of the patient himself.

Art. 15.8 - AFFILIATED HEALTH NETWORK
The Operations Centre, through agreements with clinics, polyclinics, medical offices, health facilities in general at national level, guarantees the use of this network for specialist visits, diagnostic or laboratory tests and admissions, all with agreed and discounted rates, with a preferential channel of access.

CHAPTER 16 - TRAVEL INTERRUPTION FOLLOWING QUARANTINE

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.

Art. 16.1 - SUBJECT MATTER OF INSURANCE
If, as a result of a measure of home isolation of the Insured, ordered by the Quarantine Authorities, the Insured is unable to continue the trip booked and already begun, the company reimburses the following:

- penalties charged for ground services booked and not used within the limit of €1.500,00 per Insured;

- costs related to the modification or reissue of the tickets originally purchased in order to return to their residence, up to a maximum of €1,000.00 per Insured and net of any refunds received from the carrier;
- any hotel/stay expenses to be paid by the Insured for the quarantine period within the limit of €100.00 per day for a maximum of 14 days, if such quarantine cannot take place at the Insured's home.

Art. 16.2 - EXCLUSIONS
In addition to the exclusions provided for in the general conditions of coverages, the claims resulting from the following shall be excluded:
- travel to destinations with restrictive measures already in force on the date of arrival at the booked hotel;
- violations of regulations and/or provisions in force on the date of arrival of the booked trip;
- wilful misconduct or gross negligence of the Insured or the Policyholder;
- problems with identity and/or travel documents, visas and any documentation (including health) required by the rules in force from time to time.

Art. 16.3 - RECOVERIES
The Insured and the Policyholder undertake to pay the company any amount returned by the providers of tourist services and/or organisations and costs not incurred in relation to the events covered.

CHAPTER 17 - HOUSING ASSISTANCE

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.

The following benefits are intended to be active at the main residence in Italy of the Insured for events occurring during the insured trip.

Art. 17.1 - SUBJECT MATTER OF INSURANCE
The company undertakes to cover, in accordance with the procedures and limits specified below:

a) sending an electrician to the home: in the event of sudden power failure throughout the house, following a failure or short-circuit of the electrical system of the home of the Insured, the Operations Centre, 24 hours a day, 365 days a year, sends an electrician technician to the home. The company shall bear the service fee and transfer fee of the technician for the resolution of the emergency. Labour, any spare parts and the material used for repair are the responsibility of the Insured. The benefit is covered only once per Insured during the period of the insured trip. Failures in the power cord of the dwelling and interruption of the electrical supply by the supplying entity shall not give rise to the benefit;

b) sending a plumber to the home: in case of clogging/breaking of the fixed or mobile plumbing or hygienic sanitary system of the home of the Insured and consequent flooding and/or infiltration and/or lack of water throughout the house, the Operations Centre, 24 hours a day, 365 days a year, sends a plumbing technician to the home. The company shall bear the service fee and transfer fee of the technician for the resolution of the emergency. Labour, any spare parts and the material used for repair are the responsibility of the Insured. The benefit is covered only once per Insured during the period of the insured trip. The interruption of supply by the supplying entity and the simple failure of taps do not give rise to the performance;

c) the sending of a locksmith to the home, in case of:
   - theft, loss, broken keys or lock of the front door;
   - theft or attempted theft at home that compromises the functionality of the front door and does not guarantee its security.

The Operations Centre, 24 hours a day, 365 days a year, sends a locksmith at the house. The company shall bear the service fee and transfer fee of the technician for the resolution of the emergency. Labour, any spare parts and the material used for repair are the responsibility of the Insured.
The benefit is covered only once per Insured during the period of the insured trip.

d) Immediate return: if one of the events that can generate the benefits referred to in points a), b), c) above or for theft, attempted theft, thief-related breakdowns, vandalism, fire, lightning or explosion, make it necessary and urgent to return to the main home of the Insured or a family member as listed on the Household Certificate, the Operations Centre will organise the immediate return of the Insured or the family member as listed on the Household Certificate. The related expenses are charged to the Company up to a maximum of € 500.00 per event. The benefit is not provided if the Insured, when contacting the Operations Centre, does not provide adequate reasons for the causes that make the return not delayable. The benefit is covered only once per Insured during the period of the insured trip.

e) surveillance of the contents of the dwelling: if one of the events that may generate the services referred to in points a), b), c) above or for theft, attempted theft, failure caused by thieves, vandalism, fire, lightning or explosion, make it necessary to safeguard the contents of the dwelling, the Operations Centre will organise surveillance of the dwelling or the custody of the contents of the dwelling stored in the place indicated by the Insured for the time necessary to restore the safety of the dwelling. The Company shall bear the relevant costs up to a maximum of 24 hours of supervision. The benefit is covered only once per Insured during the period of the insured trip.

CHAPTER 18 - MISSED FLIGHT IN CONNECTION

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid.

Art. 18.1 - SUBJECT MATTER OF INSURANCE
The Company will reimburse the Insured, up to the maximum indicated in the policy schedule, for the cost of purchasing an economy class ticket that allows him to return to the place of departure of his trip, or for the cost of purchasing a new economy

class ticket that allows him to reach the final destination of the trip, in the event of loss of connection with the flight after the first scheduled flight of the ticket, for one of the following reasons:

- delays, denied boarding, cancellation at the last moment of the first flight (or of subsequent flights, if there is more than one connection), due to unforeseeable causes (technical problems with the aircraft or adverse weather conditions, incompatible with the operation of the flight, or decisions taken by the Aviation Authorities on air traffic);
- not attributable/due to the will of the Insured, or to the organiser of the trip, or to the service companies subcontracted by the latter and that prevents the Insured from boarding the next closed connecting flight;
- loss or misplacement of luggage by the duly registered air carrier during the first flight which prevents the Insured from being able to board the next connected flight.

Coverages shall only apply in the event of loss of flight connections in which the airlines operating on either flight are not the same or do not belong to the same airline alliance.
In the event that the person responsible for the delay, cancellation of the flight, loss or misplacement of checked luggage, compensates the Insured. Compensation will be paid in addition to what may be reimbursed by the person responsible for the event, up to the amount insured.

Art.18.2 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE "MISSED FLIGHT IN CONNECTION" COVERAGE
The coverage excludes cases where:

- the responsible airline is handles transporting the Insured to the point of departure of the trip or the final destination of the connected flights booked;
- delays/cancellations have been caused as a result of strikes or are attributable to the functioning or internal organisation of the Travel Organiser or the Airline, or to the functioning or organisation of service undertakings subcontracted by both;
- flights are operated by the same airline or alliance;
- delays are due to quarantine or lock-down.

CHAPTER 19 - ZERO RISK

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid. This coverage may only be selected as an alternative to the Chapter 9 "FLIGHT DELAY" coverage

Art. 19.1 - SUBJECT MATTER OF INSURANCE
The coverage provided by this policy insures pecuniary damage resulting from insured events the occurrence of which may affect the performance of the travel contract purchased by the traveller.
The events covered by this contract and related reimbursable property damages are:

- **DELAY IN DEPARTURE JOURNEY** if, as a result of the occurrence of any event, not otherwise excluded, the departure journey should be delayed by more than 8 hours in regard to the time indicated on the travel ticket or in the last call, the company shall pay, to each traveller involved in the delay, an indemnity equal to the maximum indicated on the policy schedule.
- **REFUND OF INDIVIDUAL FEE AS A RESULT OF FORCE MAJEURE EVENTS AND ADVERSE WEATHER CONDITIONS** if, at destination, due to an unforeseeable event, force majeure or adverse weather conditions that prevent the smooth running of the travel contract, the Policyholder is forced to change the tourist services, the company provides reimbursement of the individual participation fee not used (individual participation fee divided by the nights of duration of the trip and multiplied by the travel days lost). The first and last day of lost travel are each calculated at 50%;
- **REIMBURSEMENT OF REPRODUCTION EXPENSES REASONABLY INCURRED BY TRAVELLERS AS A RESULT OF FORTUITOUS, FORCE MAJEURE AND ADVERSE WEATHER CONDITIONS** or forecast by the policyholder in order to permit the performance of the services deducted in the original travel contract.

In the event that the delay in the departure journey simultaneously renders both the Delay in the departure journey and the Individual Fee Refund due to unforeseeable events of force majeure and adverse weather conditions active, the refund for the first 24 hours may not exceed the price of one day of individual fee participation.

Art. 19.2 - COVERAGE LIMITS
Coverage is provided up to the cost of the trip and in any **case within the coverage limits per Insured, per event and per insurance year indicated on the policy schedule**.

Art. 19.3 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE "ZERO RISKS" COVERAGE
In addition to the exclusions applicable to all coverages, disbursements caused by:

1. overbooking;
2. known events at least 2 working days before the departure of the organised trip;
3. insolvency, arrears or non-performance of pecuniary obligations of the travel organiser and/or service providers;
4. wilful misconduct and reckless disregard of the travel organiser and the passenger;
5. accident and illness;
6. missed connections of means of transport due to non-observance of "connecting times";
7. cancellation by the Tour Operator also as a result of an insured event.

After each claim the sum insured is automatically reduced with immediate effect and until the end of the current insurance year by an amount equal to that of the damage reimbursable.

Art. 19.4 - RECOVERIES
The Policyholder undertakes to pay to the Company the amounts recovered from any person and/or entity in relation to the events covered; this commitment will be fulfilled only after compensation has been paid to the Insured Persons.

CHAPTER 20 - ZERO RISK FLIGHT

This coverage is valid and effective only if it has been recalled on the policy schedule and the relevant premium has been paid

This coverage may only be selected as an alternative to the coverage in Chapter 7 "CANCELLATION OF TRAVEL FOLLOWING DELAYED DEPARTURE"

Art. 20.1 - SUBJECT MATTER OF INSURANCE

If, as a result of any event leading to the cancellation of regularly scheduled and booked flights, it becomes necessary, cancelling or modifying the originally booked trip, the company shall reimburse alternatively:

a. The penalty for ground services applied by direct suppliers for cancellation of the trip following the cancellation of the flight;
b. The higher cost reasonably incurred by the Policyholder or the Insured Persons for arranging alternative transportation services to those provided for in the contract.
c) In the event of insolvency, default or non-fulfilment of pecuniary obligations of the air carrier, the insurance, within the limits indicated in the policy, shall be provided in excess of any maximum limits provided by the insolvency funds established or insolvency proceedings.

Art. 20.2 - COVERAGE LIMITS

Coverage is provided up to the cost of the trip and in any case within the coverage limits per Insured, per event/group and per insurance year indicated on the policy schedule.

An event will mean the cancellation of a means of transport, which has affected several persons enrolled in the same travel program/insured group.

Art. 20.3 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE "ZERO RISK FLIGHT" COVERAGE

The company is not required to provide security for all claims caused by or dependent on:

1. wilful misconduct and reckless disregard of the travel organiser and the passenger;
2. accident and illness;
3. events known and/or in the public domain at the time of booking and/or issuance of the policy if not at the same time as the booking.

This policy can be taken out within 2 days from the date of booking the flight or even at a later date provided that there are at least 30 days to the date of departure.

Art. 20.4 - RECOVERIES

The Policyholder undertakes to pay to the Company the amounts recovered from any person and/or entity in relation to the events covered; this commitment will be fulfilled only after compensation has been paid to the Insured Persons.

SECTION IV - CLAIMS AND COMPENSATION

This section provides the rules and procedures for reporting a claim and obtaining compensation.

Art. 1 - WHAT TO DO IN THE EVENT OF A CLAIM

DUTIES OF THE INSURED IN CASE OF CLAIM

Personal assistance
in the event of a claim, contact the company's Operations Centre IMMEDIATELY, it is in operation 24 hours a day, 365 days a year, by calling the following toll-free number:

800.894123

From abroad you can contact the Operations Centre by calling the number **+ 39/039-9890.702** and giving the following information:

- First and last name
- Policy number
- Reason for the call
- Telephone number and/or address at which you can be contacted.

Other coverages
All claims must be reported, within 5 days from the date of occurrence, in one of the following ways:

- **via the Internet** (at sinistri.nobis.it) by following the relevant instructions.
- **by mail or e-mail by sending correspondence and related documents to the following address:**

NOBIS COMPAGNIA DI ASSICURAZIONI - Ufficio Sinistri (Claims Department)
Viale Gian Bartolomeo Colleoni, 21 - Centro Direzionale Colleoni
20864 AGRATE BRIANZA (MB)
E-mail: gst@nobis.it

In accordance with the general rules and those governing each benefit, the damage suffered must be correctly specified and, in order to speed up the settlement process, the documentation indicated in each insurance benefit and summarised below must be attached to the claim notification:

IN THE CASE OF MEDICAL EXPENSES

- first aid certificate drawn up at the scene of the accident stating the pathology, prescriptions, prognosis and medical diagnosis and certifying the type and manner of illness and/or injury suffered;
- in the event of hospitalisation, a complete copy of the medical file;
- medical prescription and original notices, invoices, receipts for expenses incurred;
- doctor's prescription for any medicines purchased, with the original receipts for the medicines purchased;
- policy number.

IN CASE OF THEFT OR DAMAGE TO LUGGAGE

- flight ticket (together with luggage tag);
- report with the endorsement of the police authority of the place where the event occurred, stating the circumstances of the accident and the list of stolen items, their value and date of purchase;
- complaint lodged with the carrier or hotelier responsible, if any;
- letter of complaint sent to the air carrier with the request for compensation and the letter of reply from the air carrier;
- invoices, receipts of purchased or lost goods (if not listed, date, place of purchase and their value);
- supporting evidence of the costs of remaking identity documents, if incurred;
- repair invoices or a declaration of irreparability of the damaged goods drawn up on headed notepaper by a dealer or a specialist in the field;
- in the event of non-delivery and/or damage to all or part of the luggage delivered to the air carrier, the PIR (Property Irregularity Report) is completely immediately at the airport office;
- policy number.

IN CASE OF TRAVEL CANCELLATION

- in the case of illness or accident, a medical certificate stating the date of the accident or onset of the illness, the specified diagnosis and the days of prognosis;
- in case of hospitalisation, a copy of the medical record;
- in the event of death, the death certificate;
- in the event of an accident to the means of transport, a copy of the amicable statement of accident (CID) and/or police report;
- booking confirmation statement to the trip;
- invoice relating to the penalty charged;
- travel schedule and regulations;
- receipts (deposit, balance, penalty) for travel payment;
- travel documents;
- travel booking contract;

- policy number.

For citizens of nationality other than Italian, the company reserves the right to request a copy of the certificate of residence.

IN CASE OF PENALTY CHARGED BY THE AIR CARRIER:
- confirmation of the ticket purchase or similar document;
- receipt of payment for the ticket;
- statement by the air carrier stating the penalty charged;
- original of the airline ticket.

IN CASE OF TRAVEL RE-PROTECTION COSTS
- original documentation objectively proving the cause of the delay;
- if the cause is medical, the certificate must state the illness;
- new travel documents, in original, purchased to reach the place provided for in the travel contract;
- travel contract with payment receipts, attached copies of both;
- copy of the booking statement issued by the Tour Operator organising the trip;
- unused travel documents, in original;
- policy number.

IN CASE OF CIVIL LIABILITY
- a detailed description of the facts giving rise to the damage to third parties and a copy of the complaint submitted to the Competent Authority;
- claim for damages from the injured third party;
- any photographic documentation of the goods or parts of damaged goods;
- policy number.

IN CASE OF LEGAL PROTECTION
- a detailed description of the facts which caused the damage;
- any copies of the complaint submitted to the Competent Authority;
- documented legal and expert fees;
- policy number.

IN CASE OF INJURY
- place, day, time and cause of the accident;
- the causes that led to it;
- medical certificates;
- any report by the authorities that intervened;
- the course of the injury must be certified by additional medical documentation, until the full recovery or stabilisation of the consequences produced by the accident;
- policy number.

IN CASE OF VEHICLE ASSISTANCE
- Copy of vehicle registration;
- originals of the documents for expenses incurred;
- policy number.

IN CASE OF FLIGHT DELAY
- travel contract signed in the agency;
- booking statement (or registration) of the Tour Operator;
- last call sheet;
- any statement by the carrier regarding the flight delay;
- Airline tickets and boarding pass;
- policy number

IN CASE OF INTERRUPTION OF STAY IN CASE OF QUARANTINE
- documentation certifying the quarantine ordered by the Authorities;
- travel contract/booking statement with description of the Trip Package initially planned;
- any re-protection travel documents with evidence of the higher cost paid;
- declaration of non-flight, issued by the air carrier;
- penalty statements of portion of services lost;
- expenditure invoices relating to the forced stay;
- documentation certifying any refunds granted by suppliers.
- policy number.

IMPORTANT NOTE
- **Originals of repair invoices as well as originals of any expenses incurred as a result of the claim must always be provided to the Company.**

The Company reserves the right to request any further documentation necessary for a correct assessment of the claim reported. **Failure to produce the documents listed above relating to the specific case may result in total or partial forfeiture of the right to reimbursement.**
- The company must be notified of any change in the risk that occurs after the contract is concluded.

Remember that the right to compensation is time-barred two years after the last written request received by the Company regarding the claim. (Pursuant to Art. 2952 of the Italian Civil Code).

Important!
In each case of claim, together with the documentation, the Insured Person shall send the Company the details of the current account to which he wishes the reimbursement or compensation to be credited (current account number, bank, address, agency number, ABI, CAB and CIN codes).

For any complaints, write to:
Nobis Compagnia di Assicurazioni S.p.A.
Ufficio Reclami (Complaints Office)
Centro Direzionale Colleoni
Viale Gian Bartolomeo Colleoni, 21
20864 Agrate Brianza - MB - fax 039/6890.432 - reclami@nobis.it

If no reply is received, please write to:
IVASS - Consumer Protection Directorate
Via del Quirinale, 21
00187 ROME (RM)

REGULATORY APPENDIX

This section refers to the main rules mentioned in the contract, so that the Policyholder can better understand the legal references.

CIVIL CODE

Art. 1341 – General Terms and Conditions
General terms and conditions drawn up by one of the Parties are effective vis-à-vis the other if at the time of the conclusion of the contract the latter knew or ought to have known of them using ordinary diligence.
In any case, conditions that establish, in favour of the party that has prepared them, limitations on liability, the right to withdraw from the contract or to suspend its performance, or that establish forfeitures, limitations on the right to raise objections, restrictions on freedom of contract in relations with third parties, tacit extension or renewal of the contract, arbitration clauses or exceptions to the jurisdiction of the courts, shall have no effect unless specifically approved in writing.

Art. 1342 – Contract concluded by means of forms
In contracts concluded by signing forms designed to regulate certain contractual relationships in a uniform manner, the terms added to the form take precedence over those of the form if they are inconsistent with them, even if the latter have not been deleted.
The provision of the second paragraph of the previous article is also observed.

Art. 1455 - Significance of non-performance
The contract may not be terminated if the non-performance of one party is of little importance having regard to the interest of the other.

Art. 1892 - Misrepresentation and reticence with intent or gross negligence
Incorrect statements and reticence on the part of the Policyholder relating to circumstances such that the Insurer would not have given its consent or would not have given its consent under the same conditions had it known the true state of affairs, shall be grounds for cancellation of the contract when the Policyholder has acted fraudulently or with gross negligence.
The Insurer shall forfeit its right to contest the contract if, within three months of the day on which it became aware of the inaccuracy of the declaration or the reticence, it does not declare to the Policyholder that it wishes to exercise its right to contest the contract.
The insurer shall be entitled to the premiums relating to the insurance period in progress at the time of the cancellation request and, in any event, to the premium agreed for the first year. If the claim occurs before the expiry of the period specified in the preceding paragraph, the insured person is not obliged to pay the sum insured.
If the insurance covers more than one person or more than one thing, the contract is valid for those persons or things to which the misrepresentation or reticence does not relate.

Art. 1893 - Misrepresentation and reticence without intent or gross negligence
If the Policyholder has acted without wilful misconduct or gross negligence, inaccurate declarations and reticence shall not cause the contract to be cancelled, but the Insurer may withdraw from the contract by means of a declaration to be made to the Insured within three months of the day on which it became aware of the inaccuracy of the declaration or the reticence.
If the claim occurs before the inaccuracy of the declaration or reticence is known by the insurer, or before the insurer has declared to withdraw from the contract, the sum due shall be reduced in proportion to the difference between the agreed premium and that which would have been applied had the true state of affairs been known.

Art. 1894 - Insurance in the name of or on behalf of third parties
In insurance in the name of or on behalf of third parties, if they have knowledge of the inaccuracy of the statements or reservations relating to the risk, the provisions of Articles 1892 and 1893 shall apply.

Art. 1898 - Aggravation of risk
The Policyholder shall be obliged to give immediate notice to the Insurer of changes that aggravate the risk in such a manner that, if the new state of affairs had existed and had been known to the Insurer at the time of conclusion of the contract, the Insurer would not have granted the insurance or would have granted it for a higher premium.
The insurer may withdraw from the contract by giving written notice to the Insured within one month of the day on which the notice is received or otherwise becomes aware of the aggravated risk.
Withdrawal by the insurer takes effect immediately if the aggravation is such that the insurer would not have allowed the insurance; it takes effect after fifteen days if the aggravation of the risk is such that a higher premium would have been charged for the insurance.
The insurer is entitled to premiums for the current insurance period at the time the declaration of withdrawal is made.
If the claim occurs before the time limit for notification and for the effective withdrawal has elapsed, the insurer shall not be liable if the aggravation of the risk is such that he would not have allowed the insurance if the new state of affairs had existed at the time of the contract; otherwise, the sum due shall be reduced, taking into account the ratio of the premium fixed in the contract to that which would have been fixed if the increased risk had existed at the time of the contract.

Art. 1901 - Non-payment of premium
If the Policyholder fails to pay the premium or the first instalment of the premium stipulated in the contract, the insurance shall remain suspended until midnight of the day on which the Policyholder pays what is due from him.
If the Policyholder fails to pay the subsequent premiums on the agreed due dates, the insurance shall be suspended from midnight of the fifteenth day after the due date.
In the cases provided for in the two preceding paragraphs, the contract is terminated automatically if the insurer, within six months of the day on which the premium or instalment has expired, does not act for collection; the insurer is entitled only to payment of the premium relating to the current insurance period and reimbursement of expenses. This rule does not apply to life insurance.

Art. 1913 - Notice to the insurer in the event of a claim
The Insured Person shall give notice of the claim to the insurer or the agent authorised to conclude the contract, within three days of the date on which the claim occurred or the Insured Person became aware of it. Notice shall not be required if the insurer or agent authorised to conclude the contract intervenes within that period in rescue operations or claims assessment. In the case of livestock mortality insurance, notice must be given within twenty-four hours unless otherwise agreed.

Art. 1915 - Breach of duty to warn or rescue
An insured person who wilfully fails to fulfil the obligation to warn or rescue loses the right to indemnity.
If the Insured culpably fails to fulfil this obligation, the insurer is entitled to reduce the indemnity on account of the injury suffered.

Art. 1916 - Insurer's right of subrogation
The insurer who has paid the indemnity is subrogated, up to the amount of it, in the rights of the Insured against the responsible third parties.
Except in the case of wilful misconduct, subrogation shall not apply if the damage is caused by the Insured's children, ascendants, other relatives or relatives-in-law of the Insured Person who are permanently cohabiting with him or by servants.
The Insured Person shall be liable to the Insurer for the prejudice caused to the right of subrogation.
The provisions of this article also apply to insurance against accidents at work and accidental events.

Art. 1917 - Liability insurance
In liability insurance (1) the insurer is obliged to indemnify the insured for what the insured must pay to a third party as a consequence of an event occurring during the term of the insurance. Damage resulting from malicious acts is excluded.
The insurer is entitled, upon notification to the Insured, to pay the indemnity due directly to the injured third party, and is obliged to pay directly if the Insured so requests.
Costs incurred in resisting an action by the injured party against the Insured shall be borne by the Insurer up to a quarter of the sum insured. However, in the event that a sum greater than the insured capital is owed to the injured party, court costs are allocated between the insurer and the insured in proportion to their respective interests.
The Insured, summoned by the injured party, may sue the insurer.

Art. 2114 - Compulsory social security and assistance
Special laws determine the cases and forms of compulsory social security and assistance and the related contributions and benefits.

Art. 2952 - Limitation period in insurance matters
The right to payment of premium instalments is time-barred in one year from the individual due dates.
Other rights arising from the insurance contract shall lapse in two years from the day on which the event on which the right is based occurred, with the exception of life insurance contracts whose rights shall lapse in ten years.
In liability insurance, the time limit commences on the day on which the third party has claimed compensation from the Insured or brought an action against the Insured.
The communication to the insurer of the injured third party's claim or of the action brought by the latter suspends the running of the limitation period until the injured party's claim has become due and payable or the injured third party's right is barred.
The provision of the preceding paragraph applies to the reinsured's action against the reinsurer for the payment of the indemnity.

PRIVATE INSURANCE CODE

Art. 166 - Drafting Criteria
The contract and any other document delivered by the company to the Policyholder shall be drafted in a clear and comprehensive manner.
The clauses indicating forfeiture, nullity or limitation of cover or burdens to be borne by the Policyholder or the Insured shall be indicated by means of particularly prominent characters.

CODE OF CRIMINAL PROCEDURE

Art. 535 - Order to pay costs
The order shall require the convicted person to pay the costs of the proceedings [relating to the offences to which the conviction relates].

[2. Persons convicted of the same or related offences are jointly and severally liable to pay the costs. Persons convicted in the same trial of unrelated offences are jointly and severally liable only for the common costs relating to the offences for which they were convicted].

3. Maintenance costs during pre-trial detention [285, 286] shall be borne by the convicted person in accordance with Article 692.

4. If the court has not ordered regarding costs, the judgment shall be corrected in accordance with Article 130.

INFORMATION PURSUANT TO CHAPTER III SECTION 2 OF EU REGULATION 2016/679 (GDPR) TO THE PROCESSING OF PERSONAL DATA

Pursuant to Art. 13 of European Regulation 2016/679 (GDPR), laying down provisions on the protection of individuals with regard to the processing of personal data, as well as the free movement of such data, Nobis Compagnia di Assicurazioni S.p.A. (hereinafter also the "Company"), the Data Controller, provides the Information Notice to the data subjects who provide their personal data during the contractual relationship and intends to process such data within the scope of the activities provided by the Company.

1. Data controller
The Data Controller of the personal data referred to in this information is Nobis Compagnia di Assicurazioni S.p.A. with registered office in Viale Colleoni 21, 20864 Agrate Brianza (MB).

2. Type of data collected
The data collected are personal data concerning identified or identifiable natural persons under Art. 4, para. 1 of the GDPR and special category data under Art. 9, para. 1 of the GDPR.

3. Purpose
Data are collected for purposes related to the Company's activities as follows:
a) processing related to the issuance and management of insurance contracts concluded with the Company, the management of obligations related to damage compensation practices, the fulfilment of specific requests of the data subject. The provision of data is necessary to pursue these purposes being strictly functional to the execution of the aforementioned processing. The refusal of the data subject may make it impossible for the Company to perform the requested service (*Mandatory* provision, *Contractual* legal basis);
b) obligations imposed by laws, regulations and provisions of the Authorities, Community legislation. The provision, by the data subjects or third parties, of the data necessary to pursue these purposes is mandatory. Any refusal will result in the impossibility of establishing or continuing the contractual relationship to which this information sheet relates (*Mandatory* provision, *legal* basis);
c) purposes related to after-sales activities aimed at assessing the degree of satisfaction of users or injured parties and for analysis and market research on the services offered. Any refusal would make it impossible for the Company to obtain useful feedback for the improvement of the activities being processed, but would not have any consequences on the execution of the files being processed (*Voluntary* provision, *Consensual* legal basis);
d) purposes related to commercial activities for the promotion of insurance services and products offered by the Company and by the Group, such as the sending of advertising material and commercial communications through the use of traditional means of communication (such as paper mail and calls with the intervention of the operator), automated means (such as calls without the intervention of the operator, email, telefax, mms, sms, etc.), as well as through the insertion of advertising and promotional messages in the area of the Company's website reserved to its clients, as provided for by Art. 42 of Ivass Regulation 41/2018 as amended. Any refusal would make it impossible for the Company to promote and provide useful information to the Data Subject, but would have no consequences on the execution of the files in progress (*Voluntary* provision, *Consensual* legal basis).

4. Processing modes
Data are processed in accordance with the principles of correctness, lawfulness and transparency.
The Company guarantees the confidentiality, integrity and availability of the personal data collected, as well as their non-visibility and non-accessibility from any public access area.
The processing is carried out in automated and/or manual form, by specially appointed persons, in compliance with the security of processing as provided for in Art. 32 of the GDPR.
The Company shall put in place appropriate organisational and technological measures to ensure that this policy is followed within the company in order to protect the personal data collected.
Data processing and storage will take place in Italy. Upon the explicit request of the Data Subject, the processed personal data could be transmitted to foreign subjects involved in the processing of applications, except for impediments dictated by stringent legislation, manifest deficiency of the recipient on security measures to protect the confidentiality of the information transmitted, indications of the Authorities.

5. Profiling
The Company does not carry out profiling activities using the personal data collected for the purposes referred to in paragraph 3.

6. Communication and dissemination of data
Personal data processed for the above-mentioned purposes may be disclosed to the following categories of persons:
- internal Company subjects in charge of the above-mentioned processing;
- external treatment support subjects such as doctors and health bodies, appraisers, workshops and body shops, and subjects belonging to the Company's distribution network;
- other corporate functions or external parties of an ancillary or instrumental nature, such as consortium companies belonging to the insurance sector, banks and finance companies, reinsurers, co-insurers, companies entrusted with the delivery of correspondence, parties in charge of tax, financial, legal, IT, data storage, auditing and certification of financial statements;
- persons empowered by orders of the supervisory authorities to collect policy data for statistical, anti-fraud, anti-money laundering and anti-terrorism purposes.
- parent and/or associated companies of the Company;
- Public control, supervisory and public safety authorities.

No form of dissemination of the collected data is envisaged.

7. Retention period
The personal data collected are entered into the company database and stored for the period of time permitted, or imposed, by the applicable regulations in the management of the contractual relationship and for the time necessary to ensure legal protection, to you and to the Data Controller, at the end of which they will be deleted or anonymised within the timeframe laid down by law.
If the data subject withdraws consent to specific processing, the data will be deleted or anonymised within 30 working days of receipt of the withdrawal.

8. Rights of the data subject
The data subject may assert the rights provided for in Art. 15 (data subject's right of access), by Art. 16 (right of rectification), by Art. 17 (right to erasure, 'right to be forgotten'), by Art. 18 (right to restriction of processing), by Art. 20 (right to data portability) and Art. 21 (right to object) of Regulation 2016/679, by sending a registered letter with return receipt to the operational headquarters of Agrate Brianza (MB), at the Human Resources Department, or by e-mail to privacy@nobis.it or nobis Assicurazioni@pec.it.
The data subject also has the right to lodge a complaint directly with the Data Protection Authority, within the terms provided for by the legislation in force and following the procedures and indications published on the Authority's official website at www.garanteprivacy.it.

Nobis Compagnia di Assicurazioni S.p.A.

Registered Office and General Management:
Viale Gian Bartolomeo Colleoni, 21 - 20864 Agrate Brianza (MB)
T + 39 039.9890001
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This Information Set
is updated on 01 November 2025

Nobis Travel Information Set - form 6003 - 2025.002 - edition 01.11.2025

APPENDICE

Emessa in data 23/04/2026

DATI CONTRATTUALI DI POLIZZA					
Polizza n.	Applicazione	Allegato	Modello	Prodotto	Intermediario
204548126		1	Allegato	NOBIS TRAVEL (6003)	FRIGO ASSICURAZIONI S.N.C. DI FRIGO MARCO & FRIGO DAVIDE -

Decorrenza dalle ore	Del	Frazionamento	Tacito rinnovo
00:01	31/03/2026	ANNUALE	S

CONTRAENTE			
Cognome e Nome - Ragione sociale	Indirizzo di residenza	C.A.P.	Provincia
FRIGO ASSICURAZIONI S.N.C. DI FRIGO MARCO & FRIGO D	VIA GIOVANNI PASCOLI, 31/1C	37010	VR

Comune di residenza	Codice fiscale / Partita IVA	Data di nascita	Sesso
AFFI	04566870236 / 04566870236		

TESTO APPENDICE

NOBIS COMPAGNIA DI ASSICURAZIONI S.p.A. con Socio Unico
Sede Legale e Direzione Generale in Agrate Brianza 20864 (MB) • Viale Colleoni, 21 • Tel. 039 98.90.001 • Fax 039.98.90.694 • www.nobis.it
PEC nobisassicurazioni@pec.it • Capitale Sociale € 37.890.907,00 i.v. • REA n. MB-1395446
C.F. e iscrizione al Reg. Imprese di MI, MB, LO n. 01757980923 • P. I.V.A. GRUPPO IVA AXA ITALIA n. 10534960967
Società iscritta alla Sez. I dell'Albo delle Imprese al n. 1.00115 • La Società è soggetta all'attività di direzione e coordinamento di AXA Assicurazioni S.p.A. ai sensi degli artt. 2497 e seguenti del c.c. e appartiene al Gruppo assicurativo AXA ITALIA, iscritto all'Albo dei Gruppi assicurativi con il n. 041.

Con la presente appendice si prende atto tra le Parti quanto segue:

Art. 3 - VALIDITÀ, DECORRENZA E DURATA DELLE GARANZIE
In deroga a quanto previsto nel presente articolo, le coperture avranno validità fino ad un massimo di 365 giorni, su base del relativo
premio di polizza pagato.

Limiti di Età E Tipologia di Viaggio
Fino a 90 gg vale per tutti fino a 75 anni non compiuti viaggi per affari, vacanza o studio per viaggi in tutto il mondo incluso Usa & Canada
Fino a 180 gg vale per tutti fino a 35 anni non compiuti viaggi per affari, vacanza o studio per viaggi in Europa
Fino a 180 gg vale per tutti fino a 35 anni non compiuti viaggi per studio per viaggi in tutto il mondo incluso Usa & Canada
Fino a 365 gg vale per tutti fino a 35 anni non compiuti viaggi per studio per viaggi in tutto il mondo incluso Usa & Canada

Riferimento a viaggi per studio: Studenti o soggiorni studio
Per studenti o soggiorni studio si intendono i soggiorni temporanei, in Italia o all'estero, effettuati da persone iscritte a istituti scolastici o
universitari, ovvero partecipanti a corsi di formazione, master, corsi di lingua, programmi di scambio culturale o progetti formativi analoghi. Tali soggiorni hanno finalità esclusivamente educative o formative, una durata limitata nel tempo e non comportano il trasferimento della residenza né lo svolgimento di attività lavorativa stabile.

Art. 15 – ESCLUSIONI E LIMITI VALIDI PER TUTTE LE GARANZIE
Si intendono incluse le attività ciclistiche a livello amatoriale che non abbiano carattere agonistico.

La presente esclusione si intende "non operante" per il presente contratto
La presente polizza è valida esclusivamente se abbinata (in forma accessoria) alla vendita di un viaggio effettuata dal Contraente.
Così sostituita
La presente polizza è valida esclusivamente se abbinata (in forma accessoria) alla vendita di un viaggio effettuata dall'organizzatore del
viaggio. Sono esclusi tutti i sinistri avvenuti al di fuori del periodo di fruizione dei servizi turistici prestati dall'organizzatore del viaggio

CAPITOLO 1 – SPESE MEDICHE
Art. 1.1 - OGGETTO DELL'ASSICURAZIONE
Nel limite dei massimali per Assicurato indicati nella scheda di polizza verranno rimborsate le spese mediche accertate e documentate sostenute dall'Assicurato, durante il viaggio, per cure o interventi urgenti, non procrastinabili e imprevedibili, manifestatesi durante il periodo di validità della garanzia.
La garanzia comprende le spese:
- di ricovero in istituto di cura;
- di intervento chirurgico e gli onorari medici in conseguenza di malattia o infortunio;
- per le visite mediche ambulatoriali, gli accertamenti diagnostici ed esami di laboratorio (purché pertinenti alla malattia o all'infortunio denunciati) entro il limite di € 1.500,00 se la prestazione non è erogata in un Istituto di Cura ;
- per i medicinali prescritti dal medico curante in loco (purché pertinenti alla malattia od infortunio denunciati);
- mediche sostenute a bordo di una nave entro il limite di € 800,00;
- per cure dentarie urgenti, solo a seguito di infortunio, fino a € 200,00 per Assicurato;
- di trasporto dal luogo del sinistro fino all'Istituto di Cura più vicino.
In caso di Ricovero ospedaliero o in caso di Day Hospital a seguito di infortunio o malattia indennizzabile a termini di polizza, la Centrale Operativa, su richiesta dell'Assicurato, provvederà al pagamento diretto delle spese mediche. Nei casi in cui l'Impresa non possa effettuare il pagamento diretto, le spese saranno rimborsate a termini di polizza sempre che siano autorizzate dalla Centrale Operativa contattata preventivamente.
Resta comunque a carico dell'Assicurato, che dovrà provvedere a pagarle direttamente sul posto, l'eventuale eccedenza ai massimali previsti in polizza e le relative franchigie.
per gli importi superiori a € 1.000,00, l'Assicurato deve richiedere preventiva autorizzazione da parte della centrale operativa.
Le spese mediche sostenute in Italia per i soli casi di infortuni verificatisi durante il viaggio saranno rimborsate nel limite di € 1.000,00, purché sostenute entro 30 giorni dalla data di rientro.
Sono sempre comprese in garanzia le prestazioni "Trasporto Sanitario Organizzato" di cui all'art. 4.10 e "Rientro del Viaggiatore Convalescente" di cui all'art. 4.16.

Fermo il resto

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