

ACTIVE TOUR INSURANCE



PROTECTED TRAVEL



In conjunction with the Organiser



Cover for M...

COVER PROVIDED :

- Assistance h24
- Medical expenses
- Luggage
- Civil liability
- Travel injuries

n°: 21796078

This document contains an extract of the insurance conditions of policy 1/39383319/187510014 taken out by FRIGO ASSICURAZIONI which must be given to the Insured. The validity of this document is subject to Italian law and to compliance with the policy application regulations. IN THE EVENT OF DISPUTES AND/OR QUESTIONS OVER INTERPRETATION THE ITALIAN DOCUMENT SHALL APPLY.

GLOSSARY

The Company and the Policyholder agree to attribute these meanings to the following terms:

Year: Period of time equal to 365 days, or 366 days in the case of a leap year.

Insured: Party whose interest is protected by the Insurance.

Insurance: The insurance contract.

Assistance: The prompt help in cash or in kind, provided to the Insured in difficulty as a result of a Loss occurring.

Act of Terrorism: Deliberate action taken or only threatened by one or more persons, the expression of organised groups, in order to intimidate, influence or destabilise a state, population or part of it.

Luggage: All the clothes and goods owned by the Insured, worn and/or carried by the latter, including the suitcase, handbag or backpack that might contain them, excluding value goods.

Beneficiary: The heirs of the Insured or other persons appointed by the latter, to whom the Company must pay the sum insured in the event of the Insured's death.

Essential goods: Goods which people have physical need for and which they cannot objectively do without. Goods that would be bought even if no Loss occurred are not considered essential goods.

Travel ticket: First class rail ticket or tourist class air ticket.

Natural disasters: Floods, inundations, earthquakes, seaquakes, hurricanes, whirlwinds and other natural phenomena of an exceptional nature, which lead to serious material damage that can be objectively reported and documented or are identified as such by internationally recognised organisations.

Connecting time: The time established by airport companies and airlines, between the landing time and the departure of the next flight, needed to reach the destination.

Travel companion: Insured person participating in the trip with and at the same time as the Insured.

Policyholder: natural or legal person that takes out the Insurance in favour of the Insured and pays the relative fees.

Belongings: Material objects and, only in the "Insured's civil liability" cover, animals.

Destination: The place given on the travel contract/booking account statement of the Tour Operator as the place where the Policyholder is going to stay or the first stage in the case of a trip requiring an overnight stopover.

Legal residence: The place where a natural person has established the main headquarters for his/her business and interests.

Europe: All the countries of geographical Europe, the countries bordering the Mediterranean Basin and the Canary Islands.

Event: The occurrence of the detrimental circumstance leading to one or more losses.

Family: The Insured and those who live with him/her, as indicated in Article 4 of Italian Presidential Decree No. 223 of 30/05/1989 and shown on a registry certificate or equivalent international document.

Family member: Spouse, cohabitee, children, parents, son- or daughter-in law, siblings, siblings-in-law and parents-in-law of the Insured, as well as others living with him/her on a stable basis, provided that proper certification can be shown.

Information folder: All the information documentation to be given to the potential client, made up of: Information Sheet including Glossary, Insurance Conditions and Privacy Guidelines.

Excess: Amount to be paid by the Insured expressed as a figure that is subtracted from the amount of indemnifiable damage.

Theft: The offence referred to in Article 624 of the Italian Criminal Code, committed by anyone who takes possession of the movable belongings of others, taking them from the owner, in order to benefit from them him/herself or for others.

Cover: Insurance cover that does not come under the definition of "Assistance", for which the Company will proceed immediately to reimburse the damage incurred by the Insured, provided that the corresponding premium has been duly paid.

Incoming: All the tourist services offered to foreign Insured in Italy, Republic of San Marino and Vatican City.

Compensation: The sum owed by the Company in the event of a Loss.

Accident: A violent and external event due to unforeseeable causes, which leads to physical injuries that can be objectively recorded and which result in death, permanent disability or temporary disability.

Permanent disability: Permanent, total or partial, loss, as a result of an accident, of the Insured's physical capacity to perform any work, regardless of his/her profession.

Health care establishment: Public hospital, clinic or nursing home, whether a partner of the National Health Service or privately run, duly authorised to provide medical and surgical assistance. Thermal establishments, convalescent and residential homes and nursing homes for cosmetic or dietary purposes are excluded.

Italy: Italy, including Republic of San Marino and Vatican City.

IVASS: Istituto per la Vigilanza sulle Assicurazioni (Italian Insurance Supervisory Authority), the name used by ISVAP since 1 January 2013.

Illness: Alteration to health that is not the result of an Accident.

Pre-existing condition: Illness that is the expression or direct consequence of chronic/recurring conditions or conditions that existed before the Policy was taken out.

Limit of liability/Insured sum: The maximum sum, established in the Policy, for which the Company undertakes to provide Cover and/or Assistance to each Insured, for one or more Losses arising during the trip.

Attending doctor on the spot: The doctor who provides the necessary treatment at the local health establishment where the Insured is taken.

World: All countries not coming under the definitions of "Italy" and "Europe".

Tour operator: Tour operator (also "T.O."), travel agent, hotel, airline or other legally recognised operator authorised to provide tourist services. **Overbooking:** Booking of extra places available for a tourist service (e.g. airline, hotel) compared to the actual capacity/availability.

Passenger: Party transported on board means of transport managed by Carriers.

Insurance period: Period that starts at midnight on the inception date of the policy and ends on the expiry of the policy.

Policy: The document, signed by the Company and the Policyholder, that proves the Insurance.

Premium: The sum owed by the Policyholder to the Company in accordance with the Policy.

Service: The Assistance to be delivered in kind or the help that must be provided to the Insured, at the time of need, by means of the Organiser provided that the Premium has been duly paid.

Valuables: Jewellery in general and items of gold or platinum or mounted on said metals, precious stones and natural or cultured pearls.

First means: The means of transport for the first leg when the trip includes several legs to reach the first destination.

Robbery: The offence referred to in Article 628 of the Italian Criminal Code, committed by anyone who takes possession, using violence or threat to the person, of the movable belongings of others, taking them from the owner, in order to benefit from them him/herself or for others.

Residence: The place where a natural person has his/her usual home.

Hospitalisation: Hospital stay involving staying overnight in a health care establishment.

Risk: Probability that a Loss occurs.

Mugging: Theft committed by taking an item from the hand or back of the person owning it.

Percentage excess: Amount to be paid by the Insurance, expressed as a percentage of the indemnifiable damage.

Loss: The individual circumstance/event that might occur during the Insurance validity period leading to a claim for Assistance or Cover, compensation for the harm incurred or for damages and which comes under the terms of the Policy.

Company: UnipolSai Assicurazioni S.p.A.

Organiser: Pronto Assistance Servizi S.c.r.l., Corso Massimo d'Azeglio, 14, 10125 Turin, made up of doctors, technical experts and operators, available 24 hours a day, 365 days a year, which, under a special agreement entered into with the Company, makes telephone contact with the Insured, on behalf of the Company, and organises and provides the assistance services specified in the Policy, with costs paid by the Company.

"Protected Travel" Card: The document, containing the insurance conditions - duly numbered - in paper or electronic format, issued to the Insured before departure.

Commercial value: The value of the belongings insured, determined taking account of depreciation established with regard to age, type, use, quality, function and state of preservation.

Value goods: Legal tender currency, instruments of credit in general, meal vouchers, petrol vouchers and generally any card - including electronic - representing a specific value that can be spent.

Trip: The journey, stay or rental, arising out of the corresponding contract or other valid travel ticket or document.

Initiated trip: The period of time between when the Insured starts to use the first contractually agreed tourist service and the completion of the last service specified in the contract.

GENERAL INSURANCE CONDITIONS

Other Insurance – The Policyholder and/or the Insured are required to declare to the Company if they have taken out, or subsequently take out, insurance from other insurers concerning the same risk and the same cover insured under this policy, indicating the sums insured. In the event of a loss, the Policyholder and/or Insured must inform all the insurers of it, indicating to each the name of the others pursuant to Article 1910 of the Italian Civil Code. With regard to Assistance services, if this should require the intervention of another company, the services provided under the Policy will reimburse the Insured only for any extra costs charged to him/her by the insurance company that provided the service directly to him/her.

SERVICES AND COVER

TRAVEL ASSISTANCE SECTION

Art. 01 - Purpose of the cover

The Company provides the Insured, if he/she finds himself/herself in difficulties following the occurrence of an unforeseen event, and within the specified limits, where agreed, with the services providing immediate help described below through the Organiser, which has doctors, technical experts and operators, available 24 hours a day by phoning the **Turin number +39 0116523211**, under a specific agreement entered into with **Pronto Assistance Servizi S.c.r.l., Corso Massimo d'Azeglio, 14, 10125 Turin**. The Organiser will provide, at the Company's expense, the following Assistance services to insured Customers/Travellers:

Art. 02 - Consultation of doctor and referral to a specialist

Assessment by the Organiser's doctors of the Insured's state of health to decide on the most appropriate medical service and, if necessary, provide the name and address of a specialist doctor in the nearest area to the Insured's location.

Art. 03 - Despatch of urgent drugs when the Insured urgently requires drugs for his/her treatment, for which he/she has a valid medical prescription and which cannot be found on the spot, provided that they are marketed in Italy. In all cases, the cost of said drugs is paid by the Insured.

Art. 04 - Medical transport

a) To the nearest suitable place to provide emergency treatment

b) From the medical centre where the initial emergency treatment was given to a better equipped medical centre. The use of an air ambulance is limited to local movements.

Art. 05 - Medical repatriation of the Insured using the most suitable means to the place of residence or to an equipped hospital in Italy, if necessary as a result of an accident or illness which, in the opinion of the Organiser's doctors, cannot be treated on the spot. The transport is completely organised at UNIPOLSAI's expense and includes medical or nursing assistance during the trip, if necessary. Transport from countries outside Europe, except from those in the Mediterranean Basin and the Canary Islands, is done exclusively on a scheduled flight in economy class, if necessary on a stretcher.

Art. 06 - Repatriation of a convalescent Insured when his/her state of health precludes returning home by the means initially specified in the travel contract. This guarantee is provided only by half equivalent to the one provided in the travel contract but in any case only with a flight in economy class or train.

Additional living expenses will also be covered additional accommodation expenses up to the maximum limit of **60.00 euro** a day and for a maximum of **5 days**, after the specified return date, made necessary by the Insured's state of health.

Art. 07 - Transport of the body of the Insured from the place of death to the place of residence. Funeral expenses and any expenses for recovering and searching for the body are excluded.

Art. 08 - Repatriation of family members provided that they are insured, or of a travel companion, following the medical repatriation and/or death of the Insured.

Art. 09 - Early return of the Insured to his/her own residence in the event of the death of a family member in Italy, if the Insured asks to return home before the scheduled date and by a means other than that originally specified.

Art. 10 - Travel of a family member if the Insured is hospitalised - for a period of more than **3 days** - and when there is no adult family member on the spot, the return air ticket in economy class or train ticket is reimbursed and living expenses up to a maximum of Euro 60.00 per day for a maximum of 10 days to allow a family member to go to be with the patient.

Art. 11 - Interpreter available abroad if the Insured, following hospitalisation or legal proceedings concerning him/her for culpable circumstances that occurred abroad, finds it difficult to communicate in the local language, the Organiser undertakes to send an interpreter and cover the corresponding costs, only for the time needed for the interpreter's professional activity, with a maximum limit of **1.000.00 Euro**.

Art. 12 - Recommendation of a lawyer if the Insured is held criminally or civilly liable for culpable circumstances occurring abroad and attributable to him/her, the Organiser will provide the name of a lawyer for his/her defence up to a maximum amount of 2.500,00 euro. In addition, it will pay, in return for an adequate bank guarantee and up to the maximum amount of **5,000.00 euro**, any bail requested by the judge.

Art. 13 - What to do in the event of a loss

Professional secrecy - The Insured releases doctors who may be appointed to examine the Loss itself or who visited him/her before or after the Loss, from professional secrecy.

Limitation of liability - The Company does not assume liability for damage caused by the intervention of the authorities of the country in which the assistance was provided.

Exclusion of alternative compensation - If the Insured does not use one or more services, the Company is not required to provide Compensation or alternative Services of any kind in compensation.

Legislative references - For everything not regulated otherwise herein, Italian Law shall apply.

Underwriting limits - Unless otherwise agreed, multiple policies covering the same risk may not be activated in order to increase the limits of liability or extend the current period of cover.

Incoming Trips - For Insured who are not resident in Italy, the Insured's country of Residence should replace the term "Italy" for the Cover and Services of this Insurance.

Right of subrogation - The Company is understood to be subrogated, up to the amount paid, to all the rights that the Insured may have and the actions that the Insured may bring with regard to those liable for the damage. Subject to the policy expiring, the Insured undertakes to provide documents and information to enable the right of recourse to be exercised and to enable all initiatives necessary to protect this right to be implemented.

Start and end of cover - The Travel Cancellation cover runs from the date of registering for the trip and ends when the Insured starts to use the first contractually agreed tourist service.

The other Cover/Services start at the time and place specified in the Tour Operator's registration form/programme and end when the last formality specified in the contract has been completed, and in any case, at most **30 days** from the start of the trip.

EXCLUSIONS COMMON TO ALL SECTIONS

Unless expressly specified otherwise in the individual Cover/Services the Company is not required to provide Cover/Services for any losses caused by or dependent on:

- Wilful misconduct or gross negligence by the Insured
- War, including civil war, strikes, revolutions, uprisings or popular movements, looting, acts of terrorism or vandalism
- Earthquakes, floods, weather phenomena with the characteristics of natural disasters, nuclear reactions or radiation caused by the artificial acceleration of atomic particles
- Performance of the following activities: mountain climbing including rock climbing or access to glaciers, aerial sports in general, reckless acts, motor car, boat and bike races and competitions and related events and training, as well as any accidents suffered as a consequence of sporting activity performed professionally
- Illnesses and accidents arising from alcohol or psychotropic drug abuse as well as from the non-therapeutic use of drugs and hallucinogens
- Psychological disturbances, psychiatric and neuropsychiatric illnesses, states of anxiety, stress or depression. Chronic illnesses or conditions existing before the start of the trip
- Trips undertaken against medical advice or for the purpose of undergoing medical or surgical treatment
- Travel to remote areas, reached only using special means of medical assistance.

The following are also excluded:

- Expenses to search for people who are missing or have disappeared; except if said expenses are incurred by organisations or public authorities and, in any case, within the maximum limit of **1,500.00 euro**
- Services in countries in a state of belligerence that makes it impossible to provide assistance
- Losses of money, travel tickets, securities, collections of any kind and samples, and valuables
- Breakage of or damage to luggage unless this is the consequence of theft, robbery or mugging or is caused by the carrier
- Losses of unattended items or items that were forgotten or mislaid
- Losses, damage or medical expenses reported to the Company after the contractually established deadlines
- Cover/Services of any kind, as a result of losses that occurred following failure to comply with the provisions of Italian Law No. 269 of 1998 "against the exploitation of prostitution, pornography, sex tourism against minors, such as new forms of slavery".

Assistance can be obtained by phoning the **Turin number: +39 0116523211**.

If required, the Insured shall:

- Report to the Organiser his/her personal details, tax code and the details of his/her "Protected Travel" card
- Give details of his/her location and telephone number.

Art. 14 - Provisions and restrictions

Only for the Cover/Services referred to in articles: 04 (Medical transport) - 05 (Medical repatriation of the Insured) - 06 (Repatriation of the convalescent Insured) - 07 (Transport of the body) - 08 (Repatriation of family members) - 09 (Early return of the Insured) - 10 (Travel of a family member), if the Insured, for reasons of force majeure, has made his/her own arrangements and incurred the corresponding expenses, following presentation of the original medical certificate issued on the spot and receipts for expenditure, the Company will make a reimbursement, **up to and no more than the amount of 1.000.00 euro** and in any case only to the extent strictly necessary.

1. For residents abroad travelling in Italy, and for residents abroad, temporarily legally resident in Italy, the Cover/Services referred to in articles 04 (Medical transport) - 05 (Medical repatriation of the Insured) - 06 (Repatriation of the convalescent Insured) - 07 (Transport of the body) - 08 (Repatriation of family members) - 09 (Early return of the Insured) will be paid **up to the limits of the cost for repatriation/transport to Italy**.

2. The Insured is required to send the Company any travel tickets unused as a result of the services received.

Art. 15 - Exclusions

The services are not owed if the Insured fails to comply with the Organiser's instructions, or:

- The Insured voluntarily discharges him/herself against the opinion of the establishment where he/she is hospitalised
- The Insured, or someone on his/her behalf, voluntarily refuses medical transport/repatriation. In this case, the Organiser will automatically suspend the assistance, and the Company will reimburse any further expenses incurred if they are considered appropriate and, **in any case**, up to the amount corresponding to the cost of the refused medical transport/repatriation.

MEDICAL EXPENSES SECTION

Art. 01 - Purpose of the cover

The cover is only intended to reimburse, or for the Organiser to pay by phoning the Turin number: +39 0116523211, medical expenses, for medical services provided as a result of accidents or illness, suffered by the Insured on the spot, the need for which arises during the trip and which are vital and cannot be postponed until the Insured returns to his/her place of residence.

Hospitalisation expenses will be reimbursed up to the cost limits of public hospitals and in any case up to the insured sums indicated in the policy document.

The limits of liability for expenses incurred will be equal to the following insured sums

Italy: 500.00 euro

Abroad: 5.000.00 euro

CAUTION!

For expenses above **1,000.00 euro** prior authorisation from the Organiser must always be obtained.

Art. 02 - Excess and percentage excess

An excess of **50.00 euro** is applied for the Cover/Services.

Art. 03 - In the case of hospitalisation in the European Union

If the European Health Insurance Card (EHIC) is used, which contains the codes needed to ensure every Italian citizen receives health assistance in the countries of the European Union, no excess or percentage excess will be applied.

Art. 04 - What to do in the event of a loss

To obtain reimbursement for medical expenses incurred, the Insured must report the loss to the Company **within 15 days** of his/her return, by phoning the **free phone number 800406858** available Monday to Friday from 8:00 to 19:30 and Saturday from 8:00 to 14:00 or send the corresponding claim to: **UnipolSai Assicurazioni S.p.A., Ufficio Sinistri Turismo (Tourism Claims Office), C.P. 78, 20097 San Donato Milanese (MI)**, with the following documents:

- Personal details, tax code, details of the "Protected Travel" card and IBAN code
- Diagnosis of the local doctor
- Original invoices and payment receipts;
- Booking account statement / travel contract.

In each case, **exclusively original versions** of the document required should be sent to: **UnipolSai Assicurazioni S.p.A., Ufficio Sinistri Turismo (Tourism Claims Office), C.P. 78, 20097 San Donato Milanese (MI)**.

LUGGAGE SECTION

Art. 01 - Purpose of the cover Up to the insured sum of **500.00 euro** for luggage in Italy and **500.00 euro** for luggage abroad, the Company will reimburse losses resulting from **theft, robbery, mugging or burning of luggage** that the Insured had with him/her during the trip, including clothes and items worn and for luggage not received or for damage to the luggage caused by the carrier to which it was entrusted.

Art. 02 - Provisions and restrictions The compensation will be paid based on the commercial value and in no case will it take into account sentimental value. Reimbursement for having identity documents reissued is limited to the sum of **150.00 euro**

The reimbursement is limited to **50% of the insured sum** for:

- Jewellery, valuables, watches, furs and other items of value
- Photographic, cinematic and optical equipment, radio and television appliances and electronic equipment.

The cover does not operate for these items when they are included in luggage entrusted to transport companies, including the airline.

Reimbursement is also limited for each individual item to **50%** of the insured sum and photographic, cinematic and optical supplies (lenses, filters, flashes, batteries, etc.), computers and their accessories, mobiles and their accessories, are considered as a single item.

Items left in a car, campervan or caravan or on board motorcycles or other vehicles are insured only if left in a locked luggage compartment and are not visible from outside and if the vehicle is left in a supervised pay car park.

In the case of damage to the luggage or for luggage not received, the compensation will be made proportionally and after that from the carrier liable and only if the compensation received does not cover the whole amount of the damage.

Art. 03 - Expenses for essential goods In the event of delayed (not less than 12 hours) return of luggage or if luggage is not returned by the carrier, the Company will reimburse, up to the insured sum of **150.00 euro**, documented expenses incurred for purchases of essential goods made before the end of the trip.

Art. 04 - Excess

An excess of **50.00 euro** will be deducted from the amount of indemnifiable damage referred to in Articles 01 and 02 above. This excess will not apply to compensation due in addition to compensation paid by the carrier.

Art. 05 - What to do in the event of a loss

In the event of damage to or loss of luggage, within **15 days** of the date of return, the Insured must report the loss to the Company, phoning the free phone number **800 406858** available Monday to Friday from 8:00 to 19:30 and Saturday from 8:00 to 14:00 or send the corresponding claim to: **UnipolSai Assicurazioni S.p.A., Ufficio Sinistri Turismo (Tourism Claims Office), C.P. 78, 20097 San Donato Milanese (MI)**, with the following documents:

- Full name, address, tax code, details of the "Protected Travel" card and IBAN code
- Detailed description of the circumstances in which the loss occurred
- Description, value, date of purchase of the lost or damaged items, repair estimate or statement of irreparability

4. In the case of luggage entrusted to an airline: copy of the property irregularity report (PIR, to be obtained from the airport's Lost and Found office) and a copy of the complaint letter sent as required by law to the airline and any response from the latter. If no response to the complaint letter sent to the airline is received in 90 days, the Insured may inform the Company of the lack of response. In this case the Company will pay the compensation due under the policy, applying the contractual excess of **50.00 euro**. The Company retains its right of subrogation with regard to the Carrier itself. The Insured undertakes to inform the Company of any further sums received from anyone in compensation for the same damage and to return to the Company promptly amounts not contractually owed

5. In the case of luggage entrusted to a sea or land carrier or hotel owner: copy of the complaint, duly countersigned for receipt by the carrier or hotel owner, and their response

6. In the case of luggage not received: copy of the report to the authorities of the place where the event occurred and copy of the complaint written to any parties liable (hotel, restaurant, garage) and their response

7. In the case of purchases of essential goods: the receipts documenting the cost and nature of the goods purchased.

In each case,, **exclusively original versions** of the documents required should be sent to: **UnipolSai Assicurazioni S.p.A. Ufficio Sinistri Turismo (Tourism Claims Office), C.P. 78, 20097 San Donato Milanese (MI)**.

Art. 06 - Further obligations of the Insured

The Insured is required to protect the Company's right of recourse with regard to the person liable for the loss or damage to the luggage, so must immediately file a **written complaint** concerning the hotel owner, carrier or other liable party. He/she must also report cases of theft, mugging or robbery to the authorities of the place where the event occurred.

INSURED'S CIVIL LIABILITY SECTION

Art. 01 - Purpose of the Insurance

The Company undertakes to hold the Insured harmless for what the latter is required to pay, as civilly liable pursuant to the law, in compensation (capital, interest and expenses) for harm involuntarily caused to third parties, for death, bodily injury and damage to belongings as a result of an accidental event occurring during the trip purchased by the Policyholder, with regard to events in private life.

Art. 02 - Limits of liability

The cover referred to in this section is provided up to the limit of liability of **50,000.00 euro** per event and for the entire duration of the trip.

Art. 03 - Geographical coverage

In derogation of Article 19 of the General Insurance Conditions, the insurance is valid for all countries, excluding actions brought against the Insured in the USA and Canada.

Art. 04 - Multiple insured

The limit of liability specified in the Policy for the harm to which the compensation claim refers, remains single, for all purposes, including in the case when several Insured are jointly liable between them.

Art. 05 - Exclusions

In addition to the "Exclusions common to all Sections" of the General Insurance Conditions, the cover excludes damage:

- Arising from the exercise of business activities
- Arising from hunting activities
- Of any kind, if caused to family members or travel companions
- From theft, fire and explosion
- From pollution and/or contamination, of any kind
- Arising from the ownership, possession or use of any power-driven vehicle
- To belongings handed over for safekeeping
- From interruption or suspension of professional, commercial, industrial, agricultural or service activities
- Arising from the ownership, possession or use - except as a passenger - of aircraft, vehicles, campervans, caravans, boats, non-motor boats longer than 7.50 metres.

Art. 06 - Dispute management and opposition expenses

The Company, while it has an interest therein, takes on the management of disputes, both out-of-court and in court, civil and criminal, in the Insured's name, appointing where appropriate lawyers or technical experts and making use of all rights or actions to which the Insured is entitled. The Insured is required to collaborate to enable the management of the aforementioned disputes and to appear personally in court when required.

The Company has the right to have recourse against the Insured for any harm arising from the failure to fulfil such obligations. The Company will pay the expenses incurred to oppose actions brought against the Insured, within the limit of an amount equal to one-quarter of the limit of liability specified in the Policy for the damage to which the claim refers. If the sum owed to the damaged party is higher than this limit of liability, the expenses will be shared between the Company and the Policyholder/Insured in proportion to their respective interests.

The Company will not pay expenses incurred by the Insured for lawyers or technical experts not appointed by it and will not pay fines or criminal justice expenses.

Art. 07 - Excess/Percentage excess

With regard to damage to belongings and animals, the Insurance is provided applying, for each loss, a percentage excess on the indemnifiable damage of **10%**, with a minimum of **100.00 euro**.

Art. 08 - Provisions and restrictions

The cover is provided as a second loss policy with regard to any other civil liability policies that exist covering the same risk.

Art. 09 - What to do in the event of a loss

In the event of a loss, the Insured must make a report in writing, **within 3 days** of becoming aware of the loss, to: **UnipolSai Assicurazioni S.p.A., Ufficio Sinistri Turismo, Via della Unione Europea, 3/B, 20097 San Donato Milanese (MI)**. The Insured must also

immediately send the Company any form of order, mandate, court summons or other legal document received relating to any compensation claim to the following address:

UnipolSai Assicurazioni S.p.A., Ufficio Sinistri Turismo, C.P. 78, 20097 San Donato Milanese (MI).

Failure to comply with this obligation may lead to the total or partial loss of the right to compensation, pursuant to Article 1915 of the Italian Civil Code. The Insured must refrain from acknowledging liability or from reaching a settlement of any kind without the Company's prior approval.

INSURED'S ACCIDENT SECTION

Art. 01 - Purpose of the cover

The Company indemnifies the Insured for accidents suffered during the trip while performing any activity not of a professional nature.

For teachers accompanying students during study trips, the insurance is operative even when they are carrying out their professional activities.

The following are also considered "accidents":

- Accidents arising from using and driving any motor vehicles and boats
- Asphyxia not of pathological origin
- Acute poisoning from the ingestion or absorption of substances
- Drowning
- Electrocution
- Exposure or freezing
- Sun stroke or cold shock
- Infections and poisoning caused by injuries, animal and insect bites

- Accidents due to illness or loss of senses
- Accidents arising from incompetence, imprudence or negligence including serious negligence
- Injuries caused by strain, with extension of the cover to hernias, limited to cases of permanent disability and temporary incapacity, hernias with violent cause, on the understanding that if the hernia is operable, only compensation for temporary incapacity (if this is included in the contract) is paid up to a maximum of 30 days; if the hernia, even if bilateral, is not operable, compensation for the case of permanent disability (if this is included in the contract) will be paid only for a maximum of 10% of the corresponding insured sum

- Accidents caused by popular uprisings or acts of terrorism, vandalism or attacks, provided that the Insured did not take an active part in them.

Art. 02 - Limits of liability

Insurance is provided, up to a limit of:

- In the event of death: **50.000.00 Euro**
- In the event of permanent disability: **50.000.00 Euro**

Art. 03 - Accidents caused by war and insurrection

Accidents caused by a state of war are excluded. However, the insurance is valid for accidents caused by a state of war (declared or not) or by a popular insurrection for a maximum period of 14 days from the start of the hostilities or the insurrection, if and to the extent that the Insured is overtaken by the outbreak of the events referred to above while he/she is outside the territory of Italy, Vatican City and the Republic of San Marino. This cover extension is not operative in the case of aeronautic accidents and for those in military service.

Art. 04 - Cover

A. Death

If the accident leads to death and the death occurs, even after the expiry of the Policy, within 2 years of the day of the accident, the Company will pay the insured sum to the designated beneficiaries or, if none have been designated, to the heirs of the Insured in equal parts.

The compensation in the event of death cannot be combined with that for permanent disability. However, if after compensation for permanent disability has been paid the Insured dies as a consequence of the same accident, the Company will pay the beneficiaries only the difference between the compensation in the event of death, if higher, and the compensation already paid for permanent disability.

B. Permanent disability

If the accident leads to permanent disability, compensation is due only if the disability itself occurred (even after the expiry of the insurance) within 2 years of the day of the accident. Compensation for permanent partial disability is calculated based on the insured sum for total permanent disability, in proportion to the degree of permanent disability ascertained with reference to the table of disability percentages specified in Appendix 1 of Italian Presidential Decree No. 1124 of 30 June 1965 as amended until the date the policy was taken out.

For disabilities of the upper limbs, in the event of left-handedness, the disability percentages specified for the right side will be valid for the left side and vice versa. If the injury involves a handicap, rather than total loss, the percentages indicated are reduced in proportion to the

lost function. In cases of permanent disability not specified in the table referred to above, the compensation is agreed with reference to the percentages of the cases indicated, taking account of the overall reduced capacity to work regardless of the Insured's profession. The total anatomic or functional loss of several organs or limbs involves the application of a disability percentage equal to the sum of the individual percentages owed for each injury, with a maximum of 100%.

Art. 05 - Presumed death

If the Insured is missing following an indemnifiable accident pursuant to the Policy and the body is not found and death is presumed, the Company will pay the beneficiaries the insured sum for the case of death. Payment will not be made until six months have passed since the submission of the application for the declaration of presumed death, pursuant to Articles 60 and 62 of the Italian Civil Code. If, after the compensation has been paid, the Insured is proved to be alive, the Company has the right to take action against the beneficiaries or the Insured him/herself for the return of the sum paid. When this sum has been repaid, the Insured may enforce his/her own rights for any residual permanent disability.

Art. 06 - Natural events

The Insurance covers accidents caused by earthquakes, volcanic eruptions, tsunamis and floods. However, it is agreed that in the case of an event that affects several people insured under this policy the amount the Company pays out may not exceed the total of xx.00 Euro.

Art. 08 - Provisions and restrictions

1. Uninsurable persons: persons affected by the following conditions are uninsurable regardless of the actual assessment of their state of health: alcoholism, drug dependency or epilepsy, or by the following mental infirmities: organic brain syndromes, schizophrenia, forms of manic depression or paranoid states. As a result, the insurance terminates on the manifestation of such conditions.

2. Age limits: the insurance is valid for people aged no more than 75 years old; however, for people who reach this age during the term of the contract, the insurance will continue to be valid until the next annual expiry of the premium and terminates on completion of this term.

Art. 09 - Exclusions

In addition to the "Exclusions common to all Sections" of the General Insurance Conditions, accidents caused by the following are excluded from the cover: Wilful misconduct by the Insured

- The use, including as a passenger, of motor vehicles and boats in events, competitions and related trials
- Driving any motor vehicle or boat, if the Insured does not have the prescribed and valid authorisation, except in the case of driving with an expired licence provided that the Insured meets, at the time of the loss, the requirements for renewal
- Driving and using agricultural and industrial machinery
- Motorboats for non-private use and underwater vehicles
- Driving and using means of air transport, except as provided for in Art. 06 Flight risk
- Practising sports involving the use of means of air transport, including those defined in the "appliances for pleasure flying for sport", namely ultralights, hang gliders, parachutes, paragliders and the like
- Practising sports like boxing, strength athletics, wrestling in its various forms, judo, karate and martial arts in general, potholing, ski jumping or water ski jumping, free style skiing in general, bobsleigh, skeleton, bob, rugby, American football, non-free diving, mountaineering with up to 3rd grade climbs done alone, mountaineering for climbs above 3rd grade however done, free climbing, downhill skiing, extreme skiing, canoeing, white-water rafting, ice or roller hockey, skateboarding
- Taking part in football, five-a-side football, cycling, horse-riding, skiing, roller skating or ice skating, volleyball, basketball, water polo, handball, modern pentathlon, fencing, baseball, rowing, if the accident occurs during events and competitions (and related trials or training sessions) organised or conducted under the aegis of the respective sports federations or associations equivalent to these
- Drunkenness, the use of hallucinogens, the non-therapeutic use of narcotic or psychiatric drugs
- Poisoning excluding what is provided for in Art. 1 above, and infections not directly and exclusively caused by an injury covered by the definition of accidents, the consequences of surgical operations or treatments not required as a result of an accident
- The Insured's own criminal activity or involvement in reckless undertakings carried out or attempted by the Insured

- Natural or deliberate nuclear reactions or the acceleration of atomic particles (fission and nuclear fission, radioactive isotopes, accelerators, X-rays, etc.)

- Radioactive, bacteriological and/or chemical substances when used for non-peaceful purposes

Infarctions of any cause are not considered "Accidents".

Art. 10 - Permanent disability excess

Compensation owed for permanent disability will be paid applying an excess of 5% so the Company will not pay any compensation if the permanent disability rate is less than 5%. However, if the permanent disability is at a higher level than this percentage, the Company will pay compensation only for the part above this percentage.

Art. 11 - Disputes – informal arbitration

In the event of disputes of a medical nature on the indemnifiable nature of the loss, the Parties can appoint, in writing, a panel of three doctors, one appointed by each party and the third agreed jointly or, alternatively, by the Board of the doctors' association based in the place where the panel of doctors is due to meet, to decide whether and to what extent compensation is due, pursuant to and within the limits of the policy conditions. The Medical Panel is based in the municipality, the home of the Forensic Medicine Institute, nearest to the Insured's place of residence. Each of the Parties bears his/her own expenses and pays the doctor he/she appoints; the expenses and fees of the third doctor is always paid by the unsuccessful Party. The Medical Panel's decisions are taken with a majority vote, with dispensation from all legal formalities, and are binding on the Parties, who waive as of then any right of appeal, except in cases of violence, wilful misconduct, error or violation of contractual agreements. The results of the experts' assessments must be gathered together in a special report, to be written in two copies, one for each of the Parties. The Medical Panel's decisions are binding on the Parties even if one of the doctors refuses to sign the report, in which case the refusal must be recorded in the actual report.

Art. 12 - Reporting the accident and obligations of the insured or the beneficiaries

The Policyholder or Insured or his/her beneficiaries, must make the claim to the Company by phoning the free phone number 800406858 available Monday to Friday from 8:00 to 19:30 and Saturday from 8:00 to 14:00 within 3 days of having the opportunity of doing so or send - within the same period - a written claim to: UnipolSai Assicurazioni S.p.A., Ufficio Sinistri Turismo, Post box 78, 20097 San Donato Milanese (MI)

The written loss report, signed by the Insured or - if impeded by the consequences reported - by his/her beneficiaries, must be accompanied by a medical certificate (or certificate from the Emergency Services) and contain: personal details of the Insured, tax code, indication of the place, date and time of the event as well as a detailed description of how it occurred. The Insured, or in the event of death, the beneficiaries, must allow the Company to make the necessary inquiries and investigations, releasing for this purpose the doctors who visited and treated the Insured from their professional secrecy obligation.

Art. 13 - Indemnity criteria

The Company will pay compensation only for the direct, exclusive and objectively recordable consequences of the accident. If, at the time of the accident, the Insured is not physically whole and healthy, only the consequences that would have occurred if the accident had affected a physically whole and healthy person are indemnifiable. In the event of the anatomical loss or reduced function of an organ or of a limb already handicapped, the disability percentages are reduced taking account of the pre-existing degree of disability.

Art. 14 - Waiver of the right of subrogation

The Company waives, in favour of the Insured or his/her beneficiaries, the right of subrogation referred to in Article 1916 of the Italian Ci

COMPANY INFORMATION

Information sheet for the Policyholder

This Information Sheet is intended to provide all the preliminary information needed for the Policyholder to take out the chosen insurance with full knowledge and judgment. It is drawn up in accordance with the provisions specified by IVASS on the basis of the consumer protection regulations issued by the European Union for the damage insurance sector and incorporated in Italian law in Legislative Decree No. 209 of 17 September 2005.

Company name, legal form of the Company and Registered Office

The insurance company is UnipolSai Assicurazioni S.p.A., Via Stalingrado, 45, 40128 Bologna, Italy, a company authorised to operate in the insurance profession (Italian Ministerial Decree of 26/11/1984 and Italian Ministerial Decree of 24/11/1993) and subject to management and

coordination by Unipol Gruppo Finanziario S.p.A., with registered office at Via Stalingrado, 45, 40128 Bologna, Italy.

INFORMATION ABOUT THE CONTRACT

Legislation applicable to the Contract

The legislation applicable to the contract is Italian law; however, before entering into the contract, the Parties have the right to choose different legislation, subject to the limits arising from the application of essential national regulations and provided that the specific provisions specified in Italian law concerning mandatory insurance prevail. UnipolSai Assicurazioni S.p.A. proposes to apply Italian law to the contract that will be signed.

Prescription of rights arising from the Contract

Pursuant to Article 2952 of the Italian Civil Code, the rights of the Insured (the party in whose interest the contract is signed) arising from the contract will lapse two years from the day on which the circumstance on which the right is based occurred and/or from the day on which a third party claimed compensation from the Insured or brought an action against him/her.

Complaints about the contract

Any complaints about the management of the contractual relationship, in particular in relation to the attribution of liability, the actual existence of the service, the quantification and delivery of sums owed to the eligible party, or an insurance service, must be sent in writing to:

UnipolSai Assicurazioni S.p.A.
Reclami e Assistenza Specialistica Clienti (Complaints and Special Customer Assistance)
Via della Unione Europea, 3/B
20097 San Donato Milanese (MI)
Fax: 02.51815353 email: reclami@unipolsai.it

Or using the special complaints form available on the website www.unipolsai.it.

So that the complaint can be followed up, the application must contain the full name and tax code (or VAT number) of the policyholder.

If the complainant is not satisfied with the outcome of the complaint or if no response is received within the maximum period of forty-five days, he/she may apply to IVASS, Servizio Tutela del Consumatore (Consumer Protection Department), Via del Quirinale, 21, 00187 Rome, telephone 06 421331.

Complaints sent in writing to IVASS, including those using the special form that can be found on the IVASS and the Company website, must contain:

- a) First name, surname and legal residence of the complainant, and any phone number
- b) Identification of the party or parties whose actions the complaint concerns
- c) A short full description of the reason for the complaint
- d) A copy of the complaint sent to the Company and any response received from it
- e) Any documents that are useful for describing the related circumstances more fully.

Note that complaints concerning the compliance with current sector regulations should be presented directly to IVASS. Useful information for submitting complaints can be found on the Company's website www.unipolsai.it and in periodic communications sent during the term of the contract, where specified.

To resolve cross-border disputes they are party to, complainants legally resident in Italy can present the complaint to IVASS or directly to the foreign system with jurisdiction, which can be found on the website http://ec.europa.eu/internal_market/fin-net/members_en.htm and ask for the FIN-NET procedure to be activated.

Note that if the complaint is not or only partially accepted, subject in each case to the right to apply to the Judicial Authority, the complainant can have recourse to the following alternative systems for resolving disputes:

- Mediation proceedings before a mediation body pursuant to Italian Legislative Decree No. 28 of 4 March 2010 (as amended); in some matters, including those concerning disputes arising from insurance contracts or compensation for damage relating to medical and health liability, using mediation proceedings is a pre-condition for proceeding with a legal claim. For mediation, an application must be submitted to a mediation body with the help of a lawyer chosen by the party, under the terms and conditions indicated in the aforementioned Decree
- Assisted negotiation proceedings pursuant to Italian Decree-Law No. 132 of 12 September 2014 (converted into Law No. 162 of 10 November 2014); for these proceedings an assisted negotiation agreement must be entered into by the parties with the help of a lawyer chosen by the party, under the terms and conditions indicated in the aforementioned Decree
- Arbitration proceedings when provided for in the Insurance Conditions.

Warning

This information sheet is a document that is valid for information purposes only.

INFORMATION TO CUSTOMERS ON THE USE OF THEIR DATA AND THEIR RIGHTS

Article 13 Italian Legislative Decree 196/2003 - Data Privacy Code

Dear Customer

To provide you with the insurance products and/or services requested or specified in your favour, we need to collect and use certain data concerning you.

What data do we collect?

It is data (such as, for example, first name, surname, residence, date and place of birth, profession, telephone number and email address) that you or other parties(1) provides us; it may include sensitive data(2) that is vital for providing you with the aforementioned insurance services and/or products. The provision of this data is generally necessary to produce the insurance contract and to manage and execute it; in some cases it is mandatory by law, regulations, EU regulations or on the basis of provisions issued by parties such as the Judicial Authorities or the Supervisory Authorities(3). In the absence of this data we will not be able to provide you properly with the requested services; the optional provision of additional data concerning you may also be useful in making it easier to send you service notifications and communications. Your address may also be used to send you, by post, commercial and promotional communications about our insurance products and services that are similar to those you have purchased, unless you object, immediately or at a later date, to receiving such communications (see the information in What are your rights?).

Why are we asking for the data?

Your data will be used by our Company for purposes closely related to the insurance activity and services provided(4) and corresponding regulatory formalities, and for data analysis (except for sensitive data), according to product parameters, policy characteristics and information on claims levels, related to statistic and rate valuations; where necessary, for these purposes and for the corresponding administrative and accounting activities, your data may also be bought and used by the other companies of our Group(5) and will be included in a Group customer archive.

Your data may be communicated to public or private parties outside our Company only if they are involved in providing the insurance services concerning you or in operations required to fulfil the obligations connected to the insurance activities(6). We may also process your sensitive data (for example, concerning your health) only after obtaining your explicit consent.

How do we process your data?

Your data will not be circulated; it will be processed using appropriate methods and procedures, including computerised and electronic, only by staff employed by the structures of our Company appointed to provide the insurance products and services concerning you and by trusted external parties to whom we assign some technical and organisational tasks(7).

What are your rights?

The privacy law (Articles 7-10 Italian Legislative Decree 196/2003) guarantees you the right to access the data concerning you at any time, to ask for it to be updated, added to, amended, or, if data is processed against the law, deleted, and to object to the use of your data to send commercial and promotional communications.

The data controller of your data is UnipolSai Assicurazioni S.p.A. (www.unipolsai.it) with registered office at Via Stalingrado 45, 40128 Bologna(8).

To exercise your rights, and for more detailed information about the parties or categories of parties to whom data may be communicated or who may come to know it as data supervisors or processors, you may contact the "Person responsible for communications with interested parties" at UnipolSai Assicurazioni S.p.A., Via Stalingrado, 45, Bologna, privacy@unipolsai.it

In addition, if you go to the website www.unipolsai.it, to the Privacy section, or to your agent/broker you will find all the instructions on how to object, at any time and at no charge, to being sent commercial and promotional communications on our insurance products and services.

Notes

1) For example, policyholders of insurance of which you are an insured or beneficiary, or possible joint and several guarantors; other insurance operators (such as insurance brokers, insurance companies, etc.); parties from whom, to respond to your requests (e.g. to issue or renew cover, settle a claim, etc.) we ask for commercial information; associations (e.g. ANIA - National Association of Insurance Companies) and insurance sector consortia, other public parties.

2) Data that could reveal not only your health, but also religious, philosophical or other beliefs, political opinions, or membership of parties, unions, associations or organisations of a religious, philosophical, political or union nature. Judicial

data, concerning criminal verdicts or investigations, are considered particularly delicate, even if they are not sensitive.

3) For example: IVASS, CONSOB (Italian Securities and Exchange Commission), COVIP (Pension Fund Supervisory Body), Bank of Italy, AGCM (Competition and Market Watchdog), Privacy Guarantor, or for formalities concerning tax assessments with the related communications to the financial authorities, and for obligations concerning identification, registration and adequate checking of clients pursuant to the laws against money laundering and the financing of terrorism (Italian Legislative Decree 231/07), and to report any operations considered suspicious to the UIF (Financial Information Unit) at the Bank of Italy, etc.

4) For example, to prepare or enter into insurance contracts (including those implementing additional pensions, as well as individual or collective membership of pension funds set up by the Company), to collect premiums, settle claims or pay or perform other services; for reinsurance and coinsurance; to prevent and identify, together with the other companies of the Group, insurance frauds and related legal action; to constitute, exercise and defend the insurer's rights; to fulfil other specific legal or contractual obligations; to analyse new insurance markets; for management and internal control; for statistical and rates activities.

5) Gruppo Unipol, with parent company Unipol Gruppo Finanziario S.p.A., the companies making up Gruppo Unipol to whom data might be communicated are, for example, Unipol Banca S.p.A., Linear S.p.A., Unisalute S.p.A. etc. For more information, see the list of the group's companies available on the Unipol Gruppo Finanziario S.p.A. website www.unipol.it.

6) In particular, your data may be sent and processed, in Italy or abroad (when required) to countries in the European Union or outside it, by parties that make up the "insurance chain" such as: other insurers; reinsurers and reinsurers; insurance and reinsurance brokers and other insurance contract purchase channels; banks, SIM (Stockbrokers' Association); asset management companies; pension fund deposit banks, specialist doctors, loss adjusters, garages, lawyers; premium payment service companies; approved clinics or health establishments; as well as bodies and organisations, including those belonging to the insurance sector, with a public or associative nature to fulfil regulatory and supervisory obligations, other databases to which data must be communicated, such as for example the Central Accident Database (the full list is available from our registered office or the Person Responsible for Communications with Interested Parties).

7) For example, computer and electronic or archiving service companies; service companies entrusted with the handling, settlement and payment of claims; management support companies including postal services companies; audit and consultancy companies; commercial information for financial risks companies; service companies for fraud control; credit recovery companies.

8) As well as, based on the insurance cover you may have purchased and limited to the handling and settlement of illness claims, UniSalute S.p.A, with registered office in Bologna at Via Larga, 8.