

# Fit<sup>2</sup>Trip



**INTER PARTNER ASSISTANCE S.A.**



**TRAVEL INSURANCE CONDITIONS  
RELATING TO THE POLICY**  
“Fit 2 Trip”

**Travel Insurance Agreement (single or annual multi trip)**

**Date of issue: 01/06/2019**

# PRESENTATION

Dear Customer, this document contains the conditions relating to the “Fit 2 trip” insurance product from the insurer Inter Partner Assistance SA.

Before signing the contract, we would recommend that you carefully read these conditions which, together with Damages (non-life assurance) and Additional cover (non-life assurance), make up the Key Information Pack for this insurance product.

The Insurance Conditions are drafted in a simple and clear manner, according to the guidelines from the technical committee of Ania (the Italian Association of Insurers) - Consumer Associations - Intermediary Associations for “Simple and clear contracts”, and is divided into Sections and Chapters. If there is any doubt or need for clarification prior to signing the contract please contact the insurance intermediary offering you the product, who we remind you is in any case required at the pre-contractual stage to assess that “Fit 2 trip” is appropriate for your insurance needs.

**Before subscribing to the policy, you have the right to receive a copy of the pre-contractual information from the intermediary as required by current legislation on insurance distribution.**

Inter Partner Assistance SA will manage and administer, directly and through its branches (as well as any company of the AXA Group appointed by IPA), the benefits and services provided by this policy. Inter Partner Assistance S.A., International Insurance and Reinsurance Company, with registered office in Belgium, 1050 Brussels, Avenue Louise, 166, share capital € 31,702,613 100% AXA Partners Holding S.A., operates in Italy under freedom of services. The contract is stipulated by the General Representation for Italy with headquarters and General Directorate in Italy, Via Carlo Pesenti 121 - 00156 Rome, tel. 06 42118.1. Website: [www.axa-assistance.it](http://www.axa-assistance.it) - e-mail: [direzione.italia@ip-assistance.com](mailto:direzione.italia@ip-assistance.com) - address pec: [ipaassicurazioni@pec.it](mailto:ipaassicurazioni@pec.it) Inter Partner Assistance SA, has been authorized to carry out insurance business in Italy with DM 19 October 1993 (G.U. of 23.10.1993 n.250). Registration number in the Register of Insurance and Reinsurance Companies: I.00014. Part. VAT 04673941003 - Cod. Fisc.03420940151. Inter Partner Assistance S.A. it is subject to the supervision of the NBB (Banque Nationale de Belgique) and the FSMA (Autorités de surveillance des marchés financiers). The net assets of Inter Partner Assistance S.A. it is equal to € 176,718,675, and includes the share capital of € 31,702,613 and the equity reserves of € 13,913,888. The solvency index of Inter Partner Assistance S.A. relating to the entire damage management, ie the ratio between the amount of the available solvency margin and the amount of the solvency margin required by current legislation, is 121.30%. For asset information on the company (report on the solvency and on the financial condition of the company) it is possible to consult the website: [www.axa-assistance.it](http://www.axa-assistance.it)

Should you decide to subscribe to the contract, we will be at your complete disposal for any request relating to your policy, and may be reached using the contact details below:

## USEFUL CONTACTS

### FOR INFORMATION ON YOUR POLICY AND REGARDING CLAIMS



**TELEPHONE NUMBER: (+39) 02 36 00 59 55**

#### TO MAKE A CLAIM

**By regular mail (including by registered post)**

AXA Travel Insurance, PO BOX 458, Feltham, TW13 9EP,  
United Kingdom

**By electronic mail (e-mail)**

[claims@axa-assistance-claims.com](mailto:claims@axa-assistance-claims.com)

#### SUBMITTING A COMPLAINT TO INTER PARTNER ASSISTANCE

**By regular mail (including by registered post)**

AXA Travel Insurance, PO BOX 458, Feltham, TW13 9EP,  
United Kingdom

**By electronic mail (e-mail)**

[claims@axa-assistance-claims.com](mailto:claims@axa-assistance-claims.com)

## FORWARDING A COMPLAINT TO INTERMUNDIAL (intermediary)

Telephone

+39 069 450 0065

By electronic mail (e-mail)

customerservices@fit2trip.com

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# TRAVEL INSURANCE CONDITIONS

## GLOSSARY

The insured person	Each person travelling on a trip who is named on the policy schedule.
Insurer / company / us / our	Inter Partner Assistance SA, with headquarters in Avenue Louise, 106 bte1, 1050, Brussels.
Business equipment	Computer equipment (including laptops, hardware and software, remotes and handheld devices), communication devices (including mobile phones). This includes samples and sampling, as well as any other equipment necessary to carry out the work and the business activity required by the insured person, <b>provided such items are not covered by other policies.</b>
Golf equipment	Golf clubs, golf balls, golf bags, non-motorised golf trolleys and golf shoes included in regular Baggage.
Ski equipment	Skis and snowboards (including bindings), ski boots, snowboard boots and ski poles.
Baggage	Clothing, other personal effects and other items belonging to the insured person <b>(excluding valuables, ski equipment, golf equipment, personal money and documents of any kind)</b> that are worn, used or transported by the insured person during the trip.
Pregnancy complications	Thaemodialysis, gestational hypertension, pre-eclampsia, extrauterine pregnancy, hydatidiform mole (molar pregnancy), hyperemesis gravidarum, ante-partum haemorrhage, placental abruption, placenta previa, postpartum haemorrhage, retention of placenta or membrane, miscarriage, still birth, caesarean section performed urgently due to medical necessity or medically required termination of pregnancy, as well as any premature births or risk of premature labour over 8 weeks (or 16 weeks in the case of a multiple pregnancy) before the expected date of birth, <b>provided they are certified by a doctor.</b>
Medical conditions	Any medical or psychological illness, disorder, condition or accident suffered by the insured person, a Family member, a travelling companion or a person with whom you intend to stay during the trip, or a business associate.
Pre-existing medical conditions	Any medical condition past or present involving any type of treatment or where medication has been prescribed, or which has required examinations, tests or checks / check-ups during the 2 years prior to the signing of the policy and / or the trip(s).
Adverse weather conditions	Rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm not caused or originating from a geological or catastrophic event such as, but not limited to, earthquakes, volcanic eruptions and tsunamis.
Legal counsel	Specialised lawyers and their associates.
The policy holder	The main traveller taking out the policy and of any other insured parties.
Cover / policy	The protection that the policy holder / insured person receives should a specified event occur.
Pair or set	Items that are part of a set or which are normally used together.
Business money	Money in the form of banknotes and coins currently in circulation, travellers checks and the like, bank or postal orders, coupons or prepaid vouchers, travel tickets, hotel vouchers, <b>all for the purposes of carrying out business, commercial, professional or occupational activities.</b>
Personal money	Money in the form of banknotes and coins currently in circulation, travellers checks and similar, bank or postal orders, coupons or prepaid vouchers, travel tickets, hotel vouchers, <b>all for personal purposes.</b>
Medical declaration regarding health	Any medical information which determines that the insured person suffers from a Pre-Existing Medical Condition of which they are obliged to inform to the company.
Habitual residence	Place where the insured person permanently resides.

<b>Medical emergency</b>	Physical injury or sudden and unforeseen illness affecting the insured person occurring during travel outside of the Country of residence, <b>provided that the requirement for the insured person to receive immediate medical care or assistance is certified by a qualified Doctor.</b>
<b>Family relations</b>	Mother, father, sister, brother, spouse or fiancé(e) or partner (meaning any couple involved in a de facto relationship living permanently at the same address), children, including adopted children, grandparents, grandchildren, in-laws, nephews or nieces, daughter-in-law, brother-in-law, stepfather, stepmother, stepson, step sister, stepbrother, foster child or legal guardian.
<b>Theft</b>	Any abduction of property committed with violence, threat of violence, aggression for the purpose of robbery, theft or break-in by third parties, <b>with the exception of relatives, family members or traveling companions.</b>
<b>Excess</b>	Pre-established amount, as indicated in Table of Benefits, which remains the responsibility of the insured person for each claim and for each insured person.
<b>Hole-in-one</b>	In golf, a shot that enters the hole from the tee with no intervening shots.
<b>Indemnity / compensation</b>	The sum due by the insurer in the event of a claim.
<b>Personal injury</b>	Any damage due to a specific sudden, violent and unexpected external event that produces a physical injury. The definition of physical injury includes any injury that is the result of an inevitable exposure to adverse weather conditions.
<b>Curtailment</b>	Interruption of the trip and subsequent return to the Habitual Residence, <b>as authorised by the company</b> , due to an emergency situation.
<b>Total permanent invalidity.</b>	Disability lasting for a period of <b>at least 12 consecutive months</b> from the date of the event and which, in the opinion of a qualified independent expert, prevents the insured person from engaging in any work or occupation for the rest of his natural life.
<b>Ivass</b>	Institute for the Supervision of Insurance, carrying out supervisory functions with respect to insurance companies on the basis of guidelines determined by the government. Further information is available at: <a href="http://www.ivass.it">www.ivass.it</a> .
<b>Illness</b>	Any alteration of the state of health arising without injury.
<b>Maximum / cover limit</b>	The maximum amount of compensation as established in the policy which the company guarantees to provide.
<b>Doctor</b>	A person who is legally authorised to practice medicine, according to the laws in force in the country where the care is provided. The treatment that the doctor provides to the insured person must fall within the scope of the purpose of his qualification and his training. <b>Physicians which are family members related to the insured person or fellow travellers are excluded from this definition.</b>
<b>Valuables</b>	Jewellery, gold, silver, items made of precious metals or precious and semi-precious stones, watches, furs, leather goods, photographic / audio / video equipment, computers, televisions and gaming equipment (including, but not limited to, CD's, DVD's, discs or memory devices and headphones), telescopes, binoculars, laptops, tablets and notebooks, E-readers, MP3 and MP4 players.
<b>Unattended items</b>	Any property outside of the line of sight of the insured person and thus not in a position where unauthorised interference may be prevented.
<b>Ski package</b>	Ski passes, ski school fees and ski equipment hire, all paid in advance.
<b>Parties</b>	Insurers and policy holders.
<b>Loss of sight</b>	Total and irrecoverable loss of sight in one or both eyes. <b>Verifiable if the degree of sight remaining after correction is 3/60 or less on the Snellen scale (which means only seeing at 1 metres what should be seen at 18 metres).</b>
<b>Loss of a limb</b>	Loss through amputation or total, irrecoverable and permanent loss of use or function of an arm (wrist level or above) or of a leg (ankle level or above).
<b>Cooling-off period</b>	Up to 14 days after the signing of the policy.
<b>Policy</b>	The contract concluded between the policy holder and the insurer through which the former transfers the risk of the occurrence of the event inferred in the contract to the latter upon payment of a premium.
<b>Premium</b>	The sum due to the insurer in relation to the insurance provided.



<b>Compensation required for medical reasons</b>	Any service or assistance of a reasonable and essential medical nature, ordered by a doctor as a result of a careful clinical evaluation, which is necessary for the diagnosis or treatment of an illness, accident, medical condition, disease or related symptoms in compliance with generally accepted standards of medical practice.
<b>Strike or union action</b>	Any form of union action carried out with the intention of blocking, limiting or hindering the production of goods or the provision of services.
<b>Loss</b>	The occurrence of an event for which insurance has been taken out.
<b>Legal expenses</b>	Reasonable expenses and expenses incurred in connection with a Legal adviser <b>with prior authorisation from ourselves. Legal fees and expenditure costs will be paid according to the applicable standard rates, while the costs of third parties may be covered and settled according to common usage if they may be attributed to the insured person.</b>
<b>Winter sports</b>	Ice skating, tobogganing, ski-boarding, snowmobiling, ice skating (on approved slopes), skiing (on-piste or off-piste only with a teacher, and signposted within the confines of the resort), snowboarding (on-piste or off-piste only with a teacher, the piste being intended as a recognised and signposted track within the confines of the resort), mono-skiing, snow-shoeing, skiing, ski mountaineering.
<b>Business associate</b>	An associate whose absence from work at the same time as the insured person, for five full working days, would compromise the efficient functioning of the company.
<b>Table of benefits</b>	Table shown in Annex 1 of the policy, detailing the sums to be compensated in the event of an eligible claim pursuant to this policy.
<b>Team</b>	The team of legal advisers that the company may appoint to act in the name of and on behalf of the insured person.
<b>Terrorism</b>	Any act, including but not limited to those involving the use and / or threat of force or violence, performed by persons or group (s) of persons, acting alone, on behalf of or in association with any organisation or government, including acts committed for political, religious, ideological or similar purposes including the intent to influence a government and / or disseminate terror in the public or in a part of it.
<b>Public transport</b>	Any public transport by road, rail, air or sea, provided by an authorised carrier operating a regular passenger and / or charter service on which the insured person has booked to travel.
<b>Travel</b>	Any holiday, business or leisure trip made by the insured person that begins and ends in the country of residence during the insurance period. <b>The insurance policy covers journeys with both one-way or open tickets, as long as the tickets for the outward journey and return tickets have been purchased before departure for the journey in question.</b>

## SECTION 1 GENERAL RULES

### CHAPTER I - LIMITS APPLYING TO ALL POLICIES

#### Art. 1 - Declarations from policy holders on the circumstances of risk to be covered

The declarations of the policy holder must be truthful, accurate and complete. **Inaccurate statements or withholding information regarding circumstances which may affect the insurer's assessment of risk may result in the total or partial loss of the right to Compensation, as well as the termination of the related coverage pursuant to articles 1892, 1893 and 1894 of the Civil Code.** Such consequences may occur when inaccurate or incomplete declarations have been provided where the insurer would not have otherwise agreed to conclude the contract, or would not have permitted the same conditions had they been aware of the true state of affairs.

In particular, with reference to this insurance contract, the information requested from the policy holder at the time of taking out the policy is essential to the insurer for the purposes of concluding the contract, particularly with reference to the age and state of health of the insured person.

Where the policy holder submits inaccurate or incomplete statements, the insurer may duly make use of the aforementioned regulatory provisions.

## Art. 2 - Limitation of rights

The rights arising from the insurance contract (not including the right to the payment of premium instalments) are limited to two years from the day on which a third party claims compensation from the Insured Person or initiates an action against the Insured Person. The limitation period for policies excluding civil liability cover is two years calculated from the day of the event giving rise to the loss.

## Art. 3 - When and how to pay the premium

The premium must be paid in full upon signing the contract. The premium may be paid through one of the electronic payment instruments provided by the company or by the intermediary acting as a distributor of the insurance product. Failure to pay the premium or the first instalment of the premium as established by the contract shall result in the suspension of the policy up to midnight on the day which the policy holder pays the amount due, as established by art. 1901 c.c.

## Art. 4 - When the insurance cover begins and ends

**For the Single Travel policy**, the trip Cancellation cover begins at the time of booking the trip or paying the premium, depending on which occurs last, and ends at midnight on the day of departure.

**For the Multi trip Annual policy**, the trip Cancellation cover enters into force on the date the policy begins or at the time of booking the trip, depending on which occurs last.

**For all other policies**, cover begins when the insured person departs their home in the country of residence to begin the trip (in any case not earlier than 24 hours before the scheduled departure time) or from the first day of the insurance period, as indicated in the insurance certificate, depending on which occurs last.

For all Policies:

- the policy terminates at the moment when the insured person returns to their Habitual Residence in their Country of residence (and in no event later than 24 hours after the insured person returns to their Country of residence) or at the end of the insurance period as indicated by the Insurance Certificate, whichever occurs sooner.
- all trips must begin and end in the Country of residence, and both outbound and return tickets must be purchased before the start of the trip. **Any trip with a destination in the Country of residence is only covered if the insured person has booked and paid for accommodation for at least two nights. If the trip extends beyond the period of insurance, the company shall only cover the portion of the trip up to and not beyond that period.**

**Winter Sports cover has a maximum duration of 17 days per insurance period.**

## Art. 5 - Geographical scope

Depending on the premium and according to what is attested in the Insurance certificate, either of the following geographic coverages are available:

- A. Europe: this cover applies to travel throughout the continent of Europe, including countries west of the Ural Mountains and countries bordering the Mediterranean sea, including: Algeria, Egypt, Israel, Lebanon, Morocco, Tunisia and Turkey as well as Mediterranean islands, the Canary Islands, Madeira, the Azores and Iceland;**
- B. Worldwide with the exclusion of Canada, the Caribbean, China, Hong Kong, Mexico, Singapore and the USA:** this cover applies to worldwide travel excluding Canada, the Caribbean, China, Hong Kong, Mexico, Singapore and the USA;
- C. Worldwide:** this cover applies to travel in all countries.

**NOTE: This cover does not apply to travel to countries for which a governmental body of the Republic of Italy or the World Health Organisation has advised against visiting. The policy does NOT cover travel to the following countries: Iran, North Korea, Sudan, South Sudan, Syria, Belarus, the Democratic Republic of the Congo, Somalia and Zimbabwe.**

## Art. 6 - European Health Insurance Card (EHIC)

Before traveling to a European Union (EU) country, the European Economic Area (EEA) or Switzerland, we recommend that you apply for the European Health Insurance Card (EHIC). This card entitles you to reduced or subsidised health care rates in the EU, EEA and Switzerland.

## Art. 7 - Excess

This is an excess insurance policy. If the insured person holds other insurance policies, they must present, in the first instance, a compensation claim for the policy, insurance or main guarantee against any other service provider, up to the maximum amount agreed. **Upon reaching this maximum limit, the insurer will compensate the insured person for the amount exceeding the maximum risk policy, within the limits of the maximum amount of this excess policy.**

## Art. 8 - Other insurance policies

The insured person is obliged to inform the insurer of any other insurance policies existing for the same risk taken out with different insurers. Should the insured person intentionally fail to provide such information, the insurer will not be required to pay any compensation.

#### **Art. 9 - Cancelling the policy**

The policy holder may exercise the right of cancellation and terminate this policy within 14 days of receiving the policy documents by sending written notice to the intermediary at the following e-mail address: customerservices@fit2trip.com or by calling the following telephone number: (+39) 069 450 0065.

Any premiums already paid will be reimbursed to the policy holder **provided that no insured person has travelled or has made or intends to make a claim for compensation, and that no losses have occurred that could give rise to such requests.**

#### **Art. 10 - Applicable Law**

This insurance contract is governed by Italian law.

#### **Art. 11 - Court of jurisdiction in the event of a dispute**

For any disputes relating to the contract, competency shall fall to the judicial authority of the place of residence or domicile of the consumer (policy holder or insured person) subject to prior attempted mediation pursuant to Law no. 98/2013, excluding any subsequent amendments. In order to request mediation an application must be submitted with a mediation body accredited by the Ministry of Justice, in the place of the competent court for the area.

#### **Art. 12 - Governing laws and regulations**

For all that is not otherwise regulated, Italian law shall apply.

#### **Art. 13 - General Exclusions**

**These exclusions apply to the whole policy. The company shall not compensate claims arising directly or indirectly from:**

- a. Any loss which does not arise as a result of the circumstances described in the policy;
- b. claims for which the insured person has not provided, at their own expense, relevant documentation as reasonably required by the company for the purposes of assessing and settling the claim. The company may request additional documentation in order to ascertain the legitimacy of the claim;
- c. The participation of the insured person in the following activities: manual work; flights, except as a paying passenger on passenger planes with appropriate licensing; the use of two or three-wheeled motor vehicles, unless holding a standard driving licence issued in the Country of residence permitting the use of such vehicles at the travel destination and on the condition that a helmet is worn; professional entertainment; professional sports; races (excluding running races); rallies and motor sports, track races and any speed trials or endurance sports;
- d. sports and activities practised on a competitive or professional and not a regular basis. In no circumstances shall cover be provided for activities that are not included in the list of the "Sport and Activities" table, irrespective of whether such activities have been undertaken as part of an excursion or an organised event. Category 3 sports and activities, (as listed in the table appended to this policy) are only covered if the relevant additional premium has been paid and this coverage is indicated on the Certificate of Travel Insurance;
- e. Where the insured person engages in "Winter Sports" (as defined in "Winter Sports" cover), unless the additional premium has been paid and the Winter Sports coverage is indicated as being selected on the Travel Insurance Certificate. Irrespective of the activation of the Winter Sports cover, the insured person shall not in any case be covered for the following activities: skiing when there is a recommendation in force not to ski or where skiing is against the advice of the local authorities, off-piste skiing or snowboarding when there is an avalanche danger higher than category 2, ski stunting, free-style skiing, ice hockey, ski-bobbing, downhill tobogganing, heli-skiing, acrobatic skiing, ski flying, ski jumping, ski mountaineering, cat skiing, snow carting or using bobsleds, luges or skeletons;
- f. Any claim arising from the suicide or attempted suicide of the insured person as well as self-inflicted injury; taking drugs not prescribed by a Doctor; the addiction to or abuse of drugs or alcohol; or being under the influence of drugs or alcohol;
- g. Voluntary exposure to an unnecessary danger (except in an attempt to save a human life);
- h. Any claim arising from participation in a fight, except when acting in self-defence;
- i. The insured person travelling in breach of the conditions defined by transport companies, their agents or other public transport providers;
- j. Unlawful acts committed by the insured person, legal procedures pending against the insured person, or loss or damage intentionally brought about or caused by the insured person;
- k. Any other damage, loss or additional expenses incurred as a result of an event for which the insured person is making a claim for compensation, such as, for example, the cost of drafting the compensation claim, loss of earnings, loss or expenses incurred as a result of the curtailment of activities, state of distress or discomfort or loss of use;
- l. Where the insured person is travelling for the purposes of fulfilling obligations as a member of the Armed Forces, Police, Fire Service, Ambulance or Health Services or in the capacity of an employee of a governmental department, excluding any claims arising from the cancellation of the period of leave for operational reasons, in accordance with the provisions of the cover relating to trip cancellation and curtailment of the trip;
- m. Any claim for which the insured person has the right to compensation under the terms of any other insurance policy, or

any other source of insurance, had the cover provided herein not been taken out, except for any amounts in excess of the amount that would have been covered by any other such insurance policy or any other source of insurance;

- n. The insured person travelling to a specific country or area, (or participating in an event), which a body of the government of the Country of residence or the World Health Organisation has advised against, or on which the United Nations has imposed an embargo;
- o. If the insured person climbs, jumps or moves from one balcony to another, regardless of the height of the balcony;
- p. potential costs that the insured person would have to bear even if the event giving rise to the claim had not occurred;
- q. any circumstance which the insured person is aware of and which may reasonably be expected to give rise to a claim under the terms of this policy;
- r. The cost of telephone calls or faxes and Internet connection expenses except where documented as costs incurred for contacting AXA Assistance;
- s. any condition for which the insured person does not follow the prescribed treatment or course of medicine prescribed by a physician;
- t. War, invasion, acts of foreign enemies, hostilities or military operations (whether war is declared or not), civil war, rebellion, terrorism, revolution, insurrection, civil disturbances assuming the proportions of or equivalent to an uprising, usurpation of power or the establishment of a military government. This exclusion does not apply however to damages covered by the provisions of the Emergency Medical Expenses and Hospital Treatment policies, unless they are caused by nuclear, chemical or biological attacks or by disturbances already in progress at the start of the trip;
- u. Ionising radiation or contamination by radioactivity from any nuclear fuel or waste, from the combustion of nuclear fuels, from radioactive, toxic or explosive substances or from other hazardous characteristics of nuclear equipment and the components thereof;
- v. Loss, destruction or damage caused directly by pressure waves from aircraft or other airborne devices travelling at sonic or supersonic speeds.

#### Art. 14 - Limitations applying to to all policies

##### Art. 14.1 - Pre-existing Health Conditions

This insurance policy **does not cover claims** arising directly or indirectly from any pre-existing Medical Conditions affecting the insured person, except where;

- a. the insured person has declared ALL pre-existing Medical Conditions to the company; and
- b. the company has accepted all the pre-existing Medical Conditions in writing for the purpose of taking out the insurance.

##### Art. 14.2 - Indirectly connected conditions

The list of what is intended by indirect connections to any pre-existing medical condition below is by way of example and not exhaustive:

- a. breathing difficulties and any subsequent lung infections;
- b. high blood pressure or diabetes and subsequent heart attacks, strokes or (TIA's) transient ischaemic attacks;
- c. tumours and secondary tumours;
- d. osteoporosis and any subsequent bone fractures.

##### Art. 14.3 - Age limit

The limit of eligibility for all policies is 85 years of age. Should the age of 86 years be reached during the Insurance Period, the cover remains valid until the end of the Insurance Period, terminating at the end of said period and, for the ANNUAL MULTI TRIP policies, the policy may not be renewed.

## SECTION 2 RULES RELATING TO BASIC POLICIES

Insurance may be purchased as a SINGLE TRIP or as ANNUAL MULTI TRIP policy.

The benefits due to the insured person are solely those provided in the Table of Benefits referred to in ANNEX 1, where the premium for the relevant cover has been paid as provided for in the Basic, Standard and Premiere tariff formulas, and as indicated in the policy.

The "Basic Policies" provided for in this Section maybe purchased by the policy holder by activating one of the following Components:

- **"MULTI-RISK" COMPONENT** - All the basic policy coverage mentioned in this Section (2, Chapters I to XII) will be in effect with

the purchase of this component.

- **“MEDICAL EXPENSES ONLY” COMPONENT** - The basic policy coverage provided for in Chapter I of this Section 2 (“Emergency medical expenses and repatriation”) will be in effect with the purchase of this component.

This coverage also extends to the “Sports” and the “Activities” cover listed in ANNEX 2, under the conditions and within the limits provided for therein.

## CHAPTER I - EMERGENCY MEDICAL EXPENSES AND REPATRIATION

### Art. 15 - Cover for “Emergency medical expenses”

The Insurer undertakes to compensate, **up to the maximum limit indicated in the Table of Benefits**, the insured person’s costs incurred outside the Country of residence for:

- a. all reasonable and necessary expenses arising from a medical emergency involving the insured person. This includes doctors’ fees, hospital expenses, medical care and transportation costs to the nearest registered hospital when considered necessary by a doctor;
- b. all reasonable and necessary medical expenses relating to babies born as a result of pregnancy complications during the trip. claims concerning multiple births will be considered as a single event;
- c. emergency dental care for the immediate treatment of pain and/or emergency repair of dental fittings and false teeth, but only to the extent that this is necessary to alleviate pain experienced when eating;
- d. in the event of the death of the insured person abroad:
  - i. cremation or funeral in the country in which the event took place; or
  - ii. the cost of transporting the ashes or body of the deceased to the Country of residence.

The amount indicated as deductible, per insured person and per claim in Table of Benefits will not be subject to compensation.

### Art. 16 - Cover for “Repatriation services”

The Insurer undertakes to compensate, **up to the Maximum limit indicated in the Table of Benefits**, the insured person’s costs incurred outside the Country of residence for:

- a. additional travel expenses for repatriation of the insured person to their Habitual Residence, where recommended by our medical director, including the cost of any necessary medical escort authorised by the company in advance. Expenses for repatriation services will be paid if the tickets are of the same class of travel as used in the outbound journey, unless otherwise authorised by the company.
- b. all reasonable and necessary travel and accommodation costs (**overnight only**) incurred as a result of the insured person staying beyond the scheduled date of return due to medical reasons subject to authorisation by the company and by our medical director if considered necessary from a medical point of view; this also includes the costs of returning to the Country of residence in the event that the their original ticket may not be used;
- c. all reasonable and necessary travel and accommodation costs (**overnight only**) incurred by any other person if required, subject to medical advice, to accompany the insured person or a minor to their Habitual Residence in the country of residence, subject to authorisation by the company and by our medical director if considered necessary from a medical point of view;
- d. all reasonable and necessary travel and accommodation costs (**overnight only**) required for a friend or family member to travel from the country of residence in order to accompany the insured persons under the age of 18 to the Habitual residence of the insured person in the country of residence, in the event that the insured person is physically unable to take care of themselves and the insured person would otherwise be travelling alone. If the insured person cannot entrust this task to anyone, the company will appoint a competent person. If the return ticket(s) originally booked for the minor cannot be used, the company shall cover the cost of a one-way ticket for the minor to return to their Habitual Residence. **The company shall not cover travel and/or accommodation expenses that have not been arranged by us in advance or which have been incurred without our prior consent, or if not considered necessary from a medical point of view by our medical director.**

The amount indicated as Deductible, per insured person and per claim in Table of Benefits will not be subject to compensation.

### Art. 17 - Exclusions applying to “Emergency Medical Expenses and Repatriation services” cover

In addition to the general limits and exclusions of Chapter I of Section 1 “General Exclusions” and “Limitations Applicable to all Cover”, the cover does not apply to:

- a. claims arising from conditions related to pregnancy but not due to pregnancy complications occurring after the trip had started. Normal pregnancies or births or travel undertaken after the insured person’s Doctor had indicated an increase in the risk of premature birth, shall not be considered unforeseen events;

- b. claims where the insured person unreasonably refuses the medical repatriation services organised by the company and covered under the terms of this policy. If the insured person chooses to make use of alternative health repatriation services, the company must be informed in writing, in which case the repatriation will be conducted at the risk and expense of the insured person;
- c. Any expenses incurred outside the Country of residence after the date on which our medical director informed the insured person of the need for repatriation to their Habitual Residence or on which the company organised the repatriation of the insured person to their Habitual residence. (After that date the company shall bear only those additional costs scheduled in this section that would have been paid if the medical repatriation had occurred when specified by the company);
- d. Any treatment which is not medical or surgical in nature and which has the sole purpose of treating or relieving an unforeseen Injury or illness;
- e. Unusual, unreasonable or uncommon costs incurred for the treatment of a Physical Injury or an illness suffered by the insured person;
- f. Any treatment or diagnostic analysis that is already scheduled or of which the insured person is aware;
- g. Any type of treatment or surgical operation which, according to our medical director, may be postponed until the insured person has returned to their country of residence, without prejudice to the health of the insured person;
- h. Expenses incurred in obtaining or replacing medicines, of which the insured person has been aware would be required at the time of departure or which would continue to be used outside the country of residence, except when such medicines are stolen or damaged;
- i. Additional costs for accommodation in single or private rooms;
- j. Treatment or services provided by a private hospital or clinic, a wellness centre, a convalescent or nursing home or any rehabilitation centre, unless approved by the company;
- k. Costs for treatments carried out for aesthetic purposes unless confirmed by our medical director that such treatments are necessary due to a one-off event covered by the policy;
- l. Any expenses incurred following the repatriation of the insured person to their country of residence, unless approved by the company in advance;
- m. Expenses incurred as a consequence of a tropical disease for which the insured person did not have inoculations, vaccinations or the recommended therapies;
- n. The cost of airline tickets that are not economy class for a non-medical companion in the event of medical repatriation (any additional cost due to a higher level of airline tickets will be at the expense of the individual who is travelling);
- o. The costs of dental treatment for fitting dental prostheses, false teeth or the use of precious metals that does not involve an immediate relief of pain;
- p. The costs of telephone calls, with the exception of those made to the company to inform it of the problem, in relation to which the insured person shall provide a receipt or other proof showing the cost of the call and the number called;
- q. Air-sea rescue costs;
- r. Any claim in which the insured person used a European Health Insurance Card (EHIC) and where this was accepted by the hospital or treatment centre.

## CHAPTER II – HOSPITAL TREATMENT

### Art. 18 - Cover for "Hospital treatment"

Should the company accept a request for compensation of emergency medical expenses, the insurer undertakes to reimburse the insured person, **up to the Maximum limit as indicated in the Table of Benefits**, any ancillary fees for every complete 24 hour period that the insured person is required to stay in hospital following medical treatment outside the country of residence.

### Art. 19 - Exclusions applying to to "Hospital treatment"

In addition to the general limits and exclusions of Chapter I of Section 1 "General Exclusions" and "Limitations Applicable to all Cover", the cover does not apply to:

- a. Any further period of hospitalisation in relation to Medical or surgical treatment (inside or outside the country of residence), including exploratory tests not directly related to the physical Injury or medical condition for which the insured person was admitted;
- b. Any further period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or a rehabilitation centre.

## CHAPTER III - DELAYED DEPARTURE

### Art. 20 - Cover for "Delayed departure"

The Insurer undertakes to cover instances whereby the insured person arrives in a timely manner at the travel terminal and attempts to check in for an outbound or return trip but the departure of the booked public transport is subject to a delay in excess of 12 hours from the scheduled departure time due to:

- a. strike or union action; or
- b. adverse weather conditions; or
- c. a mechanical or technical fault affecting the public transport booked by the insured person.

The company shall pay the insured person:

- i. up to the Maximum limit indicated in the Table of Benefits for the first full 12 hours of delay;
- ii. up to the Maximum limit indicated the Maximum of the Table of Benefits for any subsequent 24-hour period of delay.

### Art. 21 - Exclusions applying to "Delayed departure" cover

In addition to the general limits and exclusions of Chapter I of Section 1 "General Exclusions" and "Limitations Applicable to all Cover", the cover does not apply to:

- a. Any expenses or costs that the carrier or tour operator is obliged to pay, has paid or will be obliged to pay to the insured person and all sums paid as compensation by the carrier;
- b. Claims where it has been ascertained that the insured person did not check in or attempt to check in according to the schedule provided. The insured person must in any case arrive at the place of departure ahead of the indicated departure time;
- c. Claims in relation to which the insured person has not respected the terms of the contract with the travel agency, tour operator or transport company;
- d. Claims in respect to which it has been determined that the insured person has not obtained written confirmation from the carrier (or its ground services agents) in respect of the number of hours and the reason for the delay;
- e. Strikes, union action or air traffic control delays, which had already started or of which the start date had been publicly announced before the organisation of the trip and/or before taking out the policy;
- f. The withdrawal (temporary or otherwise) of public transport vehicles on the recommendation of the Civil Aviation or Port Authority or any similar body in any Country;
- g. Any claim in which it has been determined that the insured person has not suffered a delay of over 12 hours from the scheduled departure time;
- h. Claims for a delay to travel under this section if the insured person has made a claim and obtained compensation for Missed Departure/Missed Connection, Cancellation or Curtailment, based on the same events/facts/circumstances;
- i. private flights.

## CHAPTER IV – DELAYED BAGGAGE

### Art. 22 - Cover for "Delayed baggage"

The insurer undertakes to compensate the costs necessary to replace clothing, medicines and items of personal hygiene items in an emergency if Baggage has been lost and not returned within 12 hours of the outbound journey.

## CHAPTER V – BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS

### Art. 23 - Cover for "Baggage"

The insurer will compensate the insured person for losses incurred in the event of the loss, theft or damage of the Baggage. The amount of compensation shall be equal to the value of the goods at the time of purchase reduced by an amount proportional to their degree of wear and tear and age (if the item can be repaired, we will only compensate the cost of the repair). The Maximum limit that the company will pay for each item, pair or set of items included in the Baggage shall be equal to the Single Item Maximum limit set out in the Table of Benefits. The Maximum limit that the company will pay for each Valuable is equal to the Single Item Maximum limit indicated in the Table of Benefits.

The amount indicated as deductible, per insured person and per claim in Table of Benefits will not be subject to compensation.

**Art. 24 - Cover for "Personal Money"**

The insurer undertakes to cover any loss, theft or damage regarding Personal Money, **up to the amount indicated as the Maximum limit in the Table of Benefits, for each trip.**

The amount indicated as Deductible, per insured person and per claim in Table of Benefits will not be subject to Compensation.

**Art. 25 - Cover for "Travel Documents"**

The insurer undertakes to cover, **up to the amount indicated as the Maximum limit in the Table of Benefits**, reasonable and necessary additional costs for travel and accommodation incurred abroad to replace lost or stolen travel documents, in addition to the value of the lost or stolen travel document.

**Art. 26 - Exclusions applying to "Baggage", "Personal Money" and "Travel Documents"**

In addition to the general limits and exclusions of Chapter I of Section 1 "General Exclusions" and "Limitations Applicable to all Cover", the cover does not apply to:

- a. Claims not accompanied by proof of ownership or an estimate for insurance purposes (obtained before the claim) of lost, stolen or damaged articles;
- b. Instances of loss or theft of Baggage or Valuables not reported to local authorities within 24 hours of discovery and in the absence of a written report. A declaration provided by a private individual other than an airline (e.g. a declaration by a tour guide) shall not be sufficient;
- c. Items damaged while the insured person is on the trip if the insured person does not obtain a statement of damage/repair from an official with responsibility within seven days of returning to the Country of residence;
- d. Loss or damage as a result of delay, confiscation or seizure by the customs or other authorities;
- e. Cheques, travellers' cheques, bank or postal orders, prepaid coupons or vouchers or travel tickets for which the insured person has not followed the instructions of the issuing body;
- f. Claims relating to money for which the insured person cannot provide proof of withdrawal;
- g. precious stones, contact or corneal lenses, non-prescription glasses or sunglasses not accompanied by a receipt, hearing aids, dental or medical prostheses, cosmetics, perfumes, tobacco, vaporisers or electronic cigarettes, drones, alcohol, antiques, instruments musical, deeds, manuscripts, titles, perishable goods, surfboards / windsurfs, bicycles, marine or recreational equipment or other related equipment or accessories of any kind and damage to suitcases (unless the suitcases are completely unusable as a result of damage occurring as a result of a singular incident). Damage to porcelain, glass (except the glass of a watch, prescription glasses or sunglasses, cameras, binoculars or telescopes) or other fragile objects caused by fire, Theft or accident to the vehicle or boat in which they are being transported;
- h. Loss or damage resulting from the breakage of sports equipment or damage to sports clothing during proper use;
- i. Any sum already paid through the Delayed Baggage policy, based on the same events/facts/circumstances;
- j. Any items used for the insured person's business, commercial, professional or occupational activities;
- k. Damage resulting from wear and tear, depreciation, deterioration, weather or climate conditions, moths, pests or any cleaning, repair or restoration process, mechanical or electrical failure, or damage by liquids;
- l. Damage due to devaluation, fluctuating exchange rates or loss due to errors or omissions by the insured person or third parties;
- m. Damage or Theft at the accommodation unless there is evidence of a forced entry confirmed by a report from the competent authorities;
- n. Valuables, Personal Money or passports left unattended at any time (including in a vehicle or in the custody of the carrier), unless kept in a hotel safe or safe deposit box. In the event of theft from a hotel safe or safe deposit box, any claim in which it is shown that the insured person did not inform the hotel of the incident in writing nor obtain an official report from the competent local authorities;
- o. Claims arising from damage caused by the leaking of liquids or powder in the Baggage;
- p. Claims relating to Baggage dispatched as freight.



## CHAPTER VI – MISSED DEPARTURE / CONNECTION

### Art. 27 - Cover for “missed departure”

The insurer undertakes to cover instances where the insured person does not arrive at the airport, port or railway station in time for the departure of their International trip, as a consequence of:

- a. interruption of the regular operation of other public transport services; or
- b. an accident or breakdown of the insured person’s vehicle or a serious event causing a significant delay on the roads being used;
- c. unexpected adverse weather conditions.

Where this occurs, the company will also reimburse the insured person, **up to the Maximum limit indicated in the Table of Benefits, for each trip and for all insured persons travelling together (understood to be all insured persons travelling together on the same trip)**, for any additional travel and accommodation (**overnight only**) expenses necessarily incurred to reach the destination abroad or for connecting flights outside the country of residence.

**claims will be evaluated in relation to the period starting from the scheduled departure date until the actual time of departure.**

### Art. 28 - -Cover for “Missed Connection”

The insurer undertakes to cover any instance where the insured person may not arrive at the airport, port or railway station in time to depart for the international trip as the consequence of a delay of a direct connecting flight to the place of departure of an international trip, in the event that the time granted to the insured person for the transfer between the two flights is less than 12 hours but not less than 2 hours (**if the flight booking systems require greater margins of time, a longer transfer period must be scheduled**). In this case, the company will compensate the insured person, **up to the Maximum limit as indicated in the Table of Benefits for each trip and for all insured persons travelling together (understood to be all insured persons travelling together on the same trip)**, for any additional travel and accommodation (**overnight only**) expenses necessarily incurred to reach the destination abroad or connecting flights outside the country of residence.

**The amount indicated as deductible, per insured person and per claim in Table of Benefits will not be subject to compensation.**

### Art. 29 - Exclusions applying to “Missed departure” and “Missed connection” cover

In addition to the general limits and exclusions of Chapter I of Section 1 “General Exclusions” and “Limitations Applicable to all Cover”, the cover does not apply to:

- a. Claims where it has been determined that sufficient time has not been granted (i.e. a reasonable period of time in respect of the itinerary/route scheduled for the trip, taking into account the method of transport used to travel to the check-in) for the timely arrival of the public transport used at the place of departure;
- b. Claims for which the insured person does not provide a written report by the carrier stating the duration and reason for the delay;
- c. Costs that exceed the alternative travel solutions made available by the original carrier, incurred when an alternative means of transport is used;
- d. All sums in excess of any compensation paid by the carrier;
- e. For expenses over 5 euros, claims for which the insured person has not kept and provided the original receipts;
- f. The breakdown of any vehicle in which the insured person is travelling if this vehicle is the insured person’s property and if the vehicle has not been properly maintained in accordance with the manufacturer’s instructions;
- g. Claims in relation to which a written report has not been obtained from the competent authorities or from the authorities responsible for emergency services, or a report and/or repair receipt within 7 days of the repatriation of the insured person to their Habitual Residence in the event of an accident or breakdown of the vehicle in which they were travelling;
- h. The withdrawal (temporary or otherwise) of public transport vehicles on the recommendation of the Civil Aviation or Port Authority or any similar body in any Country;
- i. Claims arising from missed departure or missed connection under this section of the policy if the insured person has made a claim and obtained compensation for Cancellation or a Delayed departure;
- j. any expenses incurred where alternative travel arrangements have been provided by the public transport company within four hours of the time of departure time or the time of the connecting flight;
- k. Private flights;
- l. Strike or union action that has started or of which the start date has been publicly announced before the organisation of the trip and/or before taking out the policy;
- m. Where boarding has been denied as a result of the insured person abusing alcohol or drugs or failing to present a valid passport or visa or other documentation as required by the public transport company.

## CHAPTER VII – PERSONAL INJURY

### Art. 30 - Cover for “Personal Injury”

The insurer undertakes to cover, up to the Maximum limit as indicated in the Table of Benefits, any instance where the insured person may suffer a physical injury due to an accident occurring during a trip, which in the following 12 months directly causes:

- a. death; or
- b. loss of sight; or
- c. loss of a limb; or
- d. Total Permanent Invalidity.

### Art. 31 - Limitations

If the Loss of a limb or Loss of sight occurs, the following amounts may be paid, but in no case will these amounts exceed the amount of compensation paid for Permanent Total Disability.

Loss of	Amount of Compensation
Both hands;	100% of the reimbursement for Total Permanent Disability
Both feet	
(Complete) loss of sight in both eyes	
A hand or a foot	
One hand or foot and the (complete) loss of sight in one eye.	50% of the reimbursement for Total Permanent Disability
One hand;	
One foot;	
(Complete) loss of sight in one eye.	

The company will not provide more than one type of compensation for the same Accident.

### Art. 32 - Exclusions applying to to “Personal Injury” cover

In addition to the general limits and exclusions of Chapter I of Section 1 “General Exclusions” and “Limitations Applicable to all Cover”, the cover does not apply to:

- a. Claims arising directly or indirectly from any pre-existing medical condition;
- b. disability or death resulting from the deterioration of a health condition (e.g. stroke or heart attack) and not as a direct consequence of a physical injury;
- c. in the case of Total Permanent Disability, the payment of the relevant compensation within one year from the date of the physical injury that gave rise to the claim;

It is understood that the regular journey between the Habitual Residence and the place of work or a second home shall not be considered as a trip for the purposes of the cover.

## CHAPTER VIII – CIVIL LIABILITY

### Art. 33 - Cover for “Civil Liability”

The insurer undertakes to compensate, up to the Maximum limit indicated in the Table of Benefits, the sums that the insured person is required to pay, being held as civilly liable according to the law, as compensation following a claim for compensation or a series of claims for compensation arising from any event occurring during a trip outside the country of residence, relating to the following damages caused accidentally to third parties:

- a. Physical Injury, death, illness or infirmity of any person who is not employed by the insured person nor is a relative of the latter, a family member or a person in the employment of the residence;
- b. loss or damage to property not owned or held in safe custody or under the control of the insured person, a relative, a family member, an employee or any person in the employment of the residence, other than temporary holiday accommodation occupied (but not owned) by the insured person.

### Art. 34 - Exclusions applying to to “Civil Liability” cover

In addition to the general limits and exclusions of Chapter I of Section 1 “General Exclusions” and “Limitations Applicable to all Cover”, the cover does not apply to:

- a. liability assumed by the insured person by way of a contract, except if such liability would have existed anyway even in the

- absence of the contractual agreement;
- b. undertaking entrepreneurial, commercial or occupational activities (whether paid or unpaid), performing work or supplying goods or services;
- c. the ownership, possession or use of firearms, vehicles, aircraft or motor boats (other than surfboards, rowing boats, canoes and manually operated boats);
- d. infection by communicable disease or virus;
- e. the ownership or occupation of land or buildings; rather for solely occupying holiday accommodation temporarily, an Excess of €250 shall apply for each claim arising from the same event;
- f. Criminal, malicious or deliberate acts by the insured person;
- g. Punitive or exemplary damages.

## CHAPTER IX – LEGAL FEES ABROAD

### Art. 35 - Cover for “Legal fees abroad”

The insurer undertakes to compensate, **up to the Maximum limit as indicated in the Table of Benefits**, any legal costs required to undertake a civil case for compensation in the event of the Physical Injury, illness or death of the insured person caused by a third party during a trip. The company shall also cover reasonable costs for an interpreter, selected by the company, for the legal proceedings.

### Art. 36 - Exclusions applying to to “Legal fees abroad”

In addition to the general limits and exclusions of Chapter I of Section 1 “General Exclusions” and “Limitations Applicable to all Cover”, the cover does not apply to:

- a. Claims in respect of which the company believes that the probability of winning the case or reaching a reasonable settlement is not greater than 51%;
- b. expenses or costs incurred without prior acceptance in writing of the claim from the company;
- c. Claims where the company has not been notified within 90 days of the event or as soon as was possible to do so;
- d. Claims against the carrier, tour operator or an agency organising travel, against the company, Inter Partner Assistance, AXA Travel Insurance, the insured person’s employer, AXA Assistance or its agents;
- e. damages actions against persons travelling with the insured person or another insured person;
- f. legal actions in relation to which the company believes that the estimated amount of compensation would be less than €750 or that there is no reasonable probability of success;
- g. legal action undertaken in more than one country;
- h. Lawyers’ fees incurred due to a successful legal action;
- i. Penalties or fines imposed on the insured person by a Court;
- j. claims submitted by the insured person when not acting in the context of their right to privacy;
- k. Any claim made while travelling in the country of residence;
- l. any request for compensation arising from events occurring while travelling in the country of residence.

## CHAPTER X – HIJACK AND ASSAULT FOR THE PURPOSE OF ROBBERY

### Art. 37 - Cover for “Hijack”

The insurer undertakes to compensate the insured person, **up to the Maximum limit as indicated in the Table of Benefits**, for each 24-hour period of detention resulting from the hijacking of the aircraft or boat upon which the insured person was travelling as a paying passenger. **The insured person must obtain a written declaration from the transport operator attesting to the duration of the hijacking.**

### Art. 38 - Cover for “Assault for the purposes of robbery”

The insurer undertakes to compensate the insured person, **up to the Maximum limit as indicated in the Table of Benefits**, for each 24-hour period of admission to a foreign hospital as the result of assault for the purpose of robbery. **The insured person must notify the local authorities of the incident within 24 hours of its occurrence and obtain a written report. The amounts payable under this section are additional to those payable under the HOSPITAL TREATMENT policy.**

#### Art. 46 - Exclusions applying to to Cover for “Hijack” and “Assault for the purposes of robbery”

There are no specific exclusions for this policy, other than the general exclusions and limitations contained in Chapter I of Section 1 “General Exclusions” and “Limitations applying to to all policies”.

## CHAPTER XI – UNFIT ACCOMMODATION

#### Art. 39 - Cover for “Unfit Accommodation”

The insurer undertakes to compensate the insured person, **up to the Maximum limit as indicated in the Table of Benefits**, where, after having commenced his or her journey, the insured person bears or undertakes to bear travel expenses abroad (of a similar amount to those initially booked) which have been incurred in order to be able to continue with the trip and due to there no longer being a possibility of staying in the accommodation which had been originally booked due to fire, flood, earthquake, storm, lightning, explosion, hurricane or epidemic of infectious disease, as declared by the local or national health authorities. **The insured person must obtain a written declaration from the competent authorities attesting the cause of the impossibility of staying in the booked accommodation and to the duration of unavailability. The insured person must also keep all receipts for any additional expenses incurred.**

#### Art. 40 - Exclusions applying to to “Unfit Accommodation” cover

In addition to the general limits and exclusions of Chapter I of Section 1 “General Exclusions” and “Limitations Applicable to all Cover”, the cover does not apply to:

- a. Any expenses recoverable from a tour operator, airline, hotel or other service provider;
- b. Any claim arising from a trip undertaken by the insured person contrary to the advice of local or national authorities.

## CHAPTER XII – PET CARE

#### Art. 41 - Cover for “Pet care”

The insurer undertakes to cover, **up to the Maximum Limit as indicated in the Table of Benefits**, additional costs for the boarding of dogs/cats for each period of 24 consecutive hours in which the insured person is delayed in picking up the pet as the result of undergoing medical treatment in hospital covered by the section on Emergency Medical Expenses. The company shall compensate the insured person **up to the maximum amount indicated in the Table of Benefits** for the expenses incurred if their dog or cat is admitted to a veterinary clinic for veterinary treatment following injuries sustained as the result of an accident while the insured person was on the trip.

#### Art. 42 - Exclusions applying to to “Pet care”

In addition to the general limits and exclusions of Chapter I of Section 1 “General Exclusions” and “Limitations Applicable to all Cover”, the cover does not apply to:

- a. any claim arising from the insured person’s physical injury, illness or infirmity that is not covered by the Emergency Medical Expenses section;
- b. any claim for which it is determined that the length of stay of the insured person’s pet does not exceed the initially booked period of stay;
- c. any claim not accompanied by written confirmation from the dog or cat boarding facility stating the additional charges due and the dates to which they refer;
- d. any pre-existing Medical Condition of the pet.

## SECTION 3 RULES RELATING TO BASIC POLICIES

In addition to the basic policies referred to in Section 2 - both in the case of purchasing the MULTI RISK COMPONENT and in the case of purchasing the MEDICAL EXPENSES ONLY COMPONENT - the policy holder may choose to activate one or more of the following optional policies:

1. Cancellation of trip
2. Winter Sports
3. Golf
4. Business Travel

The insurance also covers the “Sports” and the “Activities” referred to in ANNEX 2, under the conditions and within the limits provided for therein.

## CHAPTER I – TRIP CANCELLATION

**(These cover alternatives are optional and shall apply upon the payment of an additional premium; they are only valid if indicated as effective on the policy certificate).**

### Art. 43 - Optional cover “Trip cancellation”

Should the “Trip Cancellation” optional policy be selected the following coverage is included:

- 1) Cover for “Trip cancellation”
- 2) Cover for “Abandonment”
- 3) Curtailment of the trip

### Art. 44 - Cover for “Trip cancellation”

The insurer undertakes to pay compensation, **up to the Maximum limit as indicated in the Table of Benefits**, for each trip and for each insured person, for the costs of travel and unused accommodation which is not recoverable, as a result of the cancellation of the trip or due to a change of booking having occurred in a necessary and inevitable manner as a result of one or more of the following events which were beyond the control of and unknown to the insured person at the time of booking or starting the trip (whichever occurs last):

- a. unforeseen illness, accident, pregnancy complications or death of the insured person, a family member, business associate or any other person with whom the insured person was travelling or had arranged to stay with during the trip;
- b. compulsory quarantine, jury duty or a summons to appear as a witness in court for the insured person or travelling companions of the insured person (unless this occurs while acting as a consultant or during the course of professional activities);
- c. request by the authorities responsible for the emergency services for the insured person to stay or return to their Habitual Residence or their company (**where the insured person is the proprietor, manager or owner of the company**) due to serious damage caused by third parties who are not related to the insured person by family relationships;
- d. redundancy of the insured person, if employed under a permanent contract and having completed the probationary period with the employer;
- e. in the event that the insured person or any travelling companion or person with whom the insured person is staying during the trip is a member of the Armed Forces, Police, Fire Service, Ambulance or Health Care Services or an employee of a government department and their leave or the insured person’s leave is cancelled for operational reasons, **provided that such a cancellation could not be foreseen or expected at the time of the insured person taking out the policy or at the time of booking a trip (whichever occurs last)**;
- f. if the outbound trip by public transport is delayed by more than 24 hours from the scheduled departure time as the consequence of a strike, union action, adverse weather conditions, mechanical failure or technical fault affecting the form of public transport booked by the insured person for the trip;
- g. in the event that the vehicle that the insured person intended to use to make the trip is stolen or damaged and is therefore not suitable for use on the roads within seven days of the original departure date, and it is not possible to complete the repairs by the day of departure. **In this case the policy shall cover solely the cost of a hire car of equivalent value and any cancellation costs will not be covered.**

The cover includes costs incurred for any excursions, tours or activities to be carried out at the trip destination that the insured person has incurred or will be obliged to incur, as well as any reasonable additional expenses.

**The amount indicated as deductible, per insured person and per claim in Table of Benefits will not be subject to compensation.**

### Art. 45 - Cover for “Abandonment”

Where outbound travel is delayed by at least 24 hours and the total duration of the trip is reduced by over 25% with respect to the initially booked duration, the insured person may present a claim for compensation under the terms of the trip cancellation cover. **The cover does not apply for abandonment occurring after the first leg of the trip. The cover will apply only where a refund or compensation has previously been requested or claimed from the travel provider.**

**NOTE:** Under no circumstances will compensation paid be higher than the maximum limit indicated in the Table of Benefits. The amount indicated as deductible, per insured person and per claim in the Table of Benefits will not be subject to compensation.

**Art. 46 - Exclusions applying to to trip Cancellation and Abandonment cover**

In addition to the general limits and exclusions of Chapter I of Section 1 “General Exclusions” and “Limitations Applicable to all Cover”, the cover does not apply to:

- a. Claims for which the insured person has not provided the necessary documentation as requested by the company,
- b. Claims arising directly or indirectly as a result of circumstances known to the insured person prior to taking out the policy or booking or commencing the trip (whichever occurs last) and which could reasonably give rise to a claim;
- c. costs related to the cancelling of the trip due to physical injury or illness for which the injured/ill insured person does not provide a certificate from the attending Doctor stating that the insured person is unable to travel or prohibiting departure as a result of the physical injury or illness;
- d. Claims made by travelling companions who are not insured persons;
- e. Claims arising from in vitro fertilisation treatment;
- f. costs incurred for the use of credits earned through frequent flyer programmes, e.g. Avios (previously Air Miles), or any loyalty programme, costs incurred in connection with timeshares, points programmes similar to the Holiday Property Bond or other points-based holiday programmes and/or any other expenses incurred in maintaining the maintaining of these programmes;
- g. expenses or costs reimbursed to the insured person by a public transport company;
- h. Claims caused as a result of the insured person not respecting he terms of their contract with the travel agency, tour operator or transport company;
- i. Strikes or union action or air traffic control delays which are ongoing or known to the public at the date of the cover entering into effect or on the date of booking the trip (whichever occurs first);
- j. the withdrawal (temporary or otherwise) of an aircraft or boat on the recommendation of the Civil Aviation or Port Authority or any similar body in any Country;
- k. Claims arising as a result of the inability of any transport service scheduled for the trip booked by the insured person to provide any part of the booked trip (excluding excursions), including due to error, insolvency, omission or bankruptcy;
- l. Claims arising as a result of the insured person being unable to travel due to the failure of any passenger to hold, obtain or present a valid passport or necessary visa;
- m. the costs of airport taxes, ATOL fees, recoverable taxes and duties;
- n. Claims arising as a result of the insured person not having informed the travel agency, tour operator or transport/ accommodation company of the need to cancel the trip at the time they became aware of this necessity, or where this information was not provided in a timely manner. The company shall only bear the cancellation costs that would have been incurred if the cancellation had been notified in a timely manner;
- o. Claims for unused tickets to a destination in regards of which the company has already overseen payment for an alternative solution;
- p. Claims relating to “Abandonment” cover for which the insured person has not obtained written confirmation from the carrier (or its ground services agents) attesting to the duration and reason for the delay;
- q. Claims arising from pregnancy complications occurring prior to booking or making payment for the trip, whichever occurs last. Normal pregnancies or births without any complications, or journeys undertaken after the insured person’s Doctor had indicated an increase in the risk of premature birth, will not be considered to be unforeseen events and shall therefore be excluded from the cover;
- r. Claims arising from a change of schedule caused by the insured person’s financial situation, except in cases in which the insured person is made redundant having been in a permanent employment with the same employer for a period of two years or more;
- s. Claims which are not accompanied by documentation attesting to the fact that a period of leave has been cancelled due to unforeseen operational reasons;
- t. re-routing costs that exceed the cost of the initially booked trip;
- u. Claims relating to instances in which the insured person did not check in according to the schedule provided;
- v. costs incurred when reasonable alternative travel arrangements were made within 24 hours of the scheduled time of departure;
- w. Claims for abandonment under this section of the policy where the insured person has submitted a claim under the terms of the “Missed Departure/Missed Connection” or “Delayed departure” cover;
- x. Claims as a result of delay or changes to the trip booked by the insured person due to Government intervention or restrictive provisions;
- y. any cancellation as a consequence of work commitments or changes of the holiday entitlement offered by the employer, except when the insured person or travelling companion or a person with whom the insured person is staying during the trip is a member of the Armed Forces, Police, Fire Service, Ambulance or Health Care Services or an employee of a Government Department and falls within the scope of the cover of Art. 16 paragraph e).

#### **Art. 47 - Limitations applying to to "Trip cancellation and Abandonment"**

This policy does not cover any trip Cancellation and Abandonment claims directly or indirectly due to any pre-existing medical condition for which the insured person is aware of before signing the policy or prior to booking the trip (depending on which of the two circumstances occurs last) affecting a family member, a business associate or any other person with whom the insured person is travelling or intended to stay with during the journey, in the event that these parties:

- a. received a terminal diagnosis from a doctor; or
- b. are placed on a waiting list for, or are aware of, the need for surgery, treatment that requires hospital treatment or examination at any hospital or clinic; or
- c. must undergo a surgical operation, a treatment that requires hospital treatment or hospital check-ups in the 90 days prior to signing the policy or prior to booking the trip.

"Cancellation" cover ends at the start of the journey.

#### **Art. 48 - Cover for "Curtailed"**

The insurer undertakes to cover, **up to the Maximum limit as indicated in the Table of Benefits**, for each trip and for each insured person, the costs of the trip and accommodation not used, and that is not recoverable, in the case of the curtailment of the trip before its completion as a consequence of changes of circumstance beyond the control of the insured person and of which the insured person was unaware at the time of booking or starting the trip, in any of the following situations:

- a. unforeseen illness, accident, pregnancy complications or death of the insured person, a family member or any other person with whom the insured person was travelling or staying during the trip;
- b. requests by the authorities responsible for the emergency services for the insured person to stay or return to their Habitual Residence or their company (where the insured person is the proprietor, manager or owner of the company) due to serious damage to these caused by third parties who are not related to the insured person by family relationships;
- c. in the event that the insured person or any travelling companion or person with whom the insured person is staying during the trip is a member of the Armed Forces, Police, Fire Service, Ambulance or Health Care Services or an employee of a Government Department and their leave or the insured person's leave is cancelled for operational reasons, provided that such an interruption could not be foreseen or expected at the time of the insured person taking out the policy or at the time of booking a trip (whichever occurs last).

The cover includes costs incurred for any excursions, tours or activities to be carried out at the trip destination that the insured person has incurred or will incur, as well as any reasonable additional expenses.

**The amount indicated as deductible, per insured person and per claim in Table of Benefits will not be subject to compensation.**

#### **Art. 49 - Exclusions applying to to "Curtailed" cover**

In addition to the general limits and exclusions of Chapter I of Section 1 "General Exclusions" and "Limitations Applicable to all Cover", the cover does not apply to:

- a. Claims for which the insured person has not provided the necessary documentation requested by the company;
- b. Claims due directly or indirectly to circumstances known to the insured person before taking out the policy or booking or commencing a trip (whichever occurs last) and which could reasonably lead to a claim;
- c. costs related to the Curtailed of the trip as a result of physical injury or illness for which the injured/ill insured person does not provide a certificate from the attending Doctor stating the need to return to the Country of residence as a consequence of the physical injury or illness;
- d. Claims made by travelling companions who are not insured persons;
- e. Claims arising from in vitro fertilisation treatment;
- f. costs incurred for the use of credits earned through frequent flyer programmes, e.g. Avios (previously Air Miles), or any loyalty programme, timeshare schemes, points programmes similar to the Holiday Property Bond or other points-based holiday programmes and/or any other expenses incurred in maintaining these programmes;
- g. expenses or costs payable to the insured person by a public transport company;
- h. Claims in which the insured person has not respected the terms of the contract with the travel agency, tour operator or transport company;
- i. Strike, union action or air traffic control delay, ongoing or known to the public at the date of entry of this cover into effect or on the date of booking the trip (whichever occurs first);
- j. the withdrawal (temporary or otherwise) of an aircraft or boat on the recommendation of the Civil Aviation or Port Authority or any similar body in any Country;
- k. Claims arising as a result of the inability of any transport service scheduled for the trip booked by the insured person to provide any part of the booked trip (excluding excursions), including due to error, insolvency, omission or bankruptcy;
- l. any Curtailed as a consequence of work commitments or changes of the holiday entitlement offered by the employer, except when the insured person or travelling companion or a person with whom the insured person is staying during

the trip is a member of the Armed Forces, Police, Fire Service, Ambulance or Health Care Services or an employee of a Government Department and falls within the scope of the cover of Art. 19 paragraph c);

- m. Claims arising as a result of the inability of the insured person to travel due to the failure of any passenger to hold, obtain or present a valid passport or necessary visa;
- n. Claims for which the insured person did not obtain prior authorisation from the company to return to their country of residence. The company shall confirm the need for a return to the Habitual Residence due to physical injury or illness before Curtailment;
- o. the costs of transport and/or accommodation not arranged by the company or incurred without our prior consent;
- p. Claims arising as a result of pregnancy complications occurring prior to departure. Normal pregnancies or births or travel undertaken after the insured person's Doctor had indicated an increase in the risk of premature birth, shall not be considered unforeseen events.

#### Art. 50 - Limitations applying to to "Curtailment" cover

This policy does not cover any trip Cancellation and Abandonment claims that are directly or indirectly due to any pre-existing medical condition which the insured person is aware of before signing the policy or prior to booking the trip (depending on which of the two circumstances occurs last) affecting a family member, a business associate or any other person with whom the insured person is travelling or has established to stay during the trip, in the event that these parties:

- a. received a terminal diagnosis from a doctor; or
- b. are placed on a waiting list for, or are aware of, the need for surgery, treatment that requires hospital treatment or examination at any hospital or clinic; or
- c. must undergo a surgical operation, a treatment that requires hospital treatment or hospital check-ups in the 90 days prior to signing the policy or prior to booking the trip.

## CHAPTER II – WINTER SPORTS

**(These cover options apply upon the payment of an additional premium; they are only valid if indicated as in effect on the policy certificate).**

#### Art. 51 - Optional policy "Winter Sports"

Should the "Winter Sports" Optional Guarantee be selected the following covers are included:

- 1) Cover for "Emergency medical expenses and Personal Injury"
- 2) Cover for "Winter Sports Equipment"
- 3) Cover for "Ski Package"
- 4) Cover for "Piste closure"

#### Art. 52 - Cover for "Emergency medical expenses and Personal Injury"

For policies where the policyholder has purchased Medical Cover only, this optional cover will extend the cover to Emergency Medical Expenses and Personal Injury arising from the exercise of Winter Sports, without changing the purchased Maximum limits. By virtue of this optional cover and as an exception to the general exclusions, the insurer undertakes to cover the following activities (without changing the upper limits set out in Table of Benefits and without implying the application of the other covers referred to in this Section 3) **if the additional premium for Winter Sports Cover has been paid** and this cover marked as active on the policy Certificate:

- a. \*Glacier skiing;
- b. \*Tobogganing;
- c. \*Ski-boarding;
- d. \*Snowmobiling;
- e. Ice skating (on approved rinks);
- f. Skiing (on- or off-piste with a ski instructor, where a piste is defined as a recognised, marked track within the boundaries of the ski resort);
- g. Snowboarding (on- or off-piste with a ski instructor, where a piste is defined as a recognised, marked track within the boundaries of the ski resort);
- h. Monoskiing;
- i. Snowshoe skiing
- j. Ski-mountaineering.

**The amount indicated as deductible, per insured person and per claim in Table of Benefits will not be subject to compensation.**



Please note that accidents resulting from sports and activities marked with \* are not covered by the guarantee of Chapter VII - Personal Accident.

#### **Art. 53 - Cover for "Winter Sports Equipment"**

The insurer undertakes to cover, **up to the Maximum limit as indicated in the Table of Benefits**, any loss, theft or damage of the insured person's Winter Sports Equipment or hired Winter Sports Equipment. **The Maximum limit that the company will pay for each item, Pair or Set of items is set out in the Table of Benefits in the policy conditions.** Hired Winter Sports Equipment remains the responsibility of the insured person, as specified in the hire contract. The amount of compensation shall be calculated using the value of the goods at the time of purchase reduced by an amount proportional to their degree of wear and tear and age; if the item can be repaired, we will only compensate the cost of the repair.

**The amount indicated as deductible, per insured person and per claim in Table of Benefits will not be subject to compensation.**

The insurer undertakes to cover, **up to the Maximum limit as indicated in the Table of Benefits**, the reasonable cost of hiring replacement Equipment for Winter Sports as a consequence of accidental loss, theft or damage or the delayed return, in excess of 24 hours, of the Winter Sports Equipment by the carrier.

**The amount indicated as deductible, per insured person and per claim in Table of Benefits will not be subject to compensation.**

#### **Art. 54 - Exclusions for "Winter Sports Equipment" and "Hire of replacement Winter Sports Equipment"**

In addition to the general limits and exclusions of Chapter I of Section 1 "General Exclusions" and "Limitations Applicable to all Cover", the cover does not apply to:

- a. Exclusions relating to "Baggage, Personal Money and Travel Documents" cover;
- b. any claim for which the insured person does not present the original receipts.

#### **Art. 55 - Cover for "Ski Package"**

The insurer undertakes to cover, **the Maximum limit as indicated in the Table of Benefits**, the unused portion of the Ski Package that the insured person had undertaken to pay before suffering physical injury or illness, or the loss or theft of the ski pass.

**Partially unused days will not be taken into account for the calculation of the compensation.**

#### **Art. 56 - Exclusions applying to "Winter Sports" cover - Costs of Ski Package**

In addition to the general limits and exclusions of Chapter I of Section 1 "General Exclusions" and "Limitations Applicable to all Cover", the cover does not apply to:

- a. any claim due to pre-existing Medical Conditions;
- b. Claims where the insured person does not provide a written statement by a Doctor confirming that a physical injury or illness has prevented the insured person from using their ski package;
- c. instances of loss or theft of the ski pass which are not reported to the local authorities within 24 hours of discovery of the loss or theft, and in the absence of a written report; a declaration by a private individual other than an airline (e.g. a statement by a Doctor) is insufficient;
- d. Claims for which the insured person has not provided the company with confirmation of the impossibility of receiving a refund for the unused portion of the ski package.

#### **Art. 57 - Cover for "Piste closure (due to lack of snow or unexpected adverse weather conditions)"**

The insurer undertakes to compensate, **up to the Maximum limit as indicated in the Table of Benefits**, the costs that the insured person incurs for transport and ski passes to move from one ski resort to an alternative ski resort in the event that, due to the absence of snow or unexpected adverse weather conditions, there is a total closure of the lifts (not including ski lifts for children and other facilities for non-skiers) with the insured person not being able to ski (with the exception of cross-country skiing) for more than 24 consecutive hours at the booked ski resort.

#### **Art. 58 - Exclusions applying to "Piste closure (due to lack of snow or unexpected adverse weather conditions)"**

In addition to the general limits and exclusions of Chapter I of Section 1 "General Exclusions" and "Limitations Applicable to all Cover", the cover does not apply to:

- a. trips to ski resorts outside of the official skiing season;
- b. trips where the insured person has not booked at least one night's accommodation;
- c. Claims relating to the closure of ski lifts for a subsequent period to that booked for the trip;
- d. Claims for which the insured person has not received written confirmation from the operator of the ski resort regarding the conditions of the pistes in which the closure of the facilities, the reason for the closure and the relevant dates are confirmed;
- e. any expenses incurred if the insured person has been provided with transport, compensation or an alternative ski resort.

#### **Art. 59 - Cover for "Piste closure (due to avalanche or landslide)"**

If access to and from the ski resort is blocked or the regular public transport service is suspended as a result of an avalanche or landslide, the insurer will compensate the insured person, **up to the Maximum limit as indicated in the Table of Benefits**, for reasonable costs incurred for additional travel and accommodation.

#### **Art. 60 - Exclusions applying to to ""Piste closure (due to avalanche or landslide)"**

**In addition to the general limits and exclusions of Chapter I of Section 1 "General Exclusions" and "Limitations Applicable to all Cover", the cover does not apply to:**

- a. trips to ski resorts outside of the official skiing season;**
- b. trips for which the insured person has not booked at least one night's accommodation;**
- c. Claims for avalanches or landslides occurring in the period subsequent to that originally booked for the trip;**
- d. Claims for which the insured person has not received written confirmation from the operator of the ski resort regarding the conditions of the pistes in which the closure of the facilities, the reason for the closure and the relevant dates are confirmed.**

## **CHAPTER III - GOLF**

**(These options apply upon the payment of an additional premium; they are only valid if indicated as in effect on the policy certificate).**

#### **Art. 61 - Optional policy "Golf"**

**Should the "Golf" Optional cover be selected the following covers are all included:**

- 1. Cover for "Golf Equipment"**
- 2. Cover for "Course fees"**
- 3. Cover "Hole-in-One"**

#### **Art. 62 - Cover for "Golf equipment"**

The insurer undertakes to cover, **up to the maximum limit as indicated in the Table of Benefits**, any loss, theft or damage to the insured person's golf equipment. The amount of the compensation shall be calculated using the value of the goods at the time of purchase reduced by an amount proportional to their degree of wear and tear and age; if the golf equipment can be repaired, only the cost of the repair will be compensated. **The Maximum limit for each Individual Item is indicated in the Table of Benefits. Hired golf equipment is covered to the limits of which the insured person is liable under the terms of the hire contract.**

**The amount indicated as deductible, per insured person and per claim in Table of Benefits will not be subject to compensation.**

#### **Art. 63 - Exclusions applying to to "Golf Equipment" cover**

**In addition to the general limits and exclusions of Chapter I of Section 1 "General Exclusions" and "Limitations Applicable to all Cover", the cover does not apply to:**

- a. Claims for Golf Equipment left unattended in a place accessible to the public or left in the custody of a person not officially responsible for this task;**
- b. Claims relating to a loss, theft or damage of golf equipment transported on a vehicle's roof rack;**
- c. any claim for which the insured person does not provide the original receipts;**
- d. the exclusions listed in the "Baggage, Personal Money and Travel Documents" cover.**

#### **Art. 64 - Cover for "Course fees"**

The insurer undertakes to cover, **up to the maximum limit as indicated in the Table of Benefits**, golf course fees that have already been paid but may not be recovered, if:

- a. the insured person becomes ill or suffers a Physical Injury during the trip and a medical certificate is issued (by a qualified Doctor at the resort or place of the incident) attesting to the insured person's inability to continue playing golf for the remainder of the period of the trip; or**
- b. the company accepts a claim under the terms of Chapters I and II, Cancellation (excluding Abandonment) and Curtailment of the trip.**

#### **Art. 65 - Exclusions applying to to "Course fees"**

**In addition to the general limits and exclusions contained in Chapter I of Section 1 "General Exclusions" and "Limitations**

applying to to all policies”, the cover does not apply to claims in relation to which the insured person does not provide a written statement by a Doctor at the resort or location of the event confirming that a Physical Injury or illness had prevented the insured person from playing golf.

**Art. 66 - Cover for “Hole – in – one”**

The insurer undertakes to cover, up to the maximum limit as indicated in the Table of Benefits, the cost of drinks at the bar, after a hole-in-one in a round of golf.

**Art. 67 - Exclusions applying to to “Hole-in-One” cover**

In addition to the general limits and exclusions contained in Chapter I of Section 1 “General Exclusions” and “Limitations applying to to all policies”, the cover does not apply to claims not accompanied by a certified copy of the score card signed by the insured person and a witness and countersigned by a club representative, the receipt for the drinks showing the date of the event, and the receipt for expenses incurred at the golf course, also showing the date.

## CHAPTER IV – BUSINESS TRAVEL

(These options apply upon the payment of an additional premium; they are only valid if indicated as in effect on the policy certificate).

**Art. 68 - Business Travel (Optional cover)**

Should the “Business Travel” Optional cover be selected the following covers are all included:

1. Cover for “Personal assistance services”
2. Cover for “Repatriation services in the event of emergency”
3. Cover for “Personal Injury”
4. Cover for “Company equipment”
5. Cover for “Company money”

**Art. 69 - Cover for “Personal assistance services”**

The insurer will provide the insured person with information and assistance at a location suitable for office and conference use, translation for business meetings and legal services, details on professional etiquette for foreign countries and with information regarding the hire of private jets.

**Art. 70 - Exclusions applying to to “Personal assistance services”**

In addition to the general limits and exclusions of Chapter I of Section 1 “General Exclusions” and “Limitations Applicable to all Cover”, the policy does not apply to the payment of any expense or cost incurred.

**Art. 71 - Cover for “Repatriation services in the event of emergency”**

The insurer undertakes to compensate all additional trip expenses necessarily incurred for the early repatriation of the insured person from the trip (and, where necessary, for their return abroad within the period initially booked for the trip), as a consequence of:

- a. serious accident or illness of a business associate whose absence from the workplace contemporaneously to the insured person necessitates, upon the declaration of a director or manager, the immediate repatriation of the insured person.
- b. accidental damage, burglary, flooding or fire at the insured person’s usual place of work, **in the event of damage exceeding 1,500 euros and if the competent authorities request the presence of the insured person at the site.**

**Art. 72 - Exclusions applying to to “Repatriation services in the event of emergency” cover**

In addition to the general limits and exclusions of Chapter I of Section 1 “General Exclusions” and “Limitations Applicable to all Cover”, the cover does not apply to:

- a. the cost of any transport not arranged by the company or borne without our prior consent;
- b. The cost of air tickets in a class higher than economy for each insured person.

**Art. 73 - Cover relating to “Personal injury”**

The benefits provided under the Personal Injury policy will be doubled if the insured person is on a business trip irrespective of whether the transport and accommodation costs were incurred by the insured person (if self-employed) or by their employer, and provided that the insured person can offer evidence that the trip was related to work.

#### Art. 74 - Exclusions applying to to “Personal Injury” cover

In addition to the general exclusions and limitations contained in Chapter I of Section 1 “General Exclusions” and “Limitations applying to to all policies”, the policy does not apply to the Exclusions applying to to Chapter VII - Personal Accident.

#### Art. 75 - Cover for “Company equipment”

The insurer undertakes to compensate the insured person by up to €1,000 per trip for the loss, theft or damage to business equipment, of which:

- a. up to €50 shall be for the purchase of essential items for the business, if the business equipment is delayed or lost during the outbound trip for a period of more than 24 hours. **The insured person must obtain written confirmation of the duration of the delay and must keep receipts relating to the purchase of any items;**
- b. up to a maximum of €500 per item, pair or set.

**The insured person must keep all the receipts relating to any rental costs and send them together with the claim form. The amount indicated as deductible, per insured person and per claim in Table of Benefits will not be subject to compensation.**

#### Art. 76 - Exclusions applying to to “Company equipment” cover

In addition to the general limits and exclusions of Chapter I of Section 1 “General Exclusions” and “Limitations Applicable to all Cover”, the cover does not apply to:

- a. computer equipment (including laptops, hardware and software, peripherals and handhelds), communication devices (including mobile phones) left unattended at any time, except when stored in a hotel safe or a safety deposit box;
- b. Any loss, theft or damage to company equipment occurring during a trip, unless the insured person reports the incident to the carrier and has a Property Irregularity Report (PIR) issued at the time of the occurrence. Any claim for loss, Theft or damage must be received by the carrier within seven days;
- c. any article, pair or set for which the insured person cannot provide proof of relative value (e.g. original receipts);
- d. any loss, theft or damage to company equipment dispatched as freight or by means of a bill of lading;
- e. the exclusions listed in relation to the “Baggage, Personal Money and Travel Documents” cover, except for items which are part of the company equipment.

#### Art. 77 - Cover for “Company money”

The insurer undertakes to cover cases of damage, destruction, loss or Theft of the company money of the insured person (if self-employed) or the insured person’s employer, provided that the insured person carries such money on their person (in clothing or a wallet kept on or attached to their person) or where such money was deposited in a safety deposit box. **The maximum total amount that the company will pay the insured person for each trip under this section shall be 500 euros.**

#### Art. 78 - Exclusions applying to to “Company money” cover

In addition to the general exclusions and limitations contained in Chapter I of Section 1 “General exclusions” and “Limitations applying to to all policies”, the cover does not apply to the exclusions listed in relation to the “Baggage, Personal Money and Travel Documents” cover, except for items forming part of the company equipment.

## SECTION 4 RULES RELATING TO CLAIMS

### CHAPTER I – VALID RULES RELATING TO ACCIDENTS FOR ALL POLICIES

#### Art. 79 - Procedure for claims

In the event of an occurrence which may give rise to a claim, the insured person must notify the insurer within 30 days from when the insured person became aware of it by **calling the number (+39) 02 36 00 59 55**, and send the insurer, as soon as possible, the completed compensation claim form.

The insured person must also report all claims to the competent authorities of the country in which the event occurred and must obtain a copy of the crime report or loss report bearing a protocol number.

The insured person must not sell any of the goods of which the ownership lies with the company for full compensation, nor to dispose of any damaged goods, as the company may require them for the purposes of inspection.

The insured person must not accept liability nor conduct negotiations, and must refuse deals and reject claims for compensation, and therefore not make agreements with third parties regarding the claim, except with the authorisation of the company.

If the insured person is held liable for damage to property or the Physical Injury of third parties, the insured person must immediately notify the company and provide all details relating to the event in writing. The insured person must immediately send the company any summons, letter of complaint or other document relating to the claim.

#### Emergency assistance

In the event of a serious illness or an accident that may result in hospitalisation, the insured person must contact the company before taking any measures for repatriation or in the event of the curtailment of the trip. The service providing advice and assistance, is available 24 hours a day, 365 days a year, and will make arrangements for repatriation and authorise any payment of medical expenses. Private medical treatment is not covered, unless expressly authorised by the company. The insured person is required to contact the company without delay unless this is not possible because immediate emergency treatment is required. **For any outpatient treatment (in which the insured person is not admitted to hospital), illnesses or accidents of limited scope (excluding fractures), the insured person shall bear the relative costs and request reimbursement from the company upon returning to their Habitual Residence.**

**In case of emergency, the insured person must get in touch by telephoning (+39) 02 36 00 59 55.**

For all other compensation claims, please call our telephone assistance service on **(+39) 02 36 00 59 55** (Monday - Friday, 09:00 - 17:00) to receive a claim form. The insured person must provide:

- a. first and family names;
- b. policy number;
- c. details of the claim.

It is advisable to keep copies of any documents sent to the company. It may sometimes be necessary to appoint an adjuster to deal with claims and ensure their speedy, fair handling.

The insured person must collect the necessary information regarding their claim during the trip. **When investigating the legitimacy of the claim, the company may request any necessary, relevant documentation to allow the claim to be assessed and settled, in addition to that listed in the following article. If the necessary documentation is not provided, the claim may be rejected.**

#### **Art. 80 - Documentation to be attached to the claim notification**

**For all claims**, the insured person must present:

- a. original copies of booking invoices and travel documents indicating the dates of the trip and the date of the booking;
- b. original copies of receipts and proofs for any out-of-pocket expenses incurred by the insured person;
- c. original copies of all invoices or accounts that request payment from the insured person;
- d. the details of any other insurance which may cover the same claim;
- e. any documentation that may be useful in proving the legitimacy of the claim.

**For claims relating to Injury or Illness**, the following must be provided:

- a. a medical certificate from the Doctor treating the insured person, Family Member or any other person travelling or staying with the insured person and who has suffered Injury or Illness. For all claims concerning death, the company requires a medical certificate from the Doctor treating the insured person, Family Member or any other person travelling or staying with the insured person, accompanied by a copy of the death certificate;
- b. Original receipts or proof of ownership of stolen, lost or damaged items.

#### **Art. 81 - Compensation conditions**

The insured person must take all reasonable precautions to avoid giving rise to a claim.

The insured person is obliged to act as if they were not covered by the policy, taking measures to limit the losses suffered as much as possible and to take reasonable measures to prevent further accidents and to recover any loss where possible.

**In the event of interrupted travel**, the insured person must contact us by telephone on **(+39) 02 36 00 59 55**. The service which provides advice and assistance in relation to any possible repatriation is available 24 hours a day, 365 days a year, . The company will arrange for the repatriation of the insured person, in the event that news of a serious illness or imminent death or the death of a family member in the Country of residence is received.

The insured person must inform the company as soon as possible **in the event of an emergency or where hospital treatment is required (all costs relating to limited illness or injury - with the exception of fractures - must be borne by the insured person, and will be reimbursed subsequently upon request).**

**The insured person is required to pay the premium for the total number of days for which the trip had been planned.**

Prior to settling any request for compensation which has been submitted, and if the company so requests, **the insured person must agree to undergo medical examinations** carried out by a doctor appointed by the company and at the expense of the same, as frequently as deemed appropriate. In the event of the death of the insured person, the company may also request that an autopsy be carried out, always at the company's expense.

**Should the company provide transport or accept the request of the insured person and, as a result, they are in possession**

**of unused travel tickets, they will be required to send them to the company.** Otherwise, the relative amount will be deducted from the reimbursement paid to the insured person.

The company reserves the right, at its discretion, to proceed with the following, in the name and on behalf of the insured person but at its own expense:

- a. to assume the settlement entitlement of each request for compensation;
- b. to take legal action in the name and on behalf of the insured person to obtain reimbursement from third parties, for their own benefit, or to obtain the return from third parties for any sum already received by the insured person;
- c. to take any action to recover any assets lost or deemed to be lost.

Should the insured person or anyone acting on his behalf in any capacity attempt to acquire funds, information or other assets by deception or other illegal means, including deliberately false declarations or omissions aimed at distorting the facts, this policy shall be considered null. The company may inform the competent authorities and the insured person must return any sum already received under the policy to the company.

In the event of any settlement of expenses not covered by the company, the insured person will be required to reimburse the latter within one month of the request.

The company will make every effort to provide all the services in all the circumstances described in this policy. The provision of services according to normal standards may be prevented in remote geographical locations or due to adverse and unpredictable local conditions.

**The insured person must, in the first instance and for any expenses incurred, submit a claim for compensation to his private health insurance, national health system and / or any other travel insurance.**

## CHAPTER II – RULES RELATING TO CLAIMS FOR SINGLE POLICIES

### Art. 82 - Specific documents for Single policies

**In addition to the documentation that must be presented for all claims, in the cases listed below, the insured person must produce the additional specific documentation requested as indicated in the table below.**

<b>BASIC GUARANTEES</b>	
<b>POLICY</b>	<b>EXPENSES / DOCUMENTATION IN THE EVENT OF A CLAIM</b>
<b>Emergency Medical Expenses and Repatriation services</b>	<p>In the event that the insured person is suddenly affected by an Illness, Accident or pregnancy Complication for which hospital treatment is required or for which it is probable that costs exceeding € 500 will have to be incurred, the insured person must contact the company on <b>(+39) 02 36 00 59 55</b>.</p> <p>The company may:</p> <ul style="list-style-type: none"> <li>• transfer the insured person to another hospital; and / or</li> <li>• arrange for the insured person to return to his or her Habitual residence in the country of residence; or transfer the insured person to the hospital that best suits their needs in the country of residence.</li> </ul> <p>At any time, if the company and the attending physician deem it necessary from a medical and prudent point of view to take such measures.</p> <p>In the event that our medical director indicates a date for which he believes the repatriation of the insured person is easy and feasible, but the insured person decides not to be repatriated, after that date the company will only bear those additional costs provided for in this section that would have paid if the repatriation had taken place at the recommended time.</p> <p>In the event of a medical emergency:</p> <ol style="list-style-type: none"> <li>a. in the case of a medical emergency, the insured person must contact us without delay on <b>(+39) 02 36 00 59 55</b>.</li> <li>b. the insured person shall bear the costs of outpatient treatment (excluding fractures). It is advisable to keep all originals of receipts and obtain a statement from the hospital to confirm the nature of the illness or the injury, any treatment received and, where applicable, the dates of admission and discharge;</li> <li>c. must send a statement to the company from the Doctor confirming the treatment and the expenses incurred;</li> <li>d. in the case of unsettled accounts, a copy should be sent to the company</li> </ol>

	<p>indicating that the account has not yet been settled;</p> <p>e. in the case of additional expenses incurred relating to the company's authorisation, the relevant receipts should be sent to us.</p>
<b>Hospital treatment</b>	<p>For all claims, the insured person must present:</p> <p>a. the original receipts for any incidental costs incurred;</p> <p>b. a medical statement confirming the dates of admission and discharge.</p>
<b>Delayed departure</b>	<p>For all claims, the insured person must present:</p> <p>a. written confirmation from the carrier (or its ground services agents) attesting to the duration and reason for the delay;</p> <p>b. original receipts attesting to the purchase of meals and refreshments, or, where necessary, additional expenses for accommodation;</p> <p>c. in the event of cancellation after 24 hours of delay of the initial outbound journey, the receipt of cancellation and a letter from the carrier attesting to the duration of, and reason for, the delay.</p>
<b>Delayed Baggage</b>	<p>For all claims, the insured person must present:</p> <p>a. a Property Irregularity Report (PIR) from the carrier or its ground services agents;</p> <p>b. a letter from the airline attesting to the duration of the delay and the date/time of the return of the items;</p> <p>c. original, detailed receipts of any emergency purchases conducted.</p>
<b>Baggage, Personal Money and Travel Documents</b>	<p>If baggage is lost, stolen or damaged while in the custody of the carrier, transport company, authority or hotel, the insured person must confirm in writing the details of the event to the latter,. The insured person must officially notify the local authorities of the incident within 24 hours of the occurrence of the event and obtain a written report.</p> <p>If baggage is lost, stolen or damaged while in the custody of the carrier, transport company, authority or hotel, the insured person must:</p> <p>a. obtain a Property Irregularity claim (PIR) issued by the airline at the airport when the event takes place, and to present it to the company;</p> <p>b. notify the claim in writing in writing within the time limits set by the carrier or his on-site service representatives and retain a copy;</p> <p>c. keep any travel tickets and baggage tags, attaching them to the claim.</p> <p>The insured person must provide an original purchase receipt or proof of ownership of the objects which must be attached to the claim.</p> <p>Any amount paid for the DELAYED BAGGAGE section will be deducted from the final amount to be paid for this section.</p> <p>For all claims, the insured person must present:</p> <p>a. where items are lost or stolen, notification from the competent authorities attesting that the insured person had reported the event within 24 hours of becoming aware of the absence of the items;</p> <p>b. if lost or damaged by the carrier, a Property Irregularity Report (PIR) and a letter will be required from the airline confirming the extent of the lost items. It is also advisable to keep all baggage tags when possible;</p> <p>c. in the case of the theft or loss of Personal Money, notification from the competent authorities confirming the occurrence and nature of the loss, as well as any bank / bureau d'échange receipts proving the insured person's possession of such assets;</p> <p>d. notification of the competent authorities or embassy attesting that the insured person reported the event within 24 hours from the time of realising the Travel Documents were missing;</p> <p>e. a damage report and an estimate for the repair of the damaged items;</p> <p>The insured person is obliged to keep all damaged items for repair, for any potential appraisal by the company.</p>

<p><b>Missed departure / Connection</b></p>	<p>For all claims, the insured person must present:</p> <ol style="list-style-type: none"> <li>a. the following documentation proving the reason for non-departure / missed connection: <ol style="list-style-type: none"> <li>i. in the event of interruption of public transport services – a letter attesting to the duration and reason for the delay;</li> <li>ii. in case of the breakdown of a vehicle in which you were travelling: written declaration of the roadside assistance company stating the date and nature of the fault that occurred to the vehicle;</li> <li>iii. in the event of motorway traffic problems – a printout showing the date of the incident from the motorway operating company or written confirmation from the authorities confirming the location, duration and reason for the delay.</li> </ol> </li> <li>b. proof of additional travel and/or accommodation expenses incurred as a result of the missed departure;</li> <li>c. the original receipts for any additional travel and/or accommodation expenses incurred.</li> </ol>
<p><b>Personal Injury</b></p>	<p>For all claims, the insured person must present:</p> <ol style="list-style-type: none"> <li>a. a detailed description of the circumstances in which the event occurred, including any photographic and video evidence (where applicable);</li> <li>b. a certificate from a Doctor confirming the extent of the Injury and the treatment administered, including any hospital admission/discharge;</li> <li>c. death certificate (where applicable);</li> <li>d. details of witnesses of the event and, where possible, a written statement from them.</li> </ol> <p>The company reserves the right to have the insured person visited by its trusted doctors.</p>
<p><b>Civil Liability</b></p>	<p>For all claims, the insured person must present:</p> <ol style="list-style-type: none"> <li>a. a detailed description of the circumstances in which the event occurred, including any photographic and video evidence (where applicable);</li> <li>b. any writ of summons, injunction or other correspondence received from third parties;</li> <li>c. details of witnesses of the event and, where possible, a written statement from them.</li> </ol> <p>The insured person must notify the company in writing and as soon as possible regarding any event that may give rise to a claim for compensation.</p> <p>The insured person is obliged not to accept any responsibility or to refuse to pay, offer to pay, promise to pay or conduct negotiations for any claim without the written authorisation of the company.</p> <p>The company reserves the right, at its discretion, to proceed with the following, in the name and on behalf of the insured person. The company ensures full cooperation in the conduct of any negotiation or legal action or in the liquidation of any request for compensation, and the insured person undertakes to provide all necessary information and assistance as requested by the company.</p> <p>In the event of the death of the insured person, the legal representative or representatives of the latter will be covered by the Table of Benefits provided they comply with the terms and conditions indicated in this document.</p>
<p><b>Legal Fees Abroad</b></p>	<p>For all claims, the insured person must present:</p> <ol style="list-style-type: none"> <li>a. a detailed description of the circumstances in which the event occurred, including any photographic and video evidence (where applicable);</li> <li>b. any writ of summons, injunction or other correspondence received from third parties;</li> <li>c. details of witnesses of the event and, where possible, a written statement from them.</li> </ol> <p>The insured person is required to notify the company as soon as possible, and in</p>



	<p>any case within 90 days, of any event that may give rise to a claim.</p> <p>The insured person is required to notify the company as soon as possible, and in any case within 90 days, of any event that may give rise to a claim.</p> <p>The company will provide the insured person with a claim form that must be filled out with all the information requested and returned as soon as possible. The insured person must provide, at his own expense, all the information required by the company to evaluate the acceptance of the request.</p> <p>The company will appoint a legal adviser only if there is a reasonable probability of success.</p> <p>The company will exclusively cover the expenses for the legal consultant for carrying out the professional activities expressly and previously authorised by the company in writing, and where there is a reasonable probability of success. Should the insured person appoint a legal consultant of their own choice rather than the legal adviser from the team appointed by the company, the expenses for the legal adviser will be covered to the extent that they do not exceed the standard costs of the company's legal team.</p> <p>Legal action undertaken will not be taken by the company in more than one country in relation to the same event.</p> <p>The company reserves the right to decide whether to initiate legal proceedings in the United States of America or in Canada using the regime of pact of quota dispute in force in such countries.</p> <p><b>Procedure for settlement of legal expenses:</b> the company will appoint a member of our team to deal with the case of the insured person. However, if the insured person decides to appoint a legal adviser to act in their name and on their behalf, the insured person must immediately notify the company of this decision. Upon receipt of this communication, the company will inform the insured person of any special conditions applying to such an appointment.</p>
<p><b>Accommodation Unfit for Use</b></p>	<p>For all claims, the insured person must present:</p> <ol style="list-style-type: none"> <li>a. documentary evidence of the trip (confirmation, invoice, plane tickets);</li> <li>b. an official letter confirming the cause of the event which rendered the accommodation unfit for use and the duration of this non-availability;</li> <li>c. invoices and receipts for expenses incurred by the insured person.</li> </ol>
<p><b>Pet care</b></p>	<p>For all claims, the insured person must present:</p> <ol style="list-style-type: none"> <li>a. written confirmation from the dog or cat boarding facility stating the additional charges payable and the date these charges are due;</li> <li>b. a statement from the attending Doctor attesting to any treatment received and the dates of admission and discharge.</li> </ol>
<p><b>OPTIONAL GUARANTEES</b></p>	
<p><b>Trip Cancellation</b></p>	<p>original copy(s) of the cancellation notification(s) with details of costs incurred and any refunds received.</p> <p>In order to submit a request for Compensation for Abandonment following a delay of 24 hours, the insured person must obtain a written statement from the carrier attesting to the duration and reason for the delay;</p> <p>For all claims, the insured person must present:</p> <ol style="list-style-type: none"> <li>a. the original receipt or booking invoice for the new flight;</li> <li>b. the original booking invoice for any excursion paid for in advance but not taken, showing the date and amount paid;</li> <li>c. for all claims relating to Injury or Illness, a medical certificate must be provided from the Doctor treating the insured person, family member or any other person travelling or staying with the insured person and who has suffered injury or illness. In the event of curtailment due to death, the company requires a medical certificate from the Doctor treating the insured person, family member or any other person travelling or staying with the insured person, accompanied by a copy of the death certificate.</li> </ol>

	<p>The insured person is obliged to contact the company before curtailing the trip in every case. Telephone Number <b>(+39) 02 36 00 59 55</b></p>
<p><b>Winter Sports</b></p>	<p>For all claims relating to the “Winter Sports Equipment” cover the insured person must present:</p> <ol style="list-style-type: none"> <li>a. where items are lost or stolen, notification from the competent authorities attesting that the insured person had reported the event within 24 hours of becoming aware of the absence of the items;</li> <li>b. if lost or damaged by the carrier, a Property Irregularity Report (PIR) will be required and a letter from the airline Insurance company confirming the extent of the lost items. It is also advisable to keep all baggage tags where possible;</li> <li>c. a damage report and an estimate for the repair of the damaged items;</li> <li>d. it is advisable to keep all damaged items that cannot be repaired as they may need to be inspected;</li> <li>e. all hire receipts and baggage tags (where applicable).</li> </ol> <p>For all claims relating to the “Ski Package” cover the insured person must present:</p> <ol style="list-style-type: none"> <li>a. written confirmation of the purchase of the Ski Package by the issuing company including a declaration that no refund will be made for an unused portion of the Ski Package;</li> <li>b. the insured person must obtain written confirmation from a Doctor that the physical injury or illness had interrupted the use of the Ski Package.</li> </ol> <p>For all claims relating to “Piste Closure” the insured person must present written confirmation by the ski resort manager of the closure of the facilities and the related dates.</p>
<p><b>Golf</b></p>	<p>For all claims relating to the “Golf Equipment” cover the insured person must present:</p> <ol style="list-style-type: none"> <li>a. where items are lost or stolen, notification from the competent authorities attesting that the insured person had reported the event within 24 hours of becoming aware of the absence of the items;</li> <li>b. if items are lost or damaged by the carrier or its ground services agents, a Property Irregularity Report (PIR) will be required and a letter from the airline Insurance company confirming the extent of the lost items. It is also advisable to keep all baggage tags when possible;</li> <li>c. a damage report and an estimate for the repair of the damaged items;</li> <li>d. it is advisable to keep all damaged items that cannot be repaired as they may need to be inspected;</li> <li>e. all hire receipts and baggage tags (where applicable).</li> </ol> <p>For all claims relating to the “Course Fees” cover the insured person must present a medical certificate attesting to the inability of the insured person to continue playing golf during the remaining period of travel.</p> <p>For all claims relating to the “Hole – in – One” cover the insured person must present:</p> <ol style="list-style-type: none"> <li>a. the score card signed by the insured person and a witness and countersigned by a club representative;</li> <li>b. the drinks receipt bearing the date of the event;</li> <li>c. a dated receipt for expenses incurred at the golf club.</li> </ol>

# ANNEX 1 TABLE OF BENEFITS

## SINGLE TRIP “MEDICAL EXPENSES ONLY” FORM

Cover	Basic	Standard	Premier
<b>The amounts of the policies are per insured per trip, unless otherwise indicated</b>			
<b>Emergency Medical Expenses and Repatriation services</b>			
Medical Expenses, Maximum limit in Italy	€6.000	€50.000	€75.000
Medical Expenses, Maximum limit Rest of the world	€100.000	€1.000.000	€5.000.000
Subsequent Complications in Pregnancy	€75.000 (or €100.000 per trip to the U.S.A. or Caribbean)	€75.000 (or €200.000 per trip to the U.S.A. or Caribbean)	€75.000 (or €200.000 per trip to the U.S.A. or Caribbean)
Costs for Repatriation services	€1.000.000	€2.000.000	€2.000.000
Transport costs for accompanying persons	€1.000.000	€2.000.000	€2.000.000
Repatriation services of Minors	€1.000.000	€2.000.000	€2.000.000
Funeral Expenses and Repatriation of the Body	€1.000.000	€2.000.000	€2.000.000
Excess	€200	€100	€0
<i>By purchasing optional Winter Sport cover, cover for MEDICAL EMERGENCY EXPENSES extends to the practice of Winter Sports</i>			
<b>SINGLE TRIP “MULTI-RISK” COMPONENT</b>			
Cover	Basic	Standard	Premier
<b>The amounts of the policies are per insured per trip, unless otherwise indicated</b>			
<b>Emergency Medical Expenses and Repatriation services</b>			
Medical Expenses, Maximum limit in Italy	€6.000	€50.000	€75.000
Medical Expenses, Maximum limit Rest of the world	€100.000	€1.000.000	€5.000.000
Subsequent Complications in Pregnancy	€75.000 (or €100.000 per trip to the U.S.A. or Caribbean)	€75.000 (or €100.000 per trip to the U.S.A. or Caribbean)	€75.000 (or €100.000 per trip to the U.S.A. or Caribbean)
Cost of Repatriation services	€1.000.000	€2.000.000	€2.000.000
Transport costs for accompanying persons	€1.000.000	€2.000.000	€2.000.000
Repatriation services for Minors	€1.000.000	€2.000.000	€2.000.000
Funeral Expenses and Repatriation of the Body	€1.000.000	€2.000.000	€2.000.000
Excess	€200	€100	€0
<i>By purchasing optional Winter Sport cover, cover for MEDICAL EMERGENCY EXPENSES extends to the practice of Winter Sports.</i>			

<b>Hospital treatment</b>			
Hospital treatment, maximum limit	€0	€500	€750
- For each 24 period	€0	€50	€75
<b>Delayed departure</b>			
Delayed departure, maximum limit	€100	€120	€160
- for the first 12 hours	€25	€30	€40
- for each 24 hour interval following the first 12 hour period	€25	€30	€40
<b>Delayed Baggage</b>			
Delayed Baggage, Maximum Limit after 12 hours	€120	€150	€200
<b>Baggage, Personal Money and Travel Documents</b>			
Baggage, Maximum limit	€1.000	€2.000	€3.000
- Maximum limit per individual item	€150	€250	€350
- Maximum limit for individual items of value	€200	€300	€400
Baggage, Excess	€75	€50	€0
Personal Money, maximum limit	€0	€250	€350
Personal Money, maximum limit	€0	€75	€0
Passports and Travel Documents	€0	€100	€150
<b>Missed Departure / Connection</b>			
Missed Departure, maximum limit	€500	€500	€500
Missed Connection, maximum limit	€500	€500	€500
Excess	€200	€100	€0
<b>Personal Injury</b>			
Personal Injury, maximum limit	€0	€20.000	€25.000
- Death, 15 - 17 years of age	€0	€2.000	€3.000
- Death, 18 - 65 years of age	€0	€7.000	€10.000
- Death, above 66 years of age	€0	€2.000	€3.000
Loss of a limb or sight	€0	€20.000	€25.000
Total Permanent Invalidity.	€0	€20.000	€25.000
<i>By purchasing optional Winter Sport coverage, coverage for PERSONAL INJURY extends to the practice of Winter Sports.</i>			
<b>Civil Liability</b>			
Civil Liability, maximum limit	€2.000.000	€2.000.000	€2.000.000
<b>Legal fees abroad</b>			
Legal fees abroad, maximum limit	€25.000	€25.000	€25.000
<b>Hijack and assault for the purpose of robbery</b>			
Hijack and assault for the purpose of robbery	€500	€500	€500
- For each 24 period	€50	€50	€50
<b>Accommodation Unfit for Use</b>			
Accommodation Unfit for Use, maximum limit	€100	€120	€160

- For each 24 period	€25	€30	€40
<b>Pet care</b>			
Pet Care, maximum limit	€0	€200	€400
- For each 24 period	€0	€20	€40

## SINGLE TRIP OPTIONAL GUARANTEES

Trip Cancellation			
Cover	Basic	Standard	Premier
<b>Cancellation of trip and Abandonment</b>			
Cancellation, maximum limit	€1.000	€3.000	€7.500
Abandonment, maximum limit	€1.000	€3.000	€7.500
Excess	€200	€100	€0
<b>Curtailement of the trip</b>			
Curtailement of the trip, maximum limit	€1.000	€3.000	€7.500
Excess	€200	€100	€0
<b>Winter Sports</b>			
<i>By purchasing optional Winter Sport cover, cover for MEDICAL EMERGENCY EXPENSES and Personal Injury will extend to the practice of winter sports.</i>			
Equipment for Winter Sports	€1.500	€1.500	€1.500
- Limit per Item/Pair/Set	€375	€375	€375
Equipment for Winter Sports, exemption	€100	€100	€100
Hire of replacement Winter Sports Equipment	€500	€500	€500
- For each 24 period	€50	€50	€50
Ski Package	€500	€500	€500
- For each 24 period	€50	€50	€50
Piste Closure	€500	€500	€500
- For each 24 period	€50	€50	€50
Avalanche	€500	€500	€500
- For each 24 period	€50	€50	€50
<b>Golf</b>			
Golf Equipment	€1.500	€1.500	€1.500
- Limit per Item/Pair/Set	€375	€375	€375
Excess	€100	€100	€100
Course fees	€500	€500	€500
- For each 24 period	€50	€50	€50
Hole-in-One	€50	€50	€50

Business Travel			
Company equipment	€1.000	€1.000	€1.000
- Limit per Item/Pair/Set	€500	€500	€500
Excess	€50	€50	€50
Company money	€500	€500	€500
- Personal Money, excess	€50	€50	€50
Replacement of Work Associate	€1.500	€1.500	€1.500

## ANNUAL MULTI TRIP “MEDICAL EXPENSES ONLY” FORM

### Cover

The amounts of the policies are per beneficiary per trip, unless otherwise indicated

#### Emergency Medical Expenses and Repatriation services

Medical Expenses, Maximum limit in Italy	€50,000
Excess	€75
Medical Expenses, Maximum limit Rest of the world:	€3.000.000
Excess	€75
Subsequent Complications in Pregnancy	€ 75.000 (o € 100,000 per viaggi verso USA o Caraibi)
Excess	€75
Cost of Repatriation services	€2.000.000
Excess	€75
Transport costs for accompanying persons	€2.000.000
Excess	€75
Repatriation service for Minors	€2.000.000
Excess	€75
Funeral Expenses and Repatriation of the Body	€5.000
Excess	€75

*By purchasing optional Winter Sport cover, cover for MEDICAL EMERGENCY EXPENSES extends to the practice of Winter Sports.*

## ANNUAL MULTI TRIP “MULTI RISK” COMPONENT

### Cover

The amounts of the policies are per beneficiary per trip, unless otherwise indicated

#### Emergency Medical Expenses and Repatriation services

Medical Expenses, Maximum limit in Italy	€50.000
Excess	€75
Medical Expenses, Maximum limit Rest of the world:	€3.000.000

Excess	€75
Subsequent Complications in Pregnancy	€ 75.000 (or € 100.000 per viaggi in USA o Caraibi)
Excess	€75
Cost of Repatriation services	€2.000.000
Excess	€75
Transport costs for accompanying persons	€2.000.000
Excess	€75
Repatriation service for Minors	€2.000.000
Excess	€75
Funeral Expenses and Repatriation of the Body	€5.000
Excess	€75
<b><i>By purchasing optional Winter Sport cover, cover for MEDICAL EMERGENCY EXPENSES extends to the practice of Winter Sports.</i></b>	
<b>Hospital treatment</b>	
Cover in case of Hospital treatment, Maximum limit	€500
- For each 24 period	€50
<b>Delayed departure</b>	
Delayed departure, Maximum limit	€120
- for the first 12 full hours	€30
- for each 24 hour interval following the first 12 hour period	€30
<b>Delayed Baggage</b>	
Delayed baggage, Maximum limit after 12 hours	€120
<b>Baggage, Personal Money and Travel Documents</b>	
Baggage, Maximum limit	€2.000
Maximum limit per individual item	€250
Maximum limit for a single valuable	€300
Baggage, exemption	€75
Personal Money, Maximum limit	€250
Personal Money, Exemption	€75
Passports and travel documents	€100
<b>Missed departure / connection</b>	
Missed departure, Maximum limit	€500
Excess	€100
Missed connection, Maximum limit	€500
Excess	€100
<b>Personal Injury</b>	
Personal Injury, Maximum limit	€20.000
- Death, 15 - 17 years of age	€2.000
- Death, 18 - 65 years of age	€7.000
- Death, above 66 years of age	€2.000
Loss of a limb or sight	€20.000

Total Permanent Invalidity.	€20.000
<b><i>By purchasing optional Winter Sport cover, cover for PERSONAL INJURY extends to the practice of Winter Sports.</i></b>	
<b>Civil Liability</b>	
Civil Liability, Maximum limit	€250.000
<b>Legal fees abroad</b>	
Legal fees abroad, Maximum limit	€25.000
<b>Hijack and assault for the purpose of robbery</b>	
Hijack and assault for the purpose of robbery, Maximum limit	€500
- For each 24 period	€50
<b>Accommodation Unfit for Use</b>	
Accommodation Unfit for Use, Maximum limit	€120
- For each 24 period	€30
<b>Pet care</b>	
Pet care, Maximum limit	€200
- For each 24 period	€20
<b>Cancellation, Abandonment and Curtailment of the trip</b>	
Cancellation, Maximum limit	€10.000
Excess	€150
Curtailment of the trip, Maximum limit	€1.000
Excess	€150
Abandonment, Maximum limit	€1.000
Excess	€200

## ANNUAL MULTI TRIP OPTIONAL GUARANTEES

### Winter Sports

***By purchasing optional Winter Sport cover, cover for Medical Emergency Expenses and Personal Injury will extend to the practice of winter sports.***

Equipment for Winter Sports	€1.500
- Limit per Item/Pair/Set	€375
Equipment for Winter Sports, Excess	€100
Hire of replacement Winter Sports Equipment	€500
- For each 24 period	€50
Skipass	€500
- For each 24 period	€50
Ski Package	€500
- For each 24 period	€50
Piste Closure	€500
- For each 24 period	€50



Avalanche	€500
- For each 24 period	€50
Excess	€75
<b>Golf</b>	
Golf Equipment	€1.500
- Limit per Item/Pair/Set	€375
Excess	€100
Ski Equipment Hire	€500
- For each 24 period	€50
Course Fees	€500
- For each 24 period	€50
<b>Business Travel</b>	
Business equipment	€1.000
- Limit per Item/Pair/Set	€500
Excess	€50
Business Money	€500
Company Money, Exemption	€50
Replacement of Work Associate	€1.500

## ANNEX 2 SPORTS AND ACTIVITIES

### SPORTS AND ACTIVITIES ANNEX

The basic policy covers various sports and activities, hereinafter marked with the words Category 1 and 2. Coverage can be extended to additional sports and activities (Category 3) against payment of the corresponding premium. Sports and activities are in any case covered, only where practised in a competitive or professional manner and not on a regular basis. Cover does not extend to the practice of sports and activities not listed below.

#### CATEGORY 1

The policy automatically covers the sports and activities listed below:

- Badminton
- Baseball
- Basketball
- Bowling
- Camel riding excursions
- Canoeing (up to grade / class 2)
- Cricket
- Elephant riding excursions
- Fishing
- Football
- Hockey
- Horse riding excursions
- Kite-surfing
- Netball
- Orienteering
- Pony riding excursions
- Racketball
- Roller skating
- Rounders
- Racing
- Sailing (within 20 nautical miles from the coast)
- Scuba diving (without a licence and in depths of up to 18 m)
- Squash
- Surfing
- Table Tennis
- Tennis
- Trampolining
- Trekking (up to an altitude of 4000 metres without the use of climbing equipment)
- Volleyball
- Water polo
- Water skiing
- Windsurfing
- Yachting (within 20 nautical miles from the coast)
- Zorbing

## CATEGORY 2

The policy will also cover the sports and activities listed below, with cover for personal injury or civil liability in any case excluded.

- Abseiling
- Archery
- Canoeing (up to grade / class 3)
- Trail running (up to 12 miles and no higher than 500 metres of altitude)
- Go-karting
- Horse riding
- Hot air ballooning
- Jet biking
- Jet skiing
- Motorcycling up to 125 cc (not including racing and intended only as a means of transport)
- Trail Mountain biking
- Paintballing
- Fencing
- Sailing (further than 20 nautical miles from the coast)
- Scuba diving (licensed and in depths of up to 40 m)
- War Games
- Yachting (further than 20 nautical miles from the coast)

## CATEGORY 3

Upon payment of the corresponding premium, cover can be extended to the sports and activities listed below, with cover for personal injury or civil liability in any case excluded.

- American Football
- Bungee jumping
- Gaelic Football
- Off Trial Mountain biking with a guide
- Parasailing (water)
- Rafting (up to 4)
- Rope Climbing (organised)
- Rugby League
- Rugby Union
- Ski diving

## CATEGORY 4

The insurance does not cover participation in the sports and activities listed below, nor in those that are not expressly indicated in Categories 1, 2, or 3.

- Base jumping
- Boxing
- Rafting (canyoning)
- Cave diving
- Potholing
- Cliff diving
- Cliff jumping
- Car track racing
- Flight except as paying passengers
- Glider flight
- Hang gliding
- Steeplechase on horseback
- Horse racing
- Martial Arts
- Flight with ultralight aircraft
- Speed or resistance tests for motorcar racing
- Rallying
- Speedboat racing
- Motorcycle racing (125 cc and above)
- Motor Sports
- Mountain climbing
- Parachuting
- Paragliding
- Parasailing (on land)
- Polo
- Cave exploration
- Professional sports
- Quad biking
- Climbing without ropes and without
- Driving
- Safari with rifle
- Diving with sharks
- Steeplechase

# ANNEX 3 REGULATORY APPENDIX

**Art. 1891 Civil Code: INSURANCE FOR OR ON BEHALF OF ANY OTHER CONCERNED OR THIRD PARTY.** *“If the insurance is stipulated on behalf of others or on behalf of the party concerned, the contractor must fulfil the obligations arising from the contract, except those which by their nature cannot be fulfilled except by the insured person. The rights arising from the contract belong to the insured person, and the policy holder, even if in possession of the policy, cannot assert them without the express consent of the insured person. The insured person may raise objections to the other party regarding exceptions under the Contract. For the reimbursement of the premiums paid to the insurer and the costs of the contract, the policy holder has precedence regarding the sums due from the insurer in the same degree as appropriations for preservation costs.”*

**Art. 1892 Civil Code: INCORRECT AND INCOMPLETE DECLARATIONS MADE WITH FRAUD OR GROSS NEGLIGENCE.** *“Incorrect statements and the waiver of the contracting party, concerning circumstances such that, the insurer would withhold his consent or withhold his consent on the same conditions if he knew the true circumstances, are cause of the annulment of the contract when the insured acted with fraud or gross negligence. The insurer loses its the right to challenge the contract if he fails to notify the contracting party of his intention to challenge the contract within three months from the day on which he became aware of the falsity of the representation or of the failure to disclose. The insurer is entitled to the premiums covering the period of insurance running at the time when he petitioned for annulment of the contract, and in all case to the premiums agreed upon for the first year. If the accident occurs before the expiry of the period indicated in the preceding paragraph, the insurer is not bound to pay the amount of the insurance.”*

*If the insurance concerns more than one person or thing, the contract is valid with respect for such persons or such things not affected by the misrepresentation or the failure to disclose."*

**Art. 1893 Civil Code: INCORRECT AND INCOMPLETE DECLARATIONS MADE WITH FRAUD OR GROSS NEGLIGENCE.** *"the contracting party has acted without fraud or gross negligence, misrepresentations or failure to disclose are not grounds for the annulment of the contract, but the insurer can withdraw from the contract by means of a declaration to be made to the insured within three months from the day on which he became aware of the falsity of the representation or of the failure to disclose. If the accident occurs before the insurer has knowledge of the falsity of the representation or the failure to disclose, or before he has notified the insured of his intention to withdraw from the contract, the amount due by him is reduced in proportion to the difference between the premium agreed upon and the premium that would have applied if the true situation had been known."*

**Art. 1894 Civil Code: INSURANCE IN THE NAME OF OR ON BEHALF OF THIRD PARTIES.** *"In the insurance companies in the name or on behalf of third parties, if the third parties are aware of the inaccuracy of the declarations or of the reservations concerning the risk, the provisions of articles 1892 and 1893 apply to the insurer."*

**Art. 1897 Civil Code: MITIGATION OF RISK.** *"If the contracting party notifies the insurer of changes causing such reduction in the risk as would have entailed the stipulation of a lower premium if known at the time of making the contract, the insurer can demand only such lower premium. The lower rate is effective from the date of maturity of the premium or instalment next following receipt of the above mentioned notice, but the insurer can withdraw from the contract within two months from the day on which notice was given.*

*The declaration or withdrawal from the contract is effective after one month."*

**ART. 1898 Civil Code: INCREASED RISK.** *"A contracting party has the obligation to immediately notify the insurer of changes increasing the risk in such a way that, if the new situation had existed or had been known to the insurer at the time the contract was concluded, the insurer would have not agreed to the insurance contract or would have agreed only for a higher premium. The insurer can withdraw from the contract by giving written notice thereof to the insured within one month from the day on which he has received notice or has otherwise gained knowledge of the increased risk.*

*The withdrawal of the insurer is effective immediately if the increased risk would have caused the insurer not to agree to the insurance contract; such withdrawal is effective after fifteen days if the increased risk would have entailed a request for a higher premium for the insurance.*

*The insurer is entitled to the premiums covering the insurance period running at the time when notice of the withdrawal is given. If the accident occurs before the expiration of the time limit for the notice of the withdrawal and for the effectiveness thereof, the insurer is free from liability when the increased risk would have caused him not to agree to the insurance if the new situation had existed at the time of making the contract; otherwise, the amount due is reduced, taking into account the ratio between the premium agreed upon in the contract and the premium that would have been established if the higher risk had existed when the contract was entered into."*

**Art. 1901 Civil Code: NON-PAYMENT OF THE PREMIUM.** *"If a policyholder fails to pay the premium or the first instalment thereof as stated in the contract, the insurance shall be suspended until midnight on the day when the payment is made.*

*If a policyholder fails to pay any of the subsequent premiums within the deadlines agreed upon, the insurance shall be suspended from midnight on the fifteenth day following the expiry date.*

*In the cases mentioned in the two preceding paragraphs, the contract shall be terminated by operation of law if the insurer does not bring an action for collection within six months of the deadline for payment of the premium or any instalment thereof; the insurer shall only be entitled to the payment of the premium covering the current period of insurance and reimbursement for expenses. This provision shall not apply to life insurance."*

#### **General Guidelines for the Contract.**

**Art. 1341 Civil Code: GENERAL TERMS AND CONDITIONS.** *"General Conditions, prepared by one of the Parties, are binding on the other party if known by the latter at the time when the contract was concluded or if the might have known thereof by using ordinary diligence.*

*In any case, the conditions that establish, in favour of the party who prepared them, limitations of liability, the right to withdraw from the contract or to suspend the execution, or sanction at the expense of the 'other contractor forfeiture, limitations to the right to oppose exceptions, restrictions on contractual freedom in relations with third parties, tacit extension or renewal of the contract, arbitration clauses or exceptions to the jurisdiction of the judicial authority."*

**Art. 1342 Civil Code: CONTRACTS CONCLUDED THROUGH SIGNING FORMS.** *"In contracts concluded by signing forms prepared to regulate in a uniform manner certain contractual relationships, the clauses added to the form shall prevail over those in the form if they are incompatible with them, even if the latter are valid.*

*The provision of the second paragraph of the previous article is also observed."*

# DATA PROTECTION NOTICE

Your personal data and information concerning the insurance cover provided for by this policy, as well as any requests for reimbursement, will be managed by the insurance company for the purposes of the subscription and administration of the policy, the management of claims, the provision of assistance during travel, the handling of complaints, sanctions control and prevention of fraud, in accordance with the provisions of the applicable law on the protection of personal data and in compliance with the guarantees contained in the privacy statement on our website (see below).

This data is collected and processed as necessary for the execution of the insurance contract or in compliance with our legal obligations, or, in our legitimate interest, for the management of our business and for the supply of our products and services.

These activities may include:

- a. the use of sensitive data concerning the health or vulnerability of yourself or other persons covered by your policy, for the purpose of providing the services described in this policy. By taking advantage of our services, you consent to the use of such data for the purposes as set out;
- b. the disclosure of your personal data and your insurance policy to AXA group companies, our service providers and agents for the purpose of managing and handling your insurance cover, providing assistance during the trip, prevention of fraud, the collection of payments, and as otherwise required or permitted by applying to law;
- c. monitoring and / or recording of calls relating to the cover, for the purposes of keeping records, staff training and quality control;
- d. technical studies for the purposes of claims and premium analysis, price adaptation, support for the underwriting procedure and consolidation of financial reporting (including regulatory reporting); detailed analysis of claims / activities / phone calls to better monitor service and operations providers; analysis of customer satisfaction and construction of customer segments for a better adaptation of products to the needs of the market;
- e. to obtain and keep a record of any pertinent and justifiable documentary evidence of the compensation request, for the purposes of providing the services envisaged in this policy and validating the request, and;
- f. sending of feedback requests or opinion polls regarding our services, and other communications in the context of customer assistance.

Furthermore, we will request your consent before using or communicating your personal data to third parties so that they can contact you with information regarding other products or services (direct marketing). It is possible to revoke your consent or disable feedback requests at any time by contacting the Personal Data Processing Manager (contact details follow).

By purchasing this policy and making use of our services, you acknowledge that we may use your personal data and consent to the processing of your sensitive data as set out above. If you provide us with other people's data, you agree to inform them of the use of such data as described in this document and in the privacy statement on our website (see below).

You have the right to request a copy of the information we hold regarding yourself, as well as other rights regarding the use of your data (as per the privacy statement on our website - see below). If you believe the information in our possession to be inaccurate, please let us know so that we can correct it.

If you wish to know what information is in the possession of the data controller regarding yourself, or if you have other requests or concerns regarding the use of your personal data, write to us at:

Data Protection Officer  
AXA Travel Insurance Limited  
106-108 Station Road  
Redhill  
RH1 1PR

The full text of our privacy statement is available at the following address:

[www.axa-assistance.com/en.privacypolicy](http://www.axa-assistance.com/en.privacypolicy)

Alternatively we can provide a paper copy on request