POLICY SCHEDULE No. 202976747 - TAOTICKET SRL

The coverages provided for the Insured Party and the sums insured are listed below.
Please note that the details of each coverage in force are set out in the Insurance Terms and Conditions, of which this Policy Schedule forms an integral part.

COVERAGES	COVERAGES IN FORCE		SUMS INSURED
	YES	NO	
CHAPTER 1 - MEDICAL EXPENSES (Travel in Italy)	X		€ 15.000,00
CHAPTER 1 - MEDICAL EXPENSES (Travel in Europe)	X		€ 20.000,00
CHAPTER 1 - MEDICAL EXPENSES (Worldwide Travel)	X		€ 20.000,00
CHAPTER 2 - HOSPITALISATION DAILY ALLOWANCE FOLLOWING COVID-19 INFECTION	X		€ 1.000,00
CHAPTER 3 - CONVALESCENCE BENEFIT	X		€ 1.500,00
CHAPTER 4 - PERSONAL ASSISTANCE	X		See Insurance Terms and Conditions
CHAPTER 5 - BAGGAGE (Travel in Italy)	X		€ 1.500,00
CHAPTER 5 - BAGGAGE (Travel in Europe)	X		€ 1.500,00
CHAPTER 5 - BAGGAGE (Worldwide Travel)	X		€ 1.500,00
CHAPTER 6 - TRIP CANCELLATION		X	
CHAPTER 6 - ALL-RISK TRIP CANCELLATION	X		€ 15.000,00
CHAPTER 7 - TRIP CANCELLATION FOLLOWING DELAYED DEPARTURE		X	
CHAPTER 8 - REPEAT TRIP	X		€ 10.000,00
CHAPTER 9 - FLIGHT DELAY		X	
CHAPTER 10 - TRIP RE-ROUTING		X	
CHAPTER 11 - PERSONAL ACCIDENT		X	
CHAPTER 12 - LEGAL PROTECTION		X	
CHAPTER 13 - PERSONAL LIABILITY	X		€ 50.000,00
CHAPTER 14 - VEHICLE ASSISTANCE		X	See Insurance Terms and Conditions
CHAPTER 15 - HOME CARE		X	See Insurance Terms and Conditions
CHAPTER 16 - TRIP INTERRUPTION FOLLOWING QUARANTINE	X		
CHAPTER 17 - HOME ASSISTANCE		X	
CHAPTER 18 - MISSED CONNECTING FLIGHT		X	

OBLIGATIONS OF THE INSURED PARTY IN THE EVENT OF A CLAIM

Personal Assistance
In the event of a claim, IMMEDIATELY contact the Company's Operations Centre, available 24 hours a day, 365 days a year, by calling +39 039 9890 702.

Other coverages
All claims must be reported through one of the following methods:

- **Online, at www.nobis.it under 'Online Claim Notification', following the instructions provided.**
- By post, sending correspondence and related documentation to the following address:

NOBIS COMPAGNIA DI ASSICURAZIONI - Claims Department
Viale Gian Bartolomeo Colleoni, 21 - Colleoni Business Center
20864 AGRATE BRIANZA (MB)

The Policyholder
…….. (stamp and signature)

NOBIS ASSICURAZIONI

NOBIS TRAVEL

MODEL 6003 - 2025.002 - EDITION 01.11.2025

INSURANCE CONTRACT MULTI-RISK TRAVEL

The Information Set includes the following documents:
a) Non-life Insurance Product Information Document (IPID);
b) Additional Insurance Product Information Document;
c) Glossary;
d) Insurance Terms and Conditions;
which must be delivered to the Policyholder before signing the contract.

Please read the Pre-contractual Information carefully before signing

Document prepared in accordance with the guidelines of the ANIA technical working group regarding simple and clear contracts

USEFUL CONTACTS

24/7 ASSISTANCE

TOLL-FREE NUMBER FROM ITALY

NUMBER FROM ABROAD

CON NOBIS

DOWNLOAD CON NOBIS, ASSISTANCE IS JUST A TAP AWAY!

All Nobis products include CON NOBIS: the smartphone and tablet app that lets you request high-quality assistance whenever needed, with a single tap, including by video call!

Download it free of charge and log in using your policy number.

GOOGLE PLAY

APPLE STORE

NON-LIFE INSURANCE CONTRACT

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

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

Nobis Compagnia di Assicurazioni S.p.A. is registered in Italy and authorised to conduct insurance business by Decree of the Minister of Industry, Trade and Craftsmanship of 20 October 1993 (Official Gazette No. 258 of 3 November 1993). It is entered in Section I of the IVASS Register of Insurance Undertakings under No. 1.00115 and is supervised by IVASS.

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

- Information Set

WHAT TYPE OF INSURANCE IS THIS?

The Policy provides a range of coverages designed to protect travellers against the losses and unforeseen events that most commonly occur before and during a trip. These include cancellation charges, theft or loss of baggage, home and vehicle assistance, Trip Re-routing, Trip Interruption Following Quarantine, flight delays or missed connections, medical treatment and medical repatriation or transport expenses, and personal accidents. The cover is complemented by Personal Assistance, Personal Liability, Legal Protection, Repeat Trip, Zero Risk and Zero Risk Flight benefits, creating a comprehensive package of protection.

Only the coverages shown as active in the Policy Schedule signed by the Policyholder and set out in the Insurance Terms and Conditions shall apply.

WHAT IS INSURED?

Below is a summary of the main coverages that may apply to the Nobis Travel Product. Please remember that the coverages actually in effect are exclusively those reported in the Policy Schedule signed by the Policyholder and present in the Insurance Terms and Conditions which are part of the Information Set.

Medical expenses

Within the limit of the maximum limits per Insured indicated in the Policy Schedule and in the Insurance Terms and Conditions, the ascertained and documented medical expenses incurred by the Insured during the trip for urgent, non-postponable and unforeseeable treatments or interventions which occur during the period of validity of the coverage will be reimbursed.

Daily allowance for hospitalization following COVID-19 infection

The Company grants a flat-rate indemnity for each day of hospitalization in a healthcare institution arranged as a direct and exclusive consequence of the COVID-19 infection (so-called Coronavirus) suffered by the Insured, regardless of the expenses incurred.

Convalescence allowance

The Company recognizes the Insured Party with a fixed and predetermined convalescence allowance equal to €1,500.00 upon discharge of the Insured Party from the Intensive Care Unit of the Healthcare Institute where he/she was admitted following the COVID-19 infection. This benefit will only apply if the Insured Party, during the aforementioned hospital stay, was admitted to an intensive care unit, as shown in the medical records which must be produced in full at the time of reporting the claim.

Personal and home assistance

The Company undertakes, within the limits agreed in the policy, to make the contractually provided services immediately available to the Insured, through the use of personnel and equipment from the Operations Centre, in the event that the Insured finds himself in difficulty following the occurrence of illness, injury or a fortuitous and unforeseeable event at the time of signing the policy, which also affects his own home. The help may consist of benefits in cash or in kind.

Baggage

The Company guarantees the Insured's baggage within the limits indicated in the Policy Schedule against the risks of fire, theft, bag snatching, robbery as well as loss and damage and failure to return it by the carrier.

Trip Cancellation

The Company will compensate the Insured Party and only one travel companion, provided they are insured and registered for the same trip, for the withdrawal fee deriving from the cancellation of the tourist services, which is a consequence of unforeseeable circumstances at the time of booking the trip or tourist services. This coverage is provided by choosing one of the following packages:

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

Trip cancellation following delayed departure

The Company will reimburse the Insured 50% of the participation fee for the trip with the limit per Insured established in the Policy Schedule (excluding registration fees/application opening costs, refundable airport taxes, visas and insurance premiums), if the Insured Party decides not to participate in the trip itself following a delay in the departure flight of at least 8 full hours. The insurance intervenes in the event of a delay of the plane, on the day of departure, calculated on the basis of the official timetable due to reasons attributable to the airline or the Tour Operator or due to force majeure such as strikes, airport congestion or inclement weather.

Trip Repeat

The Company makes available to the Insured and the family members traveling with him, provided they are insured, an amount equal to the pro-rata value of the stay not used by the Insured due to the following events: a) Use of the "Organised Medical Transport", "Transport of the body" and "Early Return" services which determine the return to the Insured's residence; b) death or hospitalization of a family member of the Insured for more than 5 days; c) death or hospitalization of the Insured for more than 24 hours. The pro-rata, non-transferable and non-refundable amount must be used within 12 months from the return date.

Flight Delay

In the event of a delayed departure of the outward or return flight (excluding delays suffered at intermediate stops and/or connections), exceeding 8 full hours, the Company will pay an indemnity to the Insured within the maximum limit indicated in the Policy Schedule.

Trip Re-routing

The Company will reimburse the Insured Party 50% within the limit indicated in the policy of any additional costs incurred to purchase new travel tickets (air, sea or railway tickets), to replace those that cannot be used due to the Insured's late arrival at the place of departure caused by one of the causes or unforeseeable events indicated in the "Trip Cancellation" chapter, "Trip Cancellation (Named Risks)" service and provided that the travel tickets purchased are used to use the services previously booked.

Accidents

The Company will pay the compensation corresponding to the maximum amount indicated in the policy if the Insured suffers, during the period of validity of the coverage, damages deriving from the direct, exclusive and objectively verifiable consequences of the accident and which within one year cause death or permanent disability.

Legal Protection

The Company assumes, within the limits of the maximum amount indicated in the Policy Schedule and the contractual conditions, the burden of extrajudicial and judicial assistance following a claim falling within the insurance coverage.

Civil Liability

The Company undertakes, up to the limits indicated in the Policy Schedule and in the Insurance Terms and Conditions, to indemnify the Insured Party of what he is required to pay, as civilly liable in accordance with the law, by way of compensation (principal, interest and expenses) for damages involuntarily caused to third parties, for death, for personal injuries and for damage to property and animals, as a consequence of an accidental event occurring in the context of private life during the trip.

Vehicle Assistance

Some vehicle assistance services are provided, including roadside assistance and towing, the driver, hotel expenses are operational

during the Insured's transfer to go from his residence to the departure station of the journey (railway, sea, airport) or to the booked location and vice versa as long as it is in European Union countries.

Home care

The Company, through the Operations Centre, makes its emergency medical service available 24 hours a day for any information or suggestions of a medical nature, sends a doctor in case of emergency, carries out ambulance transport and provides nursing care for the Insured's family members (spouse/cohabitant, parents, siblings, children, in-laws, sons-in-law, daughters-in-law and grandparents) who remain at home.

Trip interruption following quarantine

If, following a home isolation order for the Insured by the Authorities for quarantine, the Insured is unable to use the booked trip, the Company will reimburse the following: a) penalties charged for ground services booked and not used within the limit of €1,500.00 per Insured; b) the costs relating to the modification or refurbishment of the ticket office originally purchased in order to return to one's residence, up to €1,000.00, and net of any refunds received from the carrier; c) any hotel/accommodation expenses to be paid by the Insured for the quarantine period within the limit of €100.00 per day for a maximum of 14 days, if said quarantine cannot take place at the Insured's home.

Flight Delay and Flight Loss in connection

The Company will reimburse the Insured Party within the maximum limit indicated in the Policy Schedule, the costs of purchasing an economy class ticket to return to the place of departure of his trip, or the costs of purchasing a new economy class ticket that allows him to reach the final destination of the trip, in the event of loss of connection with the flight following the first scheduled on the ticket.

Zero risks

The coverage provided by this policy insures financial damages resulting from insured events whose occurrence may jeopardize the execution of the travel contract purchased by the traveler. The events guaranteed by this contract and related pecuniary damages that can be compensated are:

- **delay in the departure journey;**
- **reimbursement of the individual fee following fortuitous events of force**

major and adverse weather conditions;

- **reimbursement of re-protection costs reasonably incurred by**

travelers following fortuitous events, force majeure and adverse weather conditions. In the event that the delay in the departure trip makes both the Delay in the departure trip service and the Refund of the individual fee service operational at the same time following fortuitous events of force majeure and adverse weather conditions, the reimbursement relating to the first 24 hours cannot exceed the price of one day of individual participation fee. The coverages are provided up to the cost of the trip and in any case within the limits per Insured, per event and per insurance year indicated in the Policy Schedule.

Zero risk flight

If, as a result of any event that leads to the cancellation of regularly scheduled and booked flights, it becomes necessary to cancel or modify the originally booked trip, the company will alternatively reimburse:

a. The ground services penalty applied by direct suppliers for the cancellation of the trip following the cancellation of the flight; b. The additional cost reasonably incurred by the Policyholder or by Insured for the organization of alternative transport services to those provided for in the contract. c. In the event of insolvency, arrears or non-performance of pecuniary obligations pertaining to the air carrier, the insurance, within the limits indicated in the policy, is provided in excess of the limits possibly provided by the insolvency funds established or by insolvency proceedings. The coverages are provided up to the cost of the trip and in any case within the limits per Insured, per event/group and per insurance year indicated in the Policy Schedule. An event means the cancellation of a means of transport which affected multiple people registered in the same insured travel programme/group.

WHAT IS NOT INSURED?

In relation to the trip cancellation coverage, non-residents in Italy cannot be insured.

Trips lasting more than 30 consecutive days are not insured. The coverages are not provided in Antarctica and the Southern Ocean and in countries that are in a state of belligerence, declared or de facto, including are considered as such the countries indicated in the JCC Global Cargo report present on the website https://watchlists.ihsmarkit.com which, at the time of departure, report a Combined Risk Level equal to or greater than the "Very High" category. Countries whose condition of belligerence has been made public are also considered to be in a declared or de facto state of belligerence.

Persons other than natural persons registered for the trip organized by the Policyholder are not insured.

ARE THERE COVERAGE LIMITS?

All benefits are not due for claims caused by:

! state of war (declared or not), martial law, revolution, riots or popular movements, looting, embargo, vandalism, strikes;

! acts of terrorism with the exception of Assistance and Expense coverages medical and the provisions of the Trip Cancellation coverage;

! earthquakes, tsunamis, freak waves, storm surges, hail, floods, floods, fires, volcanic eruptions and/or other atmospheric phenomena for which a state of calamity and/or a state of emergency is declared (with the exception of what is regulated in art. 6.1 and art. 6.2) as well as phenomena occurring in connection with transformations or energetic adjustments of the atom, natural or artificially caused;

! willful misconduct or gross negligence of the Policyholder or the Insured; ! journey undertaken against medical advice or, in any case, with pathologies in the acute phase or for the purpose of undergoing medical/surgical treatments;

! travel to an area where a ban or restriction is in effect (including temporary) issued by a competent public authority;

! extreme journeys in remote areas, reachable only with the use of vehicles special relief;

! travel to countries formally discouraged by the Ministry of Foreign Affairs and international cooperation, for Italy, and/or by equivalent competent authority of the travel destination country;

! pollution of any nature, infiltrations, air contamination, of water, soil, subsoil, or any environmental damage;

! bankruptcy of the Carrier, the travel organizer or any other supplier;

! errors or omissions during the booking phase or inability to obtain the visa or passport;

! suicide or attempted suicide; ! diseases with ongoing symptoms at the time of subscription of the policy for the "Trip cancellation" coverage and of the trip departure for the "Reimbursement of medical expenses" and "Personal assistance" coverages;

! pathologies attributable to complications of pregnancy as well the 24th week;

! voluntary termination of pregnancy, removal and/or organ transplant; ! use, non-therapeutic use of drugs or narcotic substances, alcohol and drug addiction, HIV-related pathologies, AIDS, mental disorders and psychological disorders in general, including psychotic and/or neurotic behaviour;

! pandemics and/or epidemics and/or measures taken by the Authorities (also Healthcare), it being expressly understood that this exclusion will not operate in relation to facts directly connected to the virus called "COVID-19";

! quarantines that are the cause of the cancellation of the trip, which concern the place of residence and/or that of departure and/or that of transit and/or that of destination of the trip purchased by the Insured, with the exception of the coverage provided for in the Chapter "Interruption of stay following quarantine";

! practice of the following activities or sports such as: mountaineering with climbs above the third degree, free climbing, jumps from the springboard with skis or hydroskis, acrobatic and extreme skiing, archery, cycling activities, speleology, off-piste skiing, ski mountaineering, freestyle skiing, water skiing, bobsleigh, river canoeing above the third degree, descent of rapids of water courses, rafting, Canyoning, kite-surfing, hydrospeed, bungee jumping, parachuting, hang-gliding, air sports in general, boxing, wrestling, martial arts, boxing, American football, beach soccer, snowboarding, rugby, ice hockey, scuba diving, heavy athletics, equestrian activities, karting, jet skis, sled driving, trekking carried out at altitudes above 3000 meters above sea level, hunting, rifle shooting;

! acts of recklessness;

! sporting activities carried out on a professional basis and/or participation in competitions
or sports competitions, including trials and training carried out under the aegis of federations;

! car, motorcycle or powerboat races or events
including watercraft, snowmobiles, snowmobiles and related tests and training;

! infectious diseases if the assistance intervention is prevented by
national or international health regulations;

! birth (early, premature or at term) that took place during the trip; ! carrying out activities that involve the direct use of explosives or
firearms;

! events that occur in countries in a state of belligerence make
unable to provide Assistance.

This policy is valid exclusively if combined (in an accessory form) with the sale of a trip made by the Policyholder. The issuing of multiple applications to coverage the same risk in order to increase the limits of the specific coverages and the risk accumulations contractually envisaged is not permitted.

Adherence to this policy cannot in any way be issued to prolong a risk (i.e. the trip) already underway and it is expressly understood that adhesion to this policy must take place before the start of the trip. If the issue occurs after the departure date of the trip, the contract and the single application issued will be considered devoid of any effect and the Company will refund the policy premium.

All claims relating to events that occurred outside the period of use of the tourist service provided by the travel organizer, Contracting Party of this policy, are excluded. With regard to the sale of transport-only services, this policy is valid exclusively during the period between the departure date and the return date indicated in the transport ticket and in any case within the maximum limit indicated in the application and with a maximum of thirty consecutive days. In relation to the Trip Cancellation coverage, claims relating to coverage of tourist services not purchased by the Policyholder who issued the application itself and to coverage of services which are not part of the travel booking are excluded.

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

WHERE IS THE COVERAGE VALID?

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

For the "Vehicle Assistance" coverage, it is specified that the coverage applies to accidents occurring within the European Union.

WHAT OBLIGATIONS DO I HAVE?

At the time of signing the contract, the Policyholder has the duty to make non-reticent, exact and complete declarations on the risk to be insured and to communicate, during the course of the contract, all changes that lead to a modification of the risk. Untruthful, inaccurate or reticent statements or failure to communicate changes in risk may result in the termination of the policy or the partial or total loss of the right to compensation.

The Policyholder also has the obligation to pay the premium in order to determine the operation of the insurance coverage.

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

WHEN AND HOW SHOULD I PAY?

The contract is considered finalized with the payment, through the Policyholder, of the premium which is determined for annual insurance periods. The provisions of the art. remain unchanged. 1901 c.c.

Payment may be made through the Intermediary or directly to the Company.

The prize already includes taxes.

WHEN DOES COVERAGE BEGIN AND WHEN DOES IT END?

For the Policyholder, the insurance contract takes effect from midnight (or in any case from the agreed time) of the day indicated in the policy if the premium or the first premium installment has been paid, otherwise it takes effect from midnight on the day of payment. The insurance is valid for one year and, upon its natural expiry, tacit renewal is foreseen in the absence of cancellation.

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

HOW CAN I CANCEL THE POLICY?

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

The Parties have the right to withdraw from the contract in the event of a claim, within the sixtieth day from the day on which the compensation was paid or the claim was otherwise settled.

MULTI-RISK TOURISM INSURANCE

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

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

Purpose This document contains additional and complementary information to that contained in the pre-contractual information document for non-life insurance products (DIP Non-Life), to help the potential Policyholder understand the characteristics of the product in more detail, with particular regard to insurance coverage, limitations, exclusions, costs as well as the financial situation of the Company.

The Policyholder must review the Insurance Terms and Conditions before signing the contract.

Society

Nobis Compagnia di Assicurazioni S.p.A., with registered office in 20864 Agrate Brianza (MB) at viale Gian Bartolomeo Colleoni 21. Tel: +39.039.9890001,

website www.nobis.it, e-mail: amministrazione@nobis.it, PEC: nobisassociazionezioni@pec.it. It is registered in the Section. I, at no. 1.00115, of the IVASS Company Register and is subject to control. The company is subject to the management and coordination of Axa Assicurazioni S.p.A. pursuant to the articles 2497 following of the Civil Code and belongs to the Axa Italia insurance group, registered in the register of insurance groups with number 041.

Financial year 2024 Budget approved on 03/28/2025

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

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

Product

WHAT IS INSURED?

It is specified that with regard to the coverages (and the related sums insured/ceilings)
• Convalescence allowance; • Trip cancellation following delayed departure; • Repeat Trip; • Trip Re-routing; • Trip interruption following quarantine; • Zero risk flight;

there is no further information than that provided in the Damage Department.

Medical expenses	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 1, art. 1.1 and art. 1.2 (page 6 of 28).
Per diem from hospitalization following infection from COVID-19	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 2, art. 2.1 and art. 2.2 (page 7 of 28).
Assistance with person	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 4, by art. 4.1 to the art. 4.29 (page 7 of 28, 8 of 28, 9 of 28, 10 of 28).
Baggage	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 5, art. 5.1 (page 10 of 28).
Cancellation trip	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 6, art. 6.1 and art. 6.2 (page 11 of 28).
Flight Delay	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 8, art. 8.1 (page 13 of 28).
Accidents	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 11, art. 11.1 (page 14 of 28).
Legal Protection	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 12, art. 12.1 (page 15 of 28).
Liability Civil	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 13, art. 13.2 (page 16 of 28).

Vehicle assistance	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 14, by art. 14.1 to art. 14.10 (page 18 of 28, 19 of 28).
Home care	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 15, by art. 15.1 to art. 15.8 (page 19 of 28).
Home assistance	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 17, art. 17.1 (page 20 of 28).
Missed flight connecting	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 18, art. 18.1 (page 21 of 28).
Zero risks	It is specified that the coverage includes the cases indicated in the Insurance Terms and Conditions, Section III, Chapter 19, art. 19.1 (page 21 of 28).

WHAT IS NOT INSURED?

Risks excluded	There is no other information than that provided in the Damage DIP.

ARE THERE COVERAGE LIMITS?

The exclusions, valid for all coverages, have already been indicated in the Damages Department. Below are the Exclusions, Overdrafts and Deductibles specifically operating for each coverage.

Medical expenses	Expenses for physiotherapy, nursing, spa and slimming treatments and for the elimination of congenital physical defects are excluded; expenses relating to glasses, contact lenses, prostheses and therapeutic devices and those relating to aesthetic interventions or applications. The insurance does not apply to expenses incurred for voluntary terminations of pregnancy as well as for services and therapies relating to fertility and/or sterility and/or impotence. Furthermore, expenses are excluded if the Insured Party has not reported the hospitalization (including Day Hospital) or emergency room service to the Operations Centre; If the Insured Party intends to make use of hospital/doctor facilities that are not part of the Company's Affiliated Network, the maximum outlay of Nobis Compagnia di Assicurazioni S.p.A. cannot exceed the amount indicated in the Policy Schedule. Within the limit of the maximum amount indicated in the policy, for residents in Italy with Italy as the destination of the trip, the Company will reimburse the Insured for medical expenses incurred resulting from an accident. In Italy, if the Insured makes use of the National Health Service, the coverage will be valid for any expenses or excess expenses remaining the responsibility of the Insured. The Medical Expense coverage is valid for a period not exceeding 110 days of hospital stay in total. **Deductible and overdraft: For each claim an absolute deductible of €70.00 will be applied which remains to be paid** of the Insured, except in cases of hospital admission and day hospital for which no deductible will be applied. For claims with an amount exceeding €1,000.00 in the event of lack of authorization by the Operations Centre, an overdraft equal to 25% of the amount to be reimbursed will be applied with a minimum of €70.00. It is understood that for amounts exceeding €1,000.00 no reimbursement will be due if the Insured is unable to demonstrate payment of the medical expenses incurred by bank transfer or credit card.
Personal assistance, home-based and housing	The Company is not responsible for expenses incurred by the Insured without prior authorization from the Operations Centre. In the event that the Insured voluntarily refuses organized medical transport/medical return, the Company will immediately suspend assistance and the Insured will no longer be able to demand anything from the Company. In the event that the Insured, in the absence of medical indication to the contrary, unilaterally refuses the transfer to a Healthcare Facility indicated by the Company, the latter will suspend assistance and the Insured will no longer be able to demand anything from the Company. Infectious diseases are excluded if the assistance intervention is prevented by international health regulations.
Baggage	Damages resulting from: a) willful misconduct, fault, carelessness, negligence of the Insured, as well as forgetfulness are excluded from the coverage; b) insufficient or inadequate packaging, normal wear and tear, manufacturing defects and atmospheric events; c) breakages and damage to baggage unless they are a consequence of theft, robbery, snatching or are caused by the carrier; d) theft of baggage contained inside the vehicle which is not properly locked as well as the theft of baggage placed on board motor vehicles or placed on external luggage racks; e) money, credit cards, cheques, securities and collections, document samples, airline tickets and any other travel document; f) jewels, precious stones, furs and any other precious object left unattended; g) goods purchased during the trip without settling the expense receipts (invoice, receipt, etc.); h) goods which, other than clothing items and suitcases, bags and backpacks, have been delivered to a transport company, including the air carrier. Without prejudice to the Insured Party sums and the maximum refundable of €300.00 per single object, the reimbursement is limited to 50% for jewellery, precious stones, watches, furs, photo-cineptic equipment, radio and television equipment and electronic equipment.
Cancellation trip	Trips that are canceled following an event other than those specified in the “What is insured?” box are excluded from coverage. transcribed in this Additional DIP. Maximum limit, deductible and excess: The insurance is provided up to the total cost of the trip within the maximum limit per Insured Party indicated in the Policy Schedule and with a limit of €50,000 per event. Airport taxes are always excluded if they are refundable. The compensation will be made after deduction of the following overdraft: 20% to be calculated on the penalty applied with a minimum of €50.00 in cases where the penalty is equal to or greater than 90%; 15% to be calculated on the penalty applied with a minimum of €50.00 for all other cases, with the exception of causes linked to COVID-19 infection; 30% to be calculated on the penalty applied with a minimum of €50.00 for all cases of COVID-19 infection. The overdraft will not be applied in cases of death or hospitalisation.
Cancellation due to delay departure	The coverage does not apply when the scheduled flight has been definitively canceled and not re-protected and when the scheduled return date, resulting from the initial booking, is postponed. The service is not provided if the "Flight Delay" coverage occurs. The refund is provided only in cases where the change in departure time has not been made official by the airline or tour operator in the 24 hours prior to departure. The coverage does not apply if delays are due to quarantines or lock-downs.
Trip Re-routing	The coverage is not effective if the Insured Party decides to renounce the trip by making the "Trip Cancellation" coverage effective.
Legal Protection	In addition to the exclusions provided for all coverages, already indicated in the Damage DIP, claims arising from: a) the payment of fines, fines and pecuniary sanctions in general are excluded; b) tax burdens; c) expenses, fees and fees

	relating to credit recovery disputes, meaning both the cases in which the Insured Party holds the status of creditor and the case in which he is a passive subject of the dispute (debtor); d) expenses, fees and fees for disputes in administrative, fiscal and tax matters; e) expenses, fees and fees for disputes arising from willful acts of the Insured; f) expenses, fees and fees for disputes relating to inheritances and/or donations; g) expenses, fees and fees for disputes arising from the sale and/or exchange of real estate, land and registered movable property; h) expenses, fees and fees for disputes arising from rental contracts; i) expenses for disputes against Nobis Compagnia di Assicurazioni S.p.A.; j) expenses for disputes between insured persons (multiple persons insured under the same contract); k) registration fees. Also excluded are claims relating to arrears in rental contracts, deriving from the circulation of aircraft, boats and vehicles owned and/or driven by the Insured, relating to reciprocal relationships between shareholders and/or directors and/or company, as well as mergers, transformations and any other operation inherent to corporate changes, concerning issues relating to the application of the art. 2114 c.c. ("Mandatory social security and assistance") et seq., as well as disputes relating to the awarding of public contracts, relating to events occurring in the event of an explosion or emanation of heat or radiation coming from transmutations of the nucleus of the atom, as well as in the event of radiation caused by the artificial acceleration of atomic particles. Please note that the coverage cannot operate for claims that do not concern the scope of the Insured's private life.
Liability civil	The coverage does not apply for claims: a) deriving from the exercise of professional, industrial, commercial or service activities; b) resulting from theft; c) deriving from the ownership, possession, driving and use of motorized means of transport; d) resulting from breaches of contractual and tax obligations; e) of any nature and from any cause determined by: pollution of the air, water or soil; f) deriving from extraordinary maintenance, expansion, elevation or demolition works; g) from possession or use of explosives or radioactive substances or devices for the acceleration of atomic particles as well as damages which, in relation to the Insured Party risks, have occurred in connection with phenomena of transmutation of the nucleus of the atom or with radiation caused by the artificial acceleration of atomic particles; h) deriving from things that the Insured Party persons hold for any reason and from those transported, towed, lifted, loaded or unloaded; i) deriving from the possession of non-domestic animals for any reason; j) deriving from the exercise of hunting activity; k) deriving from humidity, dripping and generally from the unhealthiness of the rooms used for living. It is understood that for the Civil Liability service deriving from running the home, damage resulting from spillage of water is included with the application of a deductible equal to €200.00, with the exclusion, however, of damage resulting from sewer back-ups or caused by frost. The Civil Liability benefit deriving from ownership, possession or use of dogs, cats or other animals **domestic but not wild animals and riding animals in general, operates with the application of an exemption equal to €** 100.00, for the damage caused by the dogs. The Civil Liability benefit resulting from interruption or suspension - total or partial - of use **of third-party assets as well as industrial, commercial, artisanal, agricultural or service activities, operates with** the application of a deductible equal to €500.00.
Accidents	The coverage does not apply to accidents resulting from driving vehicles or boats that are not for private use for which the Insured does not have the required qualifications and from driving or using, even as a passenger, underwater means of transport. **Age restrictions. People who do not yet have insurance at the time of taking out the policy are insurable** over 75 years of age.
Flight delay	The coverage does not apply when the scheduled flight has been definitively canceled and not re-protected and the scheduled return date, resulting from the booking, is postponed. The coverage does not apply if the Insured Party decides to give up the trip, making any "Trip Cancellation" coverage effective. The coverage does not apply if delays are due to quarantines or lock-downs, as well as other facts or strikes known or planned up to six hours before departure.
Vehicle assistance	Vehicles registered for the first time more than 8 years ago are excluded from the warranty; vehicles weighing more than 35 quintals; non-land and not regularly registered vehicles; vehicles rented, rented or used for public transport; accidents occurring in countries not belonging to the European Union.
Trip interruption following quarantine	Trips to destinations with restrictive measures already in force on the date of arrival at the booked hotel, claims caused by violations of regulations and/or provisions in force on the scheduled arrival date of the booked trip, and those caused by willful misconduct or gross negligence of the Insured or the Contracting Party are excluded from the coverage. Also excluded are problems relating to identity and/or travel documents, visas and any documentation (including of a health nature) required by the regulations in force from time to time.
Missed flight connecting	Cases in which the responsible airline is responsible for the transport of the Insured to the starting point of the trip or to the final destination of the booked connecting flights, the delays/cancellations have been caused as a consequence of strikes or are attributable to the functioning or internal organization of the travel organizer or the airline, or to the functioning or organization of the service companies subcontracted by both, the flights are excluded from the coverage. are operated by the same airline or the same airline alliance and the coverage does not apply if the delays are due to quarantines or lock-downs.
Zero risks	In addition to the exclusions valid for all coverages, disbursements caused by: overbooking are excluded from the coverage; events known at least 2 working days before the departure of the organized trip; insolvency, arrears or failure to fulfill financial obligations of the travel organizer and/or service providers; willful misconduct and negligence with foresight of the travel organizer and the passenger; accident and illness; missed connections of means of transport due to non-observance of the "connecting times"; cancellation by the Tour Operator also as a result of an insured event. After each accident, the sum insured is automatically reduced with immediate effect and until the end of the current insurance year by an amount equal to that of the indemnified damage.
Zero risk flight	The Company is not required to provide the coverage for all accidents caused by or dependent on: willful misconduct and negligence with foresight of the travel organizer and the passenger; accident and illness; events known and/or in the public domain at the time of booking and/or issuing the policy if not contextual to the booking. This policy can be signed within 2 days of the flight booking date or even at a later time as long as there is at least 30 days left before the departure date.
For each individual coverage indicated in this product and explicitly signed by the Policyholder, insurable sums are envisaged, identified in detail in the Policy Schedule, the limits and any deductibles or overdrafts, identified in detail in the Insurance Terms and Conditions. The Company renounces its right of compensation pursuant to art. 1916 of the Civil Code towards third parties responsible for the accident.	

WHO IS THIS PRODUCT ADDRESSED FOR?

This contract is aimed at individuals resident in Italy, who purchase a tourist service from the Policyholder, and who are interested in coverages for the protection of their trip.

WHAT COSTS DO I HAVE TO INCUR?

At the time of signing the insurance contract, the Insured Party will have to bear the cost relating to the premium quantified according to the tariff established for the type of trip to which the policy is combined and the chosen coverages.

Intermediation costs: the average share due to the Intermediary for Class 1 (Accident) is equal to 35.13%, for Class 2 (Illness) it is equal to 24.26%, for Class 7 (Goods transported) it is equal to 30.036%, for Class 13 (General TPL) it is equal to 19.58%, for Class 16 (Pecuniary losses) it is equal to 32.26%, for Class 17 (Legal Protection) it is equal to 27.83% and for Class 18 (Assistance) it is equal to 35.49%.

HOW CAN I FILE COMPLAINTS AND RESOLVE DISPUTES?

To the insurance company	Any complaints regarding the contractual relationship or the management of claims must be forwarded by the Customer to the Complaints Office of Nobis Compagnia di Assicurazioni S.p.A., viale Colleoni n. 21, 20864 Agrate Brianza (MB), fax 039/6890.432, email: complaint@nobis.it. Response within 45 days of complaint.
To IVASS	In case of an unsatisfactory outcome or a late response, it is possible to contact IVASS, Via del Quirinale, 21 - 00187 Rome, fax 06.42133206, certified e-mail: ivass@pec.ivass.it. Info on: www.ivass.it.
BEFORE APPLYING TO THE JUDICIAL AUTHORITY, it is possible to make use of alternative dispute resolution systems, such as:	
Mediation	By contacting a Mediation Body among those present in the list of the Ministry of Justice, which can be consulted on the website www.giustizia.it. (Law 9/8/2013, n. 98).
Negotiation assisted	By request of your lawyer to the Company.
Other alternative systems of dispute resolution	- Once the validity of the right to compensation by the Insured has been verified, disputes of a medical nature are delegated in writing to a Board of three Doctors, appointed one on each side and the third by mutual agreement or, otherwise, by the Board of the Medical Association having jurisdiction in the place where the Board must meet. - For the resolution of cross-border disputes it is possible to submit a complaint to IVASS directly to the foreign system competent authority requesting the activation of the FIN-NET procedure or by the applicable legislation.

TAX REGIME

Tax Treatment applicable to contract	The following tax treatment applies to this insurance contract: Class 1 - Accidents: premium taxes equal to 2.5%; Class 2 - Sickness: premium taxes equal to 2.5%; Class 7 - Goods transported: premium taxes equal to 12.5%; Branch 13 - T.C. General: Premium tax of 22.25%; Class 16 - Pecuniary Losses: taxes on the premium equal to 21.25%; Class 17 - Legal Protection: premium taxes equal to 21.25%; Class 18 - Assistance: taxes on the taxable premium equal to 10%. The coverages contemplated in this contract are not among those for which the law provides for the tax deduction of the premium.

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SECTION I - GLOSSARY AND DEFINITIONS

In order to facilitate the reading and understanding of this document, the following is an explanation of some terms from the insurance glossary, as well as those terms which take on a specific meaning within the policy. When the terms referred to in this section are reported within the policy, they take on the meaning of indicated below.

Clinic: the structure or medical center equipped and regularly authorized to provide healthcare services as well as the professional firm eligible by law to practice the individual medical profession.
Regulation Appendix: the document with which the Company indicates to the Policyholder the number of names on a monthly basis communicated and included in the insurance as well as the amount of the relevant premium due to integrate the minimum premium.
Insured: the person whose interest is protected by the insurance or any person registered for the trip organized by Policyholder and duly communicated to the Company.
Insurance: the insurance contract.
Assistance: timely help, in money or in kind, provided to the Insured who finds himself in difficulty following the occurrence of a claim.
Acts of terrorism: an action in the public domain - including serious forms of unlawful violence against a community (or part of it) and related assets - aimed at instilling terror in the members of an organized community and/or destabilizing them the established order and/or to limit individual freedoms (including that of worship), through attacks, kidnappings, hijackings of aircraft, ships, etc. and similar acts, provided they are capable of endangering the lives of individuals.
Damage: damage suffered by baggage due to breakage, collision, impact against fixed or movable objects.
Baggage: clothing, sporting and personal hygiene items, photo-cineptic material, radio equipment televisions and electronic equipment and the suitcase, bag, backpack that can contain them and that the Insured carries with self on the road.
Operations Centre: the Company structure made up of technicians and operators, operating 24 hours a day every day of the year, which provides telephone contact with the Insured and organizes and provides the Assistance services.
Travel companion: the Insured Party who, despite having no family ties with the Insured who suffered the event, is regularly registered for the same trip as the Insured Party.
Connecting time: the time interval established by the airport companies and air carriers, between the landing and departure of the next flight necessary to reach the destination.
Policyholder: the natural or legal person who stipulates the insurance contract.
Day hospital: daytime hospitalization, with a bed without an overnight stay, for medical services that are:

- referring to therapies (with the exclusion of tests for diagnostic purposes, including preventive ones);
- documented by medical records;
- practiced in a hospital, clinical institution or nursing home.

Variable Data: means the variable risk elements aimed at regulating the premium and the related adjustment, or the number of insured persons and/or insured assets for which insurance coverage is provided which must be communicated by the Policyholder, according to the methods provided for in the Contract.
Destination: the location shown on the travel contract/booking statement of the Contracting Tour Operator of the policy as the destination of the stay or the first stop in the case of a trip that includes an overnight stay.
Domicile: the place of residence, even temporary, of the Insured.
Contract duration: the period of validity of the contract chosen by the Insured;
Europe: all the countries of Europe and the Mediterranean basin, with the exception of the Russian Federation.
Abroad: all states other than those indicated in the definition 'Italy'.
Family members: spouse/cohabitant more uxorio, parents, brothers, sisters, children, in-laws, sons-in-law, daughters-in-law, grandparents, uncles and grandchildren up to the 3rd degree of kinship, brothers-in-law.
Turnover: the total amount realized by the Policyholder during the duration of the policy.
Deductible: pre-established amount which remains the responsibility of the Insured for each claim.
Theft: crime provided for by art. 624 of the Penal Code, perpetrated by anyone who takes possession of the movable property of others, stealing it to those who hold it, in order to profit from it for themselves or others.
Breakdown: damage suffered by the vehicle due to wear, defect, breakage, failure of its parts (with the exclusion of any ordinary maintenance intervention), such as to make it impossible for the Insured to use it in normal conditions.
Company: Nobis Compagnia di Assicurazioni S.p.A.
Fire: spontaneous combustion with flame development.
Accident: the event suffered by the vehicle due to fortuitous event, incompetence, negligence, failure to comply with rules or regulations, connected with road traffic, as defined by law, which causes damage to the vehicle such that it is impossible to use under normal conditions.
Compensation or Indemnity: the sum owed by the Company in the event of a claim covered by the policy coverages.
Accident: event due to fortuitous, violent and external causes, which produces objectively verifiable physical injuries which result in death or permanent disability or total or partial temporary disability.
Surgical operation: medical act performed in the operating room of a healthcare institution or clinic if necessary equipped, which can be pursued through a bloody action on the tissues or through the use of mechanical energy sources, thermal or luminous. For insurance purposes, the bloodless reduction of is also considered equivalent to a surgical operation fractures and dislocations.
Permanent Disability: the definitive and irremediable loss or reduction, following an accident or illness, of the capacity to carry out any profitable job, regardless of the profession carried out.
Healthcare institution: the hospital, the nursing home, the scientific hospitalization and care institutions (IRCCS), the university clinic, regularly authorized by the competent authorities - based on legal requirements - to provide hospital care.
Spas, rehabilitation and re-education healthcare facilities, healthcare residences for the elderly are excluded

(RSA), the clinics having dietetic and aesthetic purposes as well as the centres, however understood, providing the defined services to art. 2 of law 15.03.2010 n. 38.
Italy: the territory of the Italian Republic, the Vatican City and the Republic of San Marino.
Illness: any alteration in the state of health not dependent on an accident.
Pre-existing disease: disease that is the expression or direct consequence of pathological situations that arose previously upon stipulation of the policy.
coverage limit: sum up to which the Company is liable for each accident.
Medicines: those which are described in the Italian Medicines Yearbook are considered as such. So they are not such i parapharmaceutical, homeopathic, cosmetic, dietary, galenic products, etc., even if prescribed by a doctor.
World: all countries in the world.
Family unit: the spouse/cohabitant and the children living with the Insured.
Tour operator: tour operator (also "T.O."), travel agency, hotel, airline or other operator
legally recognized and authorized to provide tourist services.
Overbooking: overbooking of available seats for a tourist service (e.g. air carrier, hotel) compared to the actual capacity/availability.
Policy/Policy Schedule: the document proving the insurance and coverages actually in operation.
Premium: the sum owed by the Policyholder to the Company.
Definitive premium: the amount of the policy premium owed by the Policyholder to the Company based on the number of names specifically communicated or in the case of a policy at the rate, multiplying the gross annual rate indicated in the policy by the actual turnover made by the Policyholder during the term of the policy.
Minimum premium: the amount of the policy premium due in any case by the Policyholder to the Company, regardless of the number of the names actually communicated or in the case of a policy at the rate, by the actual amount of the turnover in the period of duration of the policy.
Quarantine: mandatory home isolation, involving one or more people, with or without health surveillance aimed at subsequent verification of actual COVID-19 infection.
Robbery: the removal of movable property from the person in possession, through violence or threats to his person.
Residence: the place where the natural/legal person has his/her habitual residence/headquarters as shown in the registry certificate.
Hospitalization: hospitalization, involving an overnight stay, in a health institution - public or private - duly authorized to the provision of hospital care.
Risk: probability that the harmful event against which the insurance is provided will occur.
coinsurance: the part of the compensable damage, expressed as a percentage, which remains borne by the Insured.
Tourist Services: Air passages, hotel accommodations, transfers, car rentals, etc., sold by the Policyholder to the Insured.
Accident: the occurrence of the harmful fact or event for which the insurance is provided.
Losing costs: costs that the losing party is ordered to reimburse to the victorious party in the proceedings civil.
Gross Rate: the multiplier to be applied to the Policyholder's turnover through which to determine the Final Premium.
Third party: normally the following do not qualify as third parties: a) the spouse, parents, children of the Insured as well as any other similar or relative living with him and resulting from the family register; b) the Insured's employees who suffer damage on the occasion of work or service.
Vehicle: mechanical means of transport driven by the Insured, powered by an engine and intended to circulate on roads, public areas as well as private ones.
Trip/Rental: the movement and/or stay for tourism, study and business purposes of the Insured organized by Policyholder; the journey/rental begins subsequently at the time of check-in (if by air flight), entry into the hotel/ apartment (if stay only), boarding (if by ship or ferry), sitting in a carriage (if by train).

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

The Legal Representative
Dr. Pietro Cazzola

SECTION II - INSURANCE CONDITIONS

Nobis Travel Mod. 6003 - 2025.002 - ed. 2025-11 - Last update 01/11/2025

In this section the Policyholder finds the rules that regulate the relationship between the Company and the Policyholder itself, providing rights and obligations for the parties. For better reading, the most important rules to pay attention to and the parts of the Insurance Terms and Conditions containing exclusions, forfeitures, nullities, limitations of coverages or charges to be borne by the Policyholder or the Insured have been highlighted in green.

Art. 1 - DETERMINATION OF THE PREMIUM - STATEMENTS RELATING TO THE CIRCUMSTANCES OF RISK

The premium is determined on the basis of the data indicated on the summary sheet signed by the Policyholder, with reference to the following variables specific to each insured trip: destination, trip price, trip duration, chosen limits and number of insured persons. The Policyholder is required to immediately notify the Company of any changes that occur during the contract. In the event of inaccurate or reticent declarations by the Policyholder, made at the time of signing the contract, relating to circumstances that influence the risk assessment, or failure to communicate any change in the circumstances themselves which lead to an aggravation of risk, the payment of the damage is not due or is due in a reduced amount in application of the provisions of the articles. 1892 - 1893 - 1894 and 1898 of the Civil Code.

Art. 2 - EXCLUSION OF ALTERNATIVE COMPENSATION

If the Insured does not benefit from one or more services, the Company is not required to provide compensation or alternative services by way of compensation.

Art. 3 - VALIDITY, EFFECTIVENESS AND DURATION OF THE WARRANTIES

The duration of the coverage is that resulting from the application communicated by the Policyholder for each individual Insured through the specific online system made available to the Company, provided that all the hiring and communication rules by the Policyholder have been respected. The "Trip Cancellation" coverage starts from the date of booking the trip, through payment of the insurance premium by the Contracting Party or the Insured Party and ends when the Insured Party begins to use the first service purchased by the Contracting Party. The other coverages are valid during the course of the trip (from the moment in which the traveler begins to use the first tourist service purchased by the Policyholder, to the moment in which he finishes using the last tourist service purchased by the Policyholder), with the exception of those coverages that follow the specific legislation indicated in the individual chapters and in any case subject to a maximum duration which cannot exceed a number of days equal to thirty, unless specific derogating legislation is indicated in the individual chapters. In the event that the "Trip Cancellation" coverage is in force, the Insured Party must sign up to this policy at the time of booking (confirmation of the tourist services purchased) of the trip. Please note that, pursuant to this contract, if the 'Trip Cancellation' coverage has been chosen, non-residents in Italy cannot be insured. This policy is valid exclusively if combined (in an accessory form) with the sale of a trip/stay organized by the Policyholder.

Art. 4 - OBLIGATIONS OF THE INSURED PARTY IN THE EVENT OF a claim

In the event of a claim, the Insured must give notice by telephone or in writing to the Company according to the methods provided for by the individual coverages. Failure to comply with this obligation may result in the total or partial loss of the right to compensation pursuant to art. 1915 of the Civil Code. For detailed aspects, please refer to what is indicated in Section IV "Report of accident and compensation" of this contract.

Art. 5 - Territorial extension

The insurance is valid in the country or group of countries where the trip takes place and where the Insured Party suffered the claim that gave rise to the right to the benefit. In the case of travel by plane, train, coach or ship, the insurance is valid from the departure station (airport, railway, etc., of the organized trip) to the arrival station at the end of the trip. The Insurance is valid in any case only for events that occur at a distance greater than 50 km from the place of residence, with the exception of the "Trip Cancellation" coverage. The coverages are not provided in Antarctica and in the Southern Ocean and in countries that are in a state of belligerence, declared or de facto, including the countries indicated in the JCC Global Cargo report on the website https://watchlists.ihsmarkit.com which, at the time of departure, report a level of Combined Risk (Combined Risk Level) equal to or higher than the "Very High" category. Countries whose condition of belligerence has been made public are also considered to be in a declared or de facto state of belligerence.

Art. 6 - Claims settlement criteria

The payment of the amount contractually due in the event of a claim is made upon presentation of the original of the relevant notes, bills and duly receipted receipts for the expenses incurred. Upon request of the Insured, the Company returns the aforementioned originals, after affixing the settlement date and the liquidated amount. If the Insured has presented the original of the notes, distinct and received to third parties to obtain reimbursement, the Company will make the payment of the amount due under this contract, upon demonstration of the expenses actually incurred, net of the amount borne by the aforementioned third parties. Refunds will always be made in euro currency. The Company will reimburse the Insured only after the complete presentation of the required documentation necessary for the assessment of the claim.

Art. 7 - LIQUIDATION OF DAMAGES/APPOINTMENT OF EXPERTS

The quantification of the damage will be carried out by the Company through a direct agreement between the Parties or, failing that, established by two Experts appointed one on each side. In case of disagreement, they will elect a Third. If one of the two Parties does not appoint their own Expert or there is no agreement on the choice of the third party, the appointment will be made by the President of the Court in whose

jurisdiction is where the Company's registered office is located. Each of the Parties bears the expense of its own Expert and half of that of the Third Expert. Decisions are taken by majority with dispensation from all legal formalities and are binding on the Parties, who hereby renounce any appeal except in cases of violence, fraud, error or violation of contractual agreements. In any case, the Parties or one of them will have the right to directly contact the judicial authority for the protection of their rights.

Art. 8 - LAW - JURISDICTION

The Parties agree that this contract will be governed by Italian law. The Parties also agree that any dispute arising from this contract will be subject to Italian jurisdiction.

Art. 9 - INTEGRATION OF the claim REPORT DOCUMENTATION

The Insured acknowledges and expressly grants the Company the right to request, to facilitate the settlement of the damage, further documentation than that indicated in the individual coverage/service. Failure to produce the documents relating to the specific case may result in the total or partial forfeiture of the right to reimbursement.

Art. 10 - OBLIGATIONS OF THE CONTRACTOR

The Policyholder undertakes:

- in the event that the agreements entered into with the Company provide for a mandatory automatic inclusion of all travellers, to insure with this policy all customers who purchase a trip organized by themselves; - in the event that the agreements entered into with the Company provide for the traveler's right to adhere to the coverage offered by this contract, to offer this policy to all its customers; - to make the "Information set" including the "Policy Schedule" available to all insured parties, in paper or electronic format and before signing the contract; - to publish the insurance coverages provided for by this policy in the catalogs and/or on the sites following acceptance of the texts by the Company.

Art. 11 - CUMULATION CLAUSE

It is agreed that in the event of an event affecting multiple insured persons with the Company, the maximum outlay of the latter cannot exceed the amount of €1,000,000.00 per event except as provided for the 'Accident' coverage. If the amounts to be paid under the contractual terms exceed the limits indicated above, the compensation due to each Insured Party will be reduced proportionately.

Art. 12 - NON-PAYMENT - EVEN PARTIAL - OF THE PREMIUM

If the Policyholder does not pay the premium due at the signing of the contract or two or more subsequent premium installments within the agreed terms or does not pay the variable portion of the equalization premium in the manner and within the expected terms or does not make any communication regarding the Variable Data or makes it in a qualitatively and quantitatively incomplete manner or with delay compared to the terms contractually envisaged, the Company will have the right to declare the suspension of the effects of the coverage by registered letter. insurance (with the exception of the services indicated in the "Personal assistance" coverage, where applicable) from the date of receipt of the communication itself, placing the Policyholder in default and, if this non-compliance persists within 15 days of receiving the aforementioned communication, declaring in the same terms the termination of the contract, configuring such conduct of the Policyholder as a serious failure to fulfill the obligations undertaken pursuant to art. 1455 et seq. of the civil code, without prejudice to any other right also aimed at compensation for damage suffered. The suspension and/or termination of the effects of this Contract is effective and valid not only for the Policyholder but also for the Insured Party and the latter will be duly informed by the Policyholder of this circumstance, indemnifying the Policyholder and the Company from any and all damages that may arise from failure to comply with this obligation. In the event of failure to communicate the Variable Regulation Data or failure to pay the adjustment premium within the agreed terms, without prejudice to the suspension of the coverage, it is expressly agreed that any claims occurring in the period to which the failure to regulate refers will not be indemnified and/or paid by the Company to the Policyholder and/or the Insured. Likewise - where the occurrence of one of the events provided for in this article does not lead to an immediate and complete definition of the Policyholder's debt position - the Company subsequently reserves the right to settle the claims in proportion to the collections actually recorded.

Art. 13 - EFFECTS ON THE INSURED PARTY

The Policyholder undertakes to inform the Insured, at the time of signing up to the policy, that the insurance coverage referred to in this Contract will be suspended by the Company, in addition to the hypotheses provided for by the current code legislation, upon the occurrence of the hypotheses referred to in the art. 12, i.e. for example in the event that the Policyholder does not make any communication regarding the Variable Data and/or makes it to a qualitatively and quantitatively incomplete extent or with delay compared to the contractually established terms, the Company may, if such non-compliance persists, declare the termination of the contract. And this also in the event of non-payment of the premium and/or premium installments subsequent to the expected monthly deadlines or of the sums due for adjustment by the Policyholder and in any case in all cases in which the Policyholder defaults on the obligations set out in this contract. The Policyholder also undertakes to inform the Insured of the provisions of the last paragraph of article 12 above and to indemnify the Company from any and all requests and/or complaints that may be received from the Insured.

Art. 14 - SPECIFICATIONS RELATING TO THE “TRIP CANCELLATION” coverage

(article effective where the coverage is provided for in the Policy Schedule) Upon the occurrence of one of the events provided for in the art. 12 above, the Policyholder undertakes to indemnify the Company from any claim - including economic - that may be made by its customers in the event of a request to activate the "Trip Cancellation" coverage, given that the claims affecting the coverage in question have direct and exclusive origins in the application of the withdrawal penalty from the travel contract by the Policyholder himself.

Art. 15 - EXCLUSIONS AND LIMITS VALID FOR ALL coverages

All benefits are not due for claims caused by:

- state of war (declared or not), martial law, revolution, riots or popular movements, looting, embargo, vandalism, strikes;

- acts of terrorism, except for the “Assistance” and “Medical Expenses” coverages and as provided under the “Trip Cancellation” coverage;
- earthquakes, tsunamis, abnormal waves, storm surges, hail, floods, inundations, fires, volcanic eruptions and/or other weather events for which a state of disaster and/or emergency is declared (except as provided under Articles 6.1 and 6.2), as well as events connected with natural or artificially induced transformations or adjustments of atomic energy;
- wilful misconduct or gross negligence on the part of the Policyholder or the Insured Party;
- a trip undertaken against medical advice or, in any event, while suffering from an acute medical condition or for the purpose of undergoing medical or surgical treatment;
- travel to a territory subject to a prohibition or restriction, including a temporary one, issued by a competent public authority;
- extreme travel in remote areas that can only be reached using special rescue vehicles;
- travel to countries formally advised against by the Italian Ministry of Foreign Affairs and International Cooperation and/or by the equivalent competent authority in the country of destination;
- pollution of any kind, seepage, contamination of the air, water, ground or subsoil, or any environmental damage;
- insolvency of the Carrier, travel organiser or any supplier;
- errors or omissions made at the time of booking, or inability to obtain a visa or passport;
- suicide or attempted suicide;
- illnesses presenting symptoms at the time the policy is taken out, in respect of the “Trip Cancellation” coverage, and at the start of the trip, in respect of the “Medical Expenses” and “Personal Assistance” coverages;
- conditions attributable to complications of pregnancy beyond the 24th week;
- voluntary termination of pregnancy, organ removal and/or transplantation;
- non-therapeutic use of medicines or narcotic substances, alcohol or drug addiction, HIV-related conditions, AIDS, and mental or psychiatric disorders generally, including psychotic and/or neurotic behaviour;
- pandemics and/or epidemics and/or measures taken by authorities, including health authorities, it being expressly understood that this exclusion shall not apply to events directly attributable to the virus known as “COVID-19”;
- quarantine causing cancellation of the trip and affecting the Insured Party's place of residence and/or the place of departure, transit and/or destination of the trip purchased by the Insured Party, except for the coverage provided under the Chapter “Trip Interruption Following Quarantine”;
- participation in the following activities or sports: mountaineering involving climbs above grade three, free climbing, ski jumping or water-ski jumping, acrobatic and extreme skiing, archery, cycling activities, caving, off-piste skiing, ski mountaineering, freestyle skiing, water skiing, bobsleighing, river canoeing above grade three, white-water descents, rafting, canyoning, kite-surfing, hydrospeed, bungee jumping, parachuting, hang-gliding, air sports generally, boxing, wrestling, martial arts, American football, beach soccer, snowboarding, rugby, ice hockey, scuba diving, heavy athletics, equestrian activities, karting, jet skiing, snowmobile driving, trekking above 3,000 metres above sea level, hunting and rifle shooting;
- reckless acts;
- sporting activities carried out professionally and/or participation in sporting events or competitions, including trials and training held under the auspices of sports federations;
- motor-vehicle, motorcycle or powerboat races or events, including jet skis, snowmobiles and sledges, and the related trials and training;
- infectious diseases where assistance is prevented by national or international health regulations;
- childbirth, whether early, premature or at term, occurring during the trip;
- activities involving the direct use of explosives or firearms;
- events occurring in countries in a state of belligerence that make it impossible to provide Assistance.

This policy is valid only when taken out on an ancillary basis in connection with the sale of a trip by the Policyholder. More than one application may not be issued to cover the same risk for the purpose of increasing the coverage limits of individual coverages or the contractual risk-aggregation limits.

Enrolment in this policy may under no circumstances be used to extend a risk (i.e. a trip) already in progress, and it is expressly understood that enrolment must take place before the trip begins. If the policy is issued after the trip's departure date, the contract and the individual application issued shall be null and void and the Company shall refund the policy premium.

All claims relating to events occurring outside the period during which the tourist service provided by the travel organiser, which is the Policyholder under this policy, is being used are excluded.

For sales of transport-only services, this policy is valid exclusively for the period between the departure and return dates shown on the travel ticket, in all cases within the maximum duration stated in the application and subject to an overall maximum of thirty consecutive days.

In respect of the “Trip Cancellation” coverage, claims concerning tourist services not purchased from the Policyholder that issued the application, and claims concerning services that do not form part of the travel booking, are excluded.

Coverages are not provided in Antarctica or the Southern Ocean, or in countries that are in a declared or de facto state of belligerence. This includes countries listed in the JCC Global Cargo report available at https://watchlists.ihsmarkit.com which, at the time of departure, have a Combined Risk Level in the “Very High” category or above. Countries whose state of belligerence has been publicly announced are also deemed to be in a declared or de facto state of belligerence.

Art. 15 Bis - SANCTIONS CLAUSE

In no event shall insurers/reinsurers be required to provide any insurance coverage, satisfy claims for indemnification or compensation or provide any indemnity under this contract if such coverage, payment or indemnity may expose them to any prohibitions, economic sanctions or restrictions imposed under any Resolution adopted by the United Nations (“UN”), or to economic or trade sanctions under the laws or regulations of the European Union, the United Kingdom or the United States of America.

SECTION III - coverages OFFERED BY THE INSURANCE

This section is divided into 20 main chapters (Medical expenses - Per diem for hospitalization following COVID-19 infection - ***Convalescence allowance - Personal assistance - Baggage - Trip cancellation (Named risks/All risk - Trip cancellation following delayed departure - Repeat Trip - Flight delay - Trip Re-routing - Accidents - Legal Protection - Personal Liability - Vehicle assistance - Home care for family members who remain at home - Trip interruption following quarantine - Housing assistance - Loss of the connecting flight - Zero Risk - Zero Risk Flight) which***

govern the coverages covered by this Insurance, including the related benefits, limits and exclusions.

CHAPTER 1 - MEDICAL EXPENSES

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

Art. 1.1 - PURPOSE OF THE INSURANCE

Within the limits of the limits per Insured indicated in the Policy Schedule, the ascertained and documented medical expenses incurred by the Insured during the trip for urgent, non-postponable and unforeseeable treatments or interventions which occur during the period of validity of the coverage will be reimbursed. The coverage includes the following costs:

- hospitalization in a healthcare institution; - surgery and medical fees as a result of illness or injury; - for outpatient medical visits, diagnostic tests and laboratory tests (provided they are relevant to the illness or injury reported) within the limit of €1,500.00; - for medicines prescribed by the doctor on site (provided they are relevant to the illness or injury reported) within the limit of €1,000.00; - medical expenses incurred on board a ship within the limit of €800.00; - for urgent dental treatment, only following an accident, up to €200.00 per Insured Party; - transport from the site of the accident to the nearest healthcare institution, up to €5,000.00. In the event of hospital admission or in the case of day hospital following an injury or illness which is indemnifiable under the terms of the policy, the Operations Centre, upon request of the Insured, will provide for the direct payment of medical expenses. In cases where the Company cannot make direct payment, the expenses will be reimbursed according to the policy terms provided they are authorized by the Operations Centre contacted in advance. However, any excess to the maximum limits set out in the policy and the related deductibles remain the responsibility of the Insured Party, who will have to pay directly on site. For amounts exceeding €1,000.00, the Insured must request prior authorization from the Operations Centre. Medical expenses incurred in Italy solely for cases of accidents occurring during the trip will be reimbursed up to a limit of €1,000.00, provided they are incurred within 30 days of the return date. The "Organized Medical Transport" services referred to in the art. are always included in the coverage. 4.10 and "Return of the Convalescent Traveler" referred to in art. 4.16.

Art. 1.2 - DEDUCTIBLE AND EXCESS

For each claim, an absolute deductible of €70.00 will be applied which remains the responsibility of the Insured, except in cases of hospital admission and day hospital for which no deductible will be applied. For claims with an amount exceeding €1,000.00 in the event of lack of authorization by the Operations Centre, an overdraft equal to 25% of the amount to be reimbursed will be applied with a minimum of €70.00. It is understood that for amounts exceeding €1,000.00 no reimbursement will be due if the Insured is unable to demonstrate payment of the medical expenses incurred by bank transfer or credit card.

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

In addition to the exclusions provided for by the rules common to coverages, expenses for physiotherapy, nursing, spa and slimming treatments and for the elimination of congenital physical defects are excluded; expenses relating to glasses, contact lenses, prostheses and therapeutic devices and those relating to aesthetic interventions or applications. The insurance does not apply to expenses incurred for voluntary terminations of pregnancy as well as for services and therapies relating to fertility and/or sterility and/or impotence. Furthermore, expenses are excluded if the Insured Party has not reported the hospitalization (including Day Hospital) or emergency room service to the Operations Centre. If the Insured intends to make use of hospital/doctor facilities that are not part of the Company's Affiliated Network, the Company's maximum outlay cannot exceed the amount of €300,000.00 without prejudice to the maximum limit indicated in the Policy Schedule. If the Insured makes use of the National Health Service in Italy, the coverage will be valid for any expenses or excess expenses remaining the responsibility of the Insured. The 'Medical Expenses' coverage is valid for a period not exceeding 110 days of hospital stay in total. Upon the occurrence of one of the cases provided for in the fourth and fifth paragraphs of the art. 4.30, no further requests relating to medical expenses will be taken care of by the Company.

CHAPTER 2 - HOSPITALITY PERIOD FOLLOWING COVID 19 INFECTION

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

This coverage is valid following a COVID-19 infection, provided that the diagnosis occurs during the trip and that the infection leads to subsequent hospitalization in a healthcare institution.

Art. 2.1 - PURPOSE OF THE INSURANCE

In accordance with and in the terms of the Insurance Terms and Conditions, the Company grants a flat-rate indemnity for each day of hospitalization in a Healthcare Institution, arranged as a direct and exclusive consequence of the COVID-19 (so-called Coronavirus) infection suffered by the Insured, regardless of the expenses incurred, to the extent of the benefit indicated below:

Art. 2.2 - PERFORMANCE

The Company, if the hospitalization of the Insured continues for a number of days exceeding 5, recognizes for each subsequent day of hospitalization (i.e. starting from the sixth day of hospitalization) an amount equal to €100.00 for a maximum number of days equal to 10. As a result of the above, therefore, the maximum sum payable by each Insured during the validity of the policy cannot exceed the amount of € 1,000.00.

CHAPTER 3 - CONVALESCENCE ALLOWANCE

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

This coverage is valid following a COVID-19 infection, provided that the diagnosis occurs during the trip and that the infection leads to subsequent hospitalization in a hospital in an intensive care unit.

Art. 3.1 - PURPOSE OF THE INSURANCE

The Company recognizes the Insured Party with a fixed and predetermined convalescence allowance of €1,500.00 upon discharge of the Insured Party from the intensive care unit of the Healthcare Institute where he/she was admitted following the COVID-19 infection. This benefit will only apply if the Insured Party, during the aforementioned hospital stay, was admitted to an intensive care unit, as shown in the medical records, which must be produced in full at the time of reporting the claim.

CHAPTER 4 - PERSONAL ASSISTANCE

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid. The service activities included in the 'Personal assistance' coverage are offered free of charge.

Art. 4.1 - PURPOSE OF THE INSURANCE

The Company undertakes, within the limits agreed in the policy, to make the Insured Party benefit immediately available to the Insured, through the use of personnel and equipment from the Operations Centre, in the event that the Insured finds himself in difficulty following the occurrence of a fortuitous and unforeseeable event at the time of signing the policy. The help may consist of benefits in cash or in kind.

Art. 4.2 - TELEPHONE MEDICAL CONSULTATION

If, following illness or injury, it is necessary to ascertain the state of health of the Insured, the Company will make the Medical Service of the Operations Centre available for the contacts or checks necessary to deal with the first health emergency.

Art. 4.3 - SENDING A DOCTOR TO ITALY IN EMERGENCY CASES

If the Insured, traveling in Italy, needs a doctor and is unable to find one, the Company, through the Operations Centre, makes available to the Insured, during the night (from 8pm to 8am) and 24 hours a day on Saturdays and public holidays, its emergency medical service which guarantees the availability of general practitioners ready to intervene at the time of the request. By calling the Operations Centre and following an initial telephone diagnosis with the internal doctor on call, the Company will send the requested doctor free of charge. If a doctor is not immediately available and if the circumstances make it necessary, the Company will organize the transfer of the patient to an emergency room by ambulance.

Art. 4.4 - SENDING A PEDIATRICIAN IN EMERGENCY CASES

If the Insured Party, during their stay in Italy, needs a pediatrician and is unable to find one, the Company, through the Operations Centre, following an initial telephone diagnosis with the internal doctor on call, will send the pediatrician free of charge to the Insured Party's home. The benefit is valid only 1 time during the coverage period. If a doctor is not immediately available and if the circumstances make it necessary, the Company will organize the transfer of the patient to an emergency room by ambulance.

Art 4.5 - PSYCHOLOGICAL CONSULTATION IN CASE OF COVID-19 INFECTION

The Operations Centre makes available, from 9.00 to 18.00, from Monday to Friday, its staff specialized in psychological consultations so that the Insured can receive initial support and the most appropriate indications regarding the methods of managing his own psychological distress or that of members of the family unit. Benefit valid only in case of hospitalization following COVID-19 infection.

Art 4.6 - SECOND OPINION IN CASE OF COVID-19 INFECTION

The Operations Centre makes its medical emergency service available 24 hours a day so that the Insured can send a copy of his medical records and obtain from the Company, also with the support of medical specialists from affiliated facilities, a second opinion regarding the diagnostic and therapeutic path undertaken. Benefit valid only in case of hospitalization following COVID-19 infection.

Art 4.7 - INFORMATION ON THE EMERGENCY NUMBER IN CASE OF COVID 19 INFECTION

The Company, through its Operations Centre operating 24 hours a day and following a request from the Insured, will communicate by telephone the telephone numbers established by the Authorities for the management of events relating to the COVID-19 infection (so-called Coronavirus) and for the related reports.

Art. 4.8 - REPORT FROM A DOCTOR ABROAD

When following a medical consultation (see "Telephone medical consultation" service) the need arises for the Insured to undergo a medical examination, the Operations Centre will indicate a doctor in the area where the Insured is located compatibly with local availability.

Art. 4.9 - MONITORING OF HOSPITAL ADMISSION

If the Insured is hospitalized, the Operations Centre Medical Service is available, as a point of reference, for any communications and updates on the clinical progress to be given to the Insured's family members.

Art. 4.10 - ORGANIZED MEDICAL TRANSPORT

If the Insured Party suffers an injury or contracts an illness during the covered trip, which makes it impossible for the Health Facility to provide the necessary care on site or which prevents the continuation of the trip itself, the Medical Service of the Company's Operations Centre will organize medical transport for the Insured Party. It is understood that the organization of medical transport is subject to the transmission by the Insured of the health documentation issued on site which certifies the nature and severity of the accident or illness as well as containing an explicit declaration of transportability of the Insured, in the absence of which no service can be provided by the Company. The Company may arrange a consultation with the local healthcare provider and/or the general practitioner who is treating the Insured, in order to recover any documents useful for the evaluation of the case. It is specified that, based on the severity of the case and at the unquestionable judgment of the Medical Service of the Operations Centre, the Insured may be transported to the hospital center most suitable for his state of health and closest to the place of occurrence of the accident or taken back to his residence. The choice of the most suitable means of transport for the Insured Party will remain the exclusive responsibility of the Medical Service of the Operations Centre, which, based on current legislation and the actual availability of the carriers, may take place with the following types of means: medical plane - airliner - train - ambulance - other means deemed suitable. If the clinical conditions of the Insured make it necessary, the medical transport will be carried out with the accompaniment of medical and/or paramedical personnel from the Operations Centre. As regards the return from non-European countries - meaning any country outside Continental Europe including overseas possessions, territories and departments but excluding those in the Mediterranean basin - it will be carried out where possible by scheduled plane or by other means that the Medical Service deems suitable having regard to the individual case. It is understood between the Parties that the benefit referred to in this article will not be due if the Insured - directly or through his family members - voluntarily resigns.

Art. 4.11 - RETURN OF FAMILY MEMBERS OR TRAVEL COMPANION

In the case of medical transport of the Insured Party, transport of the body and return of the convalescent, the Operations Centre will organize and the company will take charge of the return (by tourist class plane or 1st class train) of the family members, provided they are insured, or of a travel companion. The benefit is effective if the Insured is unable to use the travel tickets in his possession.

Art. 4.12 - TRANSPORT OF THE BODY

In the event of the death of the Insured during his trip and/or stay, the Operations Centre will organize the transport of the body by carrying out the necessary formalities and taking care of the necessary and indispensable expenses (post-mortem treatment, transport coffin documentation) to the place of burial in the country of residence of the Insured. However, search costs, burial costs and any recovery of the body are excluded from the coverage.

Art. 4.13 - TRAVEL OF A FAMILY MEMBER IN CASE OF HOSPITALISATION

In the event of hospitalization of the Insured for more than 5 days, the Operations Centre will organize and the Company will take charge of the return trip (by tourist class plane or 1st class train) and the overnight stay expenses for a family member or for another person designated by the Insured, up to an amount of €100.00 per day and for a maximum of 10 days. The service will be provided only if another adult family member is not already present on site.

Art. 4.14 - ASSISTANCE TO MINORS

If, following illness or injury, the Insured is unable to take care of his minor children traveling with him, the Operations Centre will make available to a family member or another person designated by the Insured or possibly his spouse, a return ticket by 1st class train or tourist class plane, to reach the minors and bring them back to their home. The service will be provided only if another adult family member is not already present on site.

Art. 4.15 - TAKING CHARGE OF THE TRANSFER COSTS OF THE FAMILY MEMBER OR TRAVEL COMPANION IN THE CASE OF HOSPITALISATION

The Operations Centre will organize the transfer from the hotel to the treatment institution, and vice versa, where the Insured is hospitalized for a family member of the Insured or for a travel companion, also insured, and the Company will bear the transfer costs within the limit of €300.00.

Art. 4.16 - RETURN OF THE CONVALESCENT TRAVELER

If the state of health of the Insured prevents him from returning to his residence with the means initially foreseen, the Operations Centre will organize and the Company will take charge of the cost of the ticket for the return (by tourist class plane or 1st class train), upon receipt of medical documentation issued on site certifying the nature of the pathology. The benefit is effective if the Insured is unable to use the travel tickets in his possession.

Art. 4.17 - EXTENDING OF STAY

The Operations Centre will provide for the Insured Party, family members or Travel Companion, also insured, the logistical organization for the overnight stay resulting from an extension of the stay due to illness or accident of the Insured Party, against a regular medical certificate and the Company will bear the overnight stay costs up to a maximum of 10 days and in any case within the limit of €100.00 per day.

Art. 4.18 - URGENT SENDING OF MEDICINES ABROAD

The Operations Centre will arrange, to the extent possible and in compliance with the rules governing the transport of medicines and only as a consequence of a fortuitous event, accident or illness, the forwarding to destination of medicines essential for the continuation of an ongoing therapy, in the event that, as the Insured Party cannot have access to said medicines, it is impossible for him to procure them locally or obtain equivalent ones. In any case, the cost of said medicines remains the responsibility of the Insured.

Art. 4.20 - INTERPRETER AVAILABLE ABROAD

The Operations Centre in case of need following hospitalization abroad or judicial proceedings against you for negligent acts that occurred abroad, and limited to countries where there are correspondents, will organize the procurement of an interpreter and the Company will assume the cost up to €1,000.00.

Art. 4.21 - ADVANCE FOR ESSENTIAL NECESSITY EXPENSES

If the Insured Party has to incur unexpected expenses resulting from events of particular and proven severity, the Operations Centre will arrange for the "on-site" payment of invoices or an advance of money to the Insured Party up to the amount of €8,000.00, against a coverage that can be provided at home by a third party with immediate coverage of the loan.

Art. 4.22 - EARLY RETURN

The Operations Centre will organize and the Company will take charge of the cost of the ticket for the early return (by tourist class plane or 1st class train) of the Insured, to his residence, following the death or imminent danger of life in the country of residence exclusively of one of the following family members: spouse, son/daughter, brother/sister, parent, father-in-law, son-in-law, daughter-in-law, grandparents, uncles and nephews up to the 3rd degree of kinship, brothers-in-law. If it is not possible to carry out an immediate assessment of the case, in order to verify the actual existence of an imminent danger to life, the Company reserves the right to reimburse the amount of the travel tickets following verification of the documentation produced by the Insured, which certifies that the case can be traced back to the Insured Party case. The benefit is also valid for material damage to the Insured's main or secondary home, professional office or business which makes his presence indispensable and non-deferrable. In the event that the Insured must abandon the vehicle to return early, the Company will provide the Insured with a plane or train ticket to subsequently go and recover the vehicle. The benefits are effective if the Insured is unable to use the travel tickets in his possession.

Art. 4.23 - TELEPHONE/TELEGRAPH COSTS

The Company will pay any documented expenses that may be necessary in order to contact the Operations Centre up to a maximum of €100.00.

Art. 4.25 - TRANSMISSION OF URGENT MESSAGES

If the Insured Party in a state of need is unable to send urgent messages to people, the Operations Centre will work to forward such messages.

Art. 4.26 - COSTS OF RESCUE, SEARCH AND RECOVERY OF THE INSURED PARTY

In the event of injury or illness, the Insured's search and rescue expenses are guaranteed up to an amount of €1,500.00 per person provided that the searches are carried out by an official body.

Art. 4.27 - ADVANCE CRIMINAL BAIL ABROAD

The Company will advance abroad, up to an amount of €25,000.00, the criminal bail ordered by the local authority to place the Insured on provisional release. Since this amount represents only an advance, the Insured must designate a person who will simultaneously make the amount available in a specific bank account in the Company's name. In the event that the criminal deposit is reimbursed by the local authorities, it must be returned immediately to the company which, in turn, will dissolve the above obligation. This coverage is not valid for events resulting from the trade and dealing of drugs or narcotics, as well as the participation of the Insured in political demonstrations.

Art. 4.28 - BLOCKING AND REPLACEMENT OF CREDIT CARDS

The Operations Centre, in the event of theft, robbery or loss of credit cards owned by the Insured during the period of validity of the policy, undertakes to notify the companies issuing such credit cards, from the moment in which the Insured notifies the theft or loss and takes action at the same time for the cancellation and replacement of said credit cards as well as for the request for a duplicate, where this is possible.

Art. 4.29 - ACTIVATION OF THE ONLINE VIDEO AND NEWSPAPERS STREAMING SERVICE IN THE CASE OF HOSPITALIZATION

In the event of hospitalization of the Insured during the period of validity of the coverage, the Operations Centre will activate and the Company will take charge of the cost of the following services for the Insured:

- a temporary video streaming subscription to allow viewing of entertainment programs through the Insured's devices; - a temporary subscription to an online newspaper chosen by the Insured.

Art. 4.30 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE PERSONAL ASSISTANCE coverage

In addition to the exclusions provided for by the rules common to coverages, the Company is not liable for expenses incurred by the Insured without prior authorization from the Operations Centre. If the Insured does not benefit from one or more services, the Company is not required to provide compensation or alternative services by way of compensation. The Company does not recognize refunds or compensatory indemnities for services organized by other insurance companies or other bodies or which have not been requested in advance from the Operations Centre and organized by it. The reimbursement can be recognized (within the limits set by this contract) only if the Operations Centre, having been contacted in advance, has authorized the Insured to independently manage the organization of the assistance intervention: in this case the Operations Centre must receive the original receipts of the expenses incurred by the Insured. In the event that the Insured voluntarily refuses organized medical transport/medical return (art. 4.10), the Company will immediately suspend assistance and the Insured will no longer be able to demand anything for any reason, reason or cause from the Company. In the event that the Insured, in the absence of medical indication to the contrary, unilaterally refuses the transfer to a Healthcare Facility indicated by the Company, the latter will immediately suspend the assistance and the Insured will no longer be able to demand anything for any reason, reason or cause from the Company. Infectious diseases are also excluded if the assistance intervention is prevented by international health regulations.

Art. 4.31 - RESPONSIBILITY

The Company declines any responsibility for delays or impediments that may arise during the execution of the Assistance services in the event of events already excluded pursuant to the Insurance Terms and Conditions and following:

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

Art. 4.32 - REFUND OF TRAVEL TICKETS

The Insured Party is required to deliver unused travel tickets to the Company following the services received.

CHAPTER 5 - LUGGAGE

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

Art. 5.1 - PURPOSE OF THE INSURANCE

The Company guarantees within the limits indicated in the Policy Schedule:

- the Insured's luggage against the risks of fire, theft, mugging, robbery as well as loss and damage and failure to return it by the carrier. - within the aforementioned limits, but in any case with the limit of €300.00 per person, reimbursement of expenses for remaking/duplicating the passport, identity card and motor vehicle driving license and/or boating license as a result of the events described above; - within the aforementioned limits but in any case with the limit of €300.00 per person, reimbursement of documented expenses for the purchase of basic necessities clothing and items for personal use incurred by the Insured following total theft of the baggage or delivery by the carrier more than 12 hours after the Insured's arrival at the destination.

Art. 5.2 - EXCLUSIONS AND SPECIFIC LIMITS FOR THE LUGGAGE coverage

In addition to the exclusions provided for by the rules common to coverages, the following are excluded from the coverage:

a) damages resulting from willful misconduct, fault, carelessness, negligence of the Insured, as well as forgetfulness; b) damage resulting from insufficient or inadequate packaging, normal wear and tear, manufacturing defects and atmospheric events; c) breakages and damage to baggage unless they are a consequence of fire, theft, robbery, theft or are caused by

vector; d) damage resulting from theft of luggage contained inside the vehicle which is not properly locked

as well as the theft of luggage placed on board motor vehicles or placed on external luggage racks. Furthermore, theft from 8pm to 7am is excluded if the baggage is not placed on board a locked vehicle in a guarded car park; e) money, credit cards, cheques, securities and collections, samples, documents, airline tickets and any other document of

trip; f) jewellery, precious stones, furs and any other precious object left unattended; g) goods purchased during the trip without regular proof of expenditure (invoice, receipt, etc.); h) goods which, other than clothing and suitcases, bags and backpacks, have been delivered to a transport company,

including the air carrier; Without prejudice to the Insured Party sums and the maximum refundable of €300.00 per single object, the reimbursement is limited to 50% for jewellery, precious stones, watches, furs and any other precious object, photo-cineptic equipment, radio-television equipment and electronic equipment. The photocineoptical equipment (lenses, filters, flashlights, batteries, etc.) are considered as a single object.

Art. 5.3 - COMPENSATION CRITERIA

The compensation will be paid, in addition to the amount reimbursed by the air carrier or hotelier responsible for the event, up to the amount of the Insured Party sum, based on the new value for the goods proven (invoice or tax receipt) purchased new in the three months preceding the damage; otherwise the refund will take into account the deterioration and state of use. For goods purchased during the trip, any compensation will be paid only if the Insured is able to present regular proof of expense.

Art. 5.4 - OBLIGATIONS OF THE INSURED PARTY IN THE EVENT OF a claim

Under penalty of losing the right to compensation, the Insured has the obligation to submit a report to the competent Authority and have the original issued. For damages occurring during air transport, the report must be made to the appropriate airport office (LOST & FOUND), obtaining the PIR (Property Irregularity Report). The Insured is also required to make a prior request for compensation to the air carrier and to produce to the Company the original of the carrier's response letter. The Company will reimburse the Insured only after the complete presentation of the requested documentation, necessary for the assessment of the claim.

CHAPTER 6 - TRIP CANCELLATION

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

Art. 6.1 - TRIP CANCELLATION (“NAMED RISKS”)

The Company will compensate, according to the conditions of this policy, to the Insured Party and to only one Travel Companion, provided they are insured and registered for the same trip, the withdrawal fee deriving from the cancellation of the tourist services, determined in accordance with the General Contract Conditions, which is a consequence of unforeseeable circumstances at the time of booking the trip or tourist services determined by:

- death, illness (including COVID-19 infection) or injury of the Insured or the Traveling Companion, their spouses/cohabitants more uxorio, parents, brothers, sisters, children, in-laws, sons-in-law, daughters-in-law, grandparents, uncles and nephews up to the 3rd degree of kinship, brothers-in-law, co-owner of the Insured's company or of the direct superior, of such severity as to prevent to the Insured Party to undertake the trip due to his health conditions or the need to provide assistance to the above-mentioned sick or injured persons. - material damage to the home, study or business of the Insured or his family members which makes his presence indispensable and non-deferrable; - inability of the Insured to reach the departure point of the trip following serious natural disasters declared by the competent authorities; - breakdown or accident to the means of transport used by the Insured which prevents him from reaching the place of departure of the trip; - summons to the Court or summons to a People's Judge of the Insured, which occurred after the booking; - theft of the Insured's documents necessary for expatriation, when it is proven that it is materially impossible to remake them in time for departure; - impossibility for the Insured to take advantage of the holidays already planned following a new hire or dismissal by the employer; - inability to reach the chosen destination following a hijacking caused by acts of air piracy; - inability to undertake the trip following the change in the date of the school exam session or qualification to carry out a professional activity or participation in a public competition; - impossibility to undertake the journey in the event that, in the 7 days prior to the Insured's departure, the dog or cat owned by the latter (regularly registered) must undergo an urgent life-saving surgery due to injury or illness of the animal. In the event of an accident involving multiple insured persons registered for the same trip, the Company will reimburse all eligible family members and only one of the travel companions provided that they are also insured.

Art. 6.2 - CANCELLATION OF VIAGGIOFORMA “ALL RISK”

In the event that the Policyholder has chosen and signed the "Trip Cancellation" coverage in "All Risk" form resulting from the Policy Schedule, art. 6.1 is understood to be fully modified: The Company will compensate, based on the conditions of this policy, the Insured Party and a single Travel Companion, provided they are insured and registered for the same trip, the withdrawal fee deriving from the cancellation of the tourist services, determined in accordance with the General Contract Conditions, which is a consequence of unforeseeable circumstances at the time of booking the trip or tourist services determined by:

any event that is not foreseeable, objectively documentable, independent of the will of the Insured and of such severity as to prevent the Insured from being able to undertake the trip; or

objective and non-deferrable need to provide assistance to his sick or injured family members. In the event of a claim involving multiple insured persons registered for the same trip, the Company will reimburse all eligible family members and only one of the travel companions provided that they are also insured. The inability to undertake the trip following a confirmed COVID-19 infection of the Insured or his family members is included in the coverage. Cancellations by the Insured Party due to the inability to reach the departure point of the trip following serious natural disasters declared by the competent authorities, as well as terrorist acts occurring after the signing of the insurance contract and in the 30 days preceding the departure date of the trip, are also considered included in the coverage, provided that such acts in any case take place within a radius of 100 km from the place where the stay resulting from the booking of the Insured Party trip or from the destination airport was envisaged, only in the case of purchase. of the airline ticket only (so-called “Flight Only” formula).

Art 6.3 - LIMIT, EXCESSED, DEDUCTIBLES

The Insurance is provided up to the total cost of the trip within the maximum limit per Insured indicated in the Policy Schedule and with the limit of €50,000 per event (i.e. event that affects one or more people objectively connected to the purchase of the same trip booked by the Policyholder. The practical management costs and fuel adjustments already foreseen at the date of issue of the policy are included, provided that they have been included in the overall cost of the Insured Party trip, provided resulting from the booking statement, and the cost of visas. Airport taxes are always excluded if they are refundable).

The compensation will be after deduction of the following overdraft:
- 20% to be calculated on the penalty applied with a minimum of €50.00 in cases where the penalty is equal to or greater than 90%; - 15% to be calculated on the penalty applied with a minimum of €50.00 for all other cases, with the exception of causes linked to COVID-19 infection; - 30% to be calculated on the penalty applied with a minimum of €50.00 for all cases of COVID-19 infection. The overdraft will not be applied in cases of death or hospitalisation.

Art 6.4 - COMPENSATION CRITERIA

The Insured Party, or someone on his behalf, is obliged, by midnight of the day following the day of the event (meaning the occurrence of the causes that determine the cancellation of the trip), to make an immediate report by telephone by contacting the toll-free number 800.894124 or by calling the number 039/9890.703, active 24 hours a day, or to make the report online via the internet on the website www.nobis.it - "Online Complaint" section, following the relevant instructions. The Insured is also obliged to communicate the cancellation of the trip or tourist services purchased to the organizing Tour Operator and/or to the Travel Agency where the booking was concluded. In the event that the Insured is in a position to give up the trip due to illness or injury, without hospitalisation, the Operations Centre will, with the consent of the Insured, send its own doctor free of charge in order to certify that the conditions of the Insured are such as to prevent his participation in the trip and to allow the opening of the claim through the issuing of the appropriate certificate by the doctor. In this case, the refund will be made by applying the overdrafts indicated in article 6.3. The Company, in response to the aforementioned request by the Insured, reserves the right not to send its own medical officer; in this case the claim will be opened directly by the Operations Centre doctor and also in this case the reimbursement will be made with the application of the overdrafts indicated in article 6.3. If the Insured does not allow the Company to send its own doctor free of charge in order to certify that the Insured's conditions are such as to prevent his participation in the trip and/or does not report the accident (via the internet or by telephone) by midnight of the day following the day of the event, the overdraft payable by him will be equal to 30%, except in cases of death or hospitalization or COVID-19 infection of the Insured. The Insured must allow the Company to carry out the investigations and checks necessary to settle the claim, as well as produce all the documentation relating to the specific case, freeing, for this purpose, from professional secrecy the Doctors who examined and treated him, possibly involved in the examination of the claim itself. Failure to fulfill these obligations and/or if the Company's medical officer or inspector verifies that the conditions of the Insured are not such as to prevent his participation in the trip and/or in the event of the Insured's failure to produce the documents necessary for the Company to correctly evaluate the reimbursement request, may result in the total or partial loss of the right to compensation. IMPORTANT: The compensation due to the Insured is equal to the withdrawal fee (i.e. the penalty provided for in the travel contract, in the case of cancellation of the same), calculated on the date on which the event occurred, or the occurrence of the circumstances that determined the impossibility of undertaking the trip. Any additional cancellation fee charged by the Tour Operator as a result of a delay by the Insured in reporting the cancellation of the trip to the Tour Operator will remain the responsibility of the Insured.

Art. 6.5 - COMPANY COMMITMENT

The Company, if the Insured Party reports the claim by telephone within midnight of the day following the day of the event, undertakes to settle the claim within 45 days from the date of reporting provided that the complete documentation arrives within the 15th day from the date of reporting itself. If for reasons attributable to the Company the aforementioned liquidation occurs after 45 days, the Insured will be recognized with the legal (compound) interest calculated on the amount to be liquidated. The Company's commitment to the opening, management and possible settlement of the claim that affects this coverage will not be effective if the Insured becomes subject to a confinement measure (so-called lock down) ordered by the Authorities (including Health Authorities) and relating to the place of residence and/or departure and/or transit and/or destination of the chosen trip. This agreement will not apply if the Insured, although subject to confinement, documents his pathological condition with appropriate medical documentation (i.e. medical records and/or instrumental and laboratory diagnostic reports).

Art. 6.6 - RIGHT OF TAKEOVER

For each trip cancellation, subject to a withdrawal fee exceeding 50%, the Insured expressly recognizes that the ownership and all rights connected thereto are intended to be transferred to the Company which will be able to dispose of it freely on the market.

CHAPTER 7 - TRIP CANCELLATION FOLLOWING A DELAYED DEPARTURE

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid. This coverage can only be selected as an alternative to the coverage in Chapter 20 "ZERO RISK FLIGHT"

Art. 7.1 - Object of the insurance

The Company will reimburse the Insured Party 50% of the participation fee for the trip with the limit per Insured Party set out in the Policy Schedule (excluding registration fees/application opening costs, refundable airport taxes, visas and insurance premiums), if the Insured Party decides not to participate in the trip itself following a delay in the departure flight of at least 8 full hours. The Insurance intervenes in the event of a flight delay, on the day of departure, calculated on the basis of the official time communicated to the traveler with the news sheet or with the convocation fax, due to reasons attributable to the airline or the Tour Operator or to causes of force majeure such as strikes, airport congestion or inclement weather.

Art. 7.2 - EXCLUSIONS AND SPECIFIC LIMITS FOR THE “TRIP CANCELLATION” coverage

The coverage does not apply when the scheduled flight has been definitively canceled and not re-protected and when the scheduled return date, resulting from the initial booking, is postponed. The refund is provided only in cases where the change in departure time has not been made official by the airline or tour operator in the 24 hours prior to departure. The coverage does not apply if delays are due to quarantines or lock-downs.

CHAPTER 8 - REPEAT TRIP

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

Art. 8.1 - PURPOSE OF THE INSURANCE

The Company, within the maximum limit indicated in the Policy Schedule, makes available to the Insured and the family members traveling with him, provided they are insured, an amount equal to the pro-rata value of the stay not used by the Insured due to the following events:

a) Use of the organized "Organized Medical Transport", "Transport of the body" and "Early Return" services from the Operations Centre which determines the return to the Insured's residence; b) Death or hospitalization of a family member of the Insured for more than 5 days; c) Death or hospitalization of the Insured for more than 24 hours.

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

CHAPTER 9 - FLIGHT DELAY

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid. This coverage can only be selected as an alternative to the coverage of Chapter 19 "ZERO RISKS"

Art. 9.1 - PURPOSE OF THE INSURANCE

In the event of a delayed departure of the outward or return flight (excluding delays suffered at intermediate stops and/or connections), exceeding 8 full hours, the Company will pay an indemnity to the Insured within the maximum limit indicated in the Policy Schedule. The calculation of the delay will be made based on the actual departure time officialized by the carrier, compared to the latest update of the departure time officially communicated by the Policyholder to the Insured at the travel agency or local correspondent, up to six hours before the scheduled departure time. The coverage is valid for delays due to any reason, excluding known or occurred facts or known strikes

or scheduled up to six hours before the scheduled departure time.

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

Art. 9.2 - EXCLUSIONS AND SPECIFIC LIMITS FOR THE “FLIGHT DELAY” coverage

Without prejudice to the provisions of the art. 9.1, the coverage is also not effective when the scheduled flight has been definitively canceled and not re-protected and the scheduled return date, resulting from the initial booking, is postponed. The coverage does not apply if the Insured Party decides to give up the trip, making any "Trip Cancellation" coverage effective. The coverage does not apply if delays are due to quarantines or lock-downs.

CHAPTER 10 - Trip Re-routing

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

Art. 10.1 - PURPOSE OF THE INSURANCE

The Company will reimburse the Insured Party 50%, within the limit indicated in the Policy Schedule, of any additional costs incurred to purchase new travel tickets (air, sea or railway tickets), to replace those that cannot be used due to the late arrival of the Insured at the place of departure, determined by one of the causes or unforeseeable events indicated in the art. 6.1 “Trip Cancellation (Named Risks) and provided that the purchased travel tickets are used to use the previously booked services.

Art. 10.2 - EXCLUSIONS AND SPECIFIC LIMITS FOR THE “Trip Re-routing” coverage

The coverage is not effective if the Insured Party decides to renounce the trip, making any "Trip Cancellation" coverage effective.

CHAPTER 11 - INJURIES

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

Art. 11.1 - PURPOSE OF THE INSURANCE

The Company will pay the compensation corresponding to the Insured Party limits indicated in the Policy Schedule if the Insured

suffers, during the period of validity of the coverage, damages deriving from the direct, exclusive and objectively verifiable consequences of the accident and which within one year cause:

- death; - permanent disability. The Insurance also applies to accidents that the Insured Party suffers as a passenger on scheduled and charter flights (excluding private planes), from the moment they board an aircraft until the moment they disembark, and which produce objectively verifiable physical injuries resulting in death or permanent disability. The coverage is also valid for injuries resulting from aggression or violent acts that have a political or social motive such as, for example, attacks, piracy, sabotage, terrorism, as long as they do not result from war, even if undeclared, insurrection, or popular riots.

Art. 11.2 - AGE LIMITS

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

Art. 11.3 - INSURED CAPITAL AND CUMULATION

The sums insured for the Insured are those indicated on the Policy Schedule. The coverages given are:

- Death case - Permanent disability case. The two compensations cannot be cumulated; in particular, if, following an accident, the Company pays compensation for permanent disability and the Insured Party subsequently dies, attributable to the same cause that gave rise to the first payment, the further compensation will cover the difference up to the Insured Party maximum. It is agreed that in the event of an event affecting multiple insured persons with the Company, the maximum outlay of the latter cannot exceed the amount of €300,000.00 per policy and per event. If the total insured capital exceeds the limits indicated above, the compensation due to each Insured Party will be reduced proportionately.

Art. 11.4 - REPORTING THE CLAIM AND RELATED OBLIGATIONS

the claim must be reported to the Company by the Policyholder or the Insured, as soon as he has the opportunity, by contacting the Operations Centre by telephone. The Insured is in any case required to send a written report (via email or registered mail) of the claim to the Intermediary to whom the policy is assigned or to the Company within five days of becoming aware of it pursuant to art. 1913 of the Civil Code. The claim notification must be accompanied by a medical certificate and must contain an indication of the place, day and time of the event, as well as a detailed description of how it occurred. The course of the injuries must be documented by further medical certificates. The Insured or, in the event of death, the indicated beneficiaries, must allow the Company to carry out the necessary investigations, assessments and assessments.

Art. 11.5 - WAIVER OF THE RIGHT OF CLAIM

The Company renounces its right of compensation pursuant to art. 1916 of the Civil Code towards third parties responsible for the accident.

Art. 11.6 - EXCLUSIONS AND SPECIFIC LIMITS FOR THE "INJURY" coverage

In addition to the exclusions provided for by the General Regulations, the coverage does not apply to accidents resulting from:

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

Art. 11.7 - COMPENSATION CRITERIA

Death Case:

if an accident occurs, which is indemnifiable under the terms of the policy, the Company makes the payment of the Insured Party sum to any designated beneficiaries appearing in the contractual documentation, or in the absence of designation, to the testamentary or legitimate heirs. The payment of the Insured Party sum will take place provided that the death occurs within one year from the day of the accident, even after the expiry of the policy.

Presumed death:

if the body of the Insured is not found and the competent Authorities have declared his presumed death, the Company will pay the Insured Party sum expected in the event of death.

Permanent Disability:

if an accident eligible for compensation under the terms of the policy occurs, the Company will pay a percentage of the Insured Party maximum for permanent disability, in proportion to the degree of permanent disability ascertained according to the criteria in the disability percentage table attached to the Presidential Decree. 30-6-1965 n° 1124 and subsequent amendments, relating to the "Industry" sector with the Company renouncing the application of the exemption provided for therein and with the understanding that the capital will be paid instead of the annuity.

Art. 11.8 - EXEMPTION FOR PERMANENT DISABILITY

Compensation for permanent disability is due exclusively for the case in which the degree of permanent disability is greater than 5 percentage points of the total permanent disability; in this case the compensation will be paid only for the percentage of permanent disability exceeding 5 percentage points. It is understood that for percentages of permanent disability greater than 65% the deductible will not be applied.

CHAPTER 12 - LEGAL PROTECTION

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

Art. 12.1 - PURPOSE OF THE INSURANCE

The Company assumes at its own expense, within the limits of the maximum amount indicated in the Policy Schedule and the conditions provided for in this policy, the burden of extrajudicial and judicial assistance following a claim falling within the insurance coverage. The insurance is therefore provided for the expenses, skills and fees of the professionals freely chosen by the Insured for:

a) the intervention of a single lawyer for each level of judgement, including the mediation procedure pursuant to Legislative Decree. n. 28/2010; b) the Official Technical Consultant (CTU), to the extent of the competence awarded by the Judge, and the Technical Consultant of

Part (CTP); c) the intervention of an informant (private investigator) to search for defense evidence; d) a lawyer and/or expert of the opposing party, in the event of defeat by the Insured with an order to pay costs, to the extent

liquidated by the Judge; e) ritual and/or informal arbitrations, including arbitration and legal actions against insurance companies (excluding

Nobis Compagnia di Assicurazioni S.p.A.), aimed at recognizing the Insured's right to compensation and/or quantification thereof, for a dispute value of no less than €1,000.00; f) transactions previously authorized by the Company; g) the formulation of appeals and requests to be presented to the competent authorities; h) the intervention of a domiciliary lawyer - for civil judgments with a value exceeding €3,000.00 - in the event that the lawyer

chosen by the Insured in his city of residence does not have an office in the place where the competent judicial authority is located and, therefore, must be represented by another professional; in this case the Company will pay the domiciliation rights to the latter. Charges for out-of-court settlements are expressly excluded

the travel expenses of the Insured's trusted lawyer.

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

Art. 12.2 - EXCLUSIONS AND SPECIFIC LIMITS FOR THE "LEGAL PROTECTION" coverage In addition to the exclusions provided for by the rules common to coverages, claims arising from:

a) the payment of fines, fines and pecuniary sanctions in general; b) tax burdens; c) expenses, fees and fees relating to credit recovery disputes, meaning by these both the cases in which

the Insured has the status of creditor both in the case in which he is a passive subject of the dispute (debtor); d) expenses, fees and fees for disputes in administrative, fiscal and tax matters; e) expenses, fees and fees for disputes arising from willful acts of the Insured; f) expenses, fees and fees for disputes relating to inheritances and/or donations; g) expenses, fees and fees for disputes arising from the sale and/or exchange of properties, land and goods

registered furniture; h) expenses, fees and fees for disputes arising from rental contracts; i) expenses for disputes against Nobis Compagnia di Assicurazioni S.p.A.; j) expenses for disputes between insured persons (multiple persons insured under the same contract); k) registration fees. The following claims are also excluded:

1. relating to arrears in rental contracts; 2. deriving from the circulation of aircraft, boats and vehicles owned and/or driven by the Insured; 3. relating to mutual relationships between shareholders and/or directors and/or company, as well as mergers, transformations and any other

transaction relating to corporate changes; 4. concerning questions relating to the application of the art. 2114 of the Civil Code ("Mandatory social security and assistance")

et seq., as well as disputes relating to the awarding of public contracts; 5. relating to events occurring during an explosion or the release of heat or radiation from

transmutations of the nucleus of the atom, as well as in the case of radiation caused by the artificial acceleration of atomic particles. The coverage concerns exclusively accidents that occur within the private life of the Insured and refers to the following cases:

a) damages suffered by the Insured as a consequence of facts/acts of other parties; b) disputes for damages caused to other subjects as a consequence of facts/acts of the Insured; c) criminal defense for negligent crime or contravention for acts committed or attributed; d) civil and criminal disputes as a tourist on organized trips, for any negligent act occurring during

the journey. This includes disputes with the Tour Operator or travel agency; e) disputes arising from claims for breach of contract, for which the value in dispute is not less than €1,000.00.

Art. 12.3 - COEXISTENCE WITH CIVIL LIABILITY INSURANCE

Limited to the case in which the Insured must respond for damages caused to third parties or is sued in civil court, legal assistance is provided by the insurance company that insures Civil Liability for costs of resistance and losing, pursuant to art. 1917, paragraph 3 of the Civil Code. Therefore, the Company, with the exclusion of the case of criminal charges, will not be required to take any action other than to integrate and after exhaustion of the amount owed by the insurance company providing the Civil Liability.

Art. 12.4 - EFFECTIVENESS OF THE WARRANTY

The coverage is provided for claims caused by events occurring during the period of validity of the policy, specifically after midnight on the day the Insurance takes effect and in any case after the start of the Insured's trip. The facts they gave

originating the claim are considered to have occurred in the initial moment of the violation of the rule or non-compliance; if the event that gives rise to the claim continues through several subsequent acts, it is considered to have occurred at the moment in which the first of such acts was carried out. Disputes brought by or against more than one person and having as their subject identical or connected questions are considered to all intents and purposes as a single claim. In the event of charges against more than one Insured Party due to the same event, the claim is unique for all purposes.

Art. 12.5 - CLAIM MANAGEMENT

The Insured Party, after reporting the claim to the Company, indicates for the protection of his interests a lawyer chosen by him from among those who practice in the area of the Court where he is domiciled or the competent judicial offices are located. Subsequently, the Company will communicate its approval and the Insured will proceed with the appointment. The Company assumes the related expenses up to the amount of the Insured Party maximum and within the limits of the conditions set out in this policy, according to professional tables determined pursuant to the Ministerial Decree. 585/94 and subsequent amendments. The Insured may not initiate legal actions, reach agreements or transactions out of court or during litigation without prior approval from the Company (which must reach the Insured within 30 days of the request), under penalty of reimbursement of expenses incurred by the Company and the obligation to return any advance payments made by the Company. The refusal of approval must be communicated in the same terms and with adequate justification. The Insured must send, with the utmost urgency, to the Lawyer chosen by him all the judicial documents and necessary documentation - relating to the claim - regularized at his own expense, according to the tax regulations in force. Copies of this documentation and of all judicial documents prepared by the lawyer must be sent to the Company. In the event of disagreement between the Insured and the Company regarding the management of claims, the decision will be delegated to an arbitration panel made up of three arbitrators, one of which is chosen by the Insured, one appointed by the Company and a third appointed by mutual agreement between the Parties or, in the absence of agreement, by the President of the competent Court in accordance with the law. Each Party will contribute half of the arbitration costs, regardless of the outcome of the arbitration.

Art.12.6 - CHOICE OF LAWYER

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

CHAPTER 13 - CIVIL LIABILITY

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

Art. 13.1 - PURPOSE OF THE INSURANCE AND INSURED PERSONS

The Company undertakes, up to the maximum limits indicated in the Policy Schedule, to indemnify the Insured of what he is required to pay, as civilly liable in accordance with the law, by way of compensation (principal, interest and expenses) for damages involuntarily caused to third parties, for death, for personal injuries and for damage to things and animals, as a consequence of an accidental event occurring in the context of private life during the trip.

Art. 13.2 - RISKS INCLUDED

The Insurance also applies to liabilities deriving from:

a) from the management of the home where the Insured lives during the stay abroad, including the related systems, outbuildings, gardens, private roads, trees, including tall trees, sports equipment and swimming pools, fences in general, as well as automatic gates. If the home is part of a condominium, the Insurance includes both the damages for which the Insured Party must be held liable on his own behalf and the proportional share borne by him of the damages deriving from the management of the common property, excluding any greater burden resulting from his joint and several obligation with the other condominium owners. Damages resulting from spillage of water are also included, with the application of a deductible of €200.00, with the exclusion however of damages resulting from sewer back-ups or caused by frost; b) from intoxication or poisoning caused by food or drinks prepared or administered by the Insured, with

the exclusion of such damages, however, where the preparation of food or the administration of drinks constitutes the object of the activity carried out by the Insured; c) from the ownership or use of rowing or sailing boats no longer than 6.50 metres, provided they are not given to

rental or lease; d) from the ownership and/or use of bicycles even with battery power assistance or for circulation as a pedestrian; e) from the exercise of sporting activities of a recreational nature provided that they are not practiced under the aegis of Federations or for which

the Insured receives some form of remuneration; f) from the ownership, possession or use of dogs, cats, other domestic but not wild animals and riding animals in general.

For damage caused by dogs the Company will apply an excess of €100.00; g) accidents suffered by family workers while carrying out their duties (excluding illnesses

professionals), provided that they comply with all the obligations established by the regulations in force, none excepted, idem including the nominative declaration and the compulsory insurance with INAIL. The coverage also includes the sums that the Insured must pay following the exercise of the recourse action by INAIL. The Insurance must be considered limited exclusively to the case of death and personal injury resulting in permanent disability of a degree exceeding 5% calculated on the basis of the tables in the attachments of Presidential Decree 06.30.1965 n. 1124; h) from the practice of camping, with the use of the necessary equipment or hobbies such as model making, DIY and

gardening, including the use of motor mowers;

i) from the ownership and possession of weapons, including firearms provided they are legally held, including personal use for defence, target shooting, skeet shooting and the like, however excluding the exercise of hunting activities; j) from damage caused as a person transported on motor vehicles, motor vehicles and boats owned by others, for damage caused

to third parties not transported on them, with the exclusion of damage caused to the vehicles themselves; k) interruption or suspension - total or partial - of the use of third party assets as well as industrial, commercial,

artisanal, agricultural or service-related, up to 10% of the Insured Party maximum, with a limit of €15,000.00 per annual insurance period and with the deduction of a deductible of €500.00; l) from damage to other people's property, resulting from fire of property of the Insured or held by him. This coverage is intended

provided within the limits of the maximum coverage for damage to property but with a compensation limit of €15,000.00 per accident. If the Insured is already covered by a fire policy with "THIRD PARTY APPEAL" coverage, this will operate at second risk, for the excess over the sums insured with the aforementioned fire policy.

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

In addition to the exclusions provided for by the rules common to coverages, claims are excluded:

a) deriving from the exercise of professional, industrial, commercial or service activities; b) resulting from theft; c) deriving from the ownership, possession, driving and use of motorized means of transport; d) resulting from breaches of contractual and tax obligations; e) of any nature and from any cause determined by: pollution of the air, water or soil; f) deriving from extraordinary maintenance, expansion, elevation or demolition works; g) from possession or use of explosives or radioactive substances or devices for accelerating atomic particles,

as well as damages which, in relation to the Insured Party risks, have occurred in connection with phenomena of transmutation of the nucleus of the atom or with radiation caused by the artificial acceleration of atomic particles; h) deriving from things that the Insured Party persons hold for any reason and from those transported, towed, lifted,

uploaded or downloaded; i) deriving from the possession of non-domestic animals for any reason; j) deriving from the exercise of hunting activity; k) deriving from humidity, dripping and generally from the unhealthiness of the rooms used for living.

Art. 13.4 - PERSONS NOT CONSIDERED THIRD PARTIES

For the purposes of this insurance, the spouse, parents, children of the Insured Party as well as any other person cohabiting with him and resulting from the family status are not considered third parties.

Art. 13.5 - OBLIGATIONS OF THE INSURED PARTY IN THE EVENT OF a claim

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

Art. 13.6 - MANAGEMENT OF DAMAGE DISPUTES - LEGAL COSTS

The Company assumes, for as long as it is interested in it, the management of disputes, both extrajudicially and judicially, both civil and criminal, on behalf of the Insured, designating, where necessary, legal or technical representatives and making use of all the rights and actions pertaining to the Insured himself. The Company undertakes to continue with the criminal defense of the Insured until the level of judgment in progress at the time of silence of the injured party is exhausted. The Company is responsible for the costs incurred to resist the action brought against the Insured, within the limit of an amount equal to a quarter of the maximum amount established in the policy for the damage to which the application refers. If the sum owed to the injured party exceeds this maximum, the expenses are shared between the Company and the Insured in proportion to the respective interest. The Company does not recognize expenses incurred by the Insured for lawyers or technicians who are not designated by it and is not liable for fines or fines or criminal justice costs.

CHAPTER 14 - VEHICLE SERVICING

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

The following services are intended to be effective during the Insured's transfer to go from his residence to the departure station of the journey (railway, sea, airport) or to the booked location and vice versa provided that they are in European Union countries.

Art. 14.1 - PURPOSE OF THE INSURANCE

The Company will organize and manage the services indicated in the following art. through the Operations Centre. 14.2, foreseen in the event of breakdown or accident occurring to the vehicle, it being understood that all expenses resulting from the repair of the vehicle (due to breakdown and/or accident, theft) will in any case always be borne by the Insured.

Art. 14.2 - ROADSIDE ASSISTANCE AND TOWING

If the car remains immobilized following a breakdown or accident, the Operations Centre will send the emergency vehicle to the site of the immobilization 24 hours a day, and the Company will bear the related cost, to tow the car to the nearest manufacturer's assistance point or to the nearest workshop or possibly to carry out small interventions on site that allow the car to start moving again autonomously. The costs of any spare parts used to carry out small interventions on site and any other repair costs are borne by the Insured. Furthermore, the cost of assistance will be borne by the Insured if the breakdown or accident occurs outside the public road network or in areas equivalent to them (circuit or off-road travel).

If the car remains immobilized on the motorway in Italy, the Insured Party will have to call for authorized emergency services, subsequently communicating this by telephone to the Operations Centre. This communication is mandatory in order to be able to benefit from the reimbursement of the rescue by the Operations Centre, upon receipt of the receipt issued by the authorized rescuer.

Art. 14.3 - SENDING SPARE PARTS

The Operations Centre will search for and send spare parts necessary for repairing the vehicle, if they are not available in the place where the breakdown or accident occurred. In the case of air shipment, the spare parts will be sent to the airport closest to the place where the vehicle is located. In any case, the costs of purchasing spare parts and customs will remain the responsibility of the Insured.

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

The Operations Centre will organize, up to the residence of the Insured, the return of the vehicle following a breakdown, accident, recovery after theft which involve more than 5 working days for the necessary repairs, all within the cost limit for the Company equal to the value of the vehicle after the accident. The Company will be responsible for the costs of storing the vehicle from the time of the accident until the return, with a maximum of €50.00. If the estimated costs for repairs are uneconomical or in any case higher than the value of the vehicle after the accident, the coverage will not be effective and the Company will simply bear the costs of legal abandonment.

Art. 14.5 - CONTINUATION OF THE TRIP

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

Art. 14.6 - RETURN OF THE INSURED PERSON AND OTHER PASSENGERS

If the Insured has not benefited from the benefits referred to in the previous art. 14.5, the Operations Centre will provide the Insured Party and other passengers with a transport ticket for the return to the residence (tourist class plane or first class train) or alternatively a group C rental car, compatibly with the opening hours of the car rental stations, without a driver for a maximum of 2 days with unlimited mileage to reach the residence. Fuel costs, non-mandatory insurance and any deductibles are excluded.

Art. 14.7 - TAKING CHARGE OF VEHICLE RECOVERY COSTS

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

Art. 14.8 - HOTEL EXPENSES

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

Art. 14.9 - DRIVER

The Operations Centre will make a driver available to replace the sick or injured Insured Party and provided that there is no other passenger on board with a driving license. The driver is available for a maximum of three days to drive the Insured's vehicle to the first original destination of the trip or to the Insured's residence as quickly as possible.

Art. 14.10 - ADVANCE CRIMINAL BAIL

In the event of a road accident involving the assisted vehicle, the Operations Centre may advance the amount of the bail for the provisional release of the driver up to a maximum of €5,000.00 against bank coverages deemed adequate by the Operations Centre. The advance amount, if the driver is detained by the Judicial Authority following conviction, failure to appear or in any other case, must be reimbursed to the Operations Centre within 2 months of the advance.

Art. 14.11 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE VEHICLE ASSISTANCE WARRANTY

In addition to the exclusions provided for by the rules common to coverages, the following are excluded from the coverage:

- vehicles with a first registration date exceeding 8 years; - vehicles weighing more than 35 quintals; - non-land vehicles and not regularly registered; - vehicles rented, rented or used for public transport; - accidents occurring in countries not belonging to the European Union.

CHAPTER 15 - HOME CARE FOR FAMILY MEMBERS WHO REMAIN AT HOME

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

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

Art. 15.1 - TELEPHONE MEDICAL CONSULTATIONS

The Company, through the Operations Centre, makes its emergency medical service available 24 hours a day for any information or suggestions of a medical-health nature.

Art. 15.2 - SENDING A DOCTOR IN CASE OF EMERGENCY

The Company, through the Operations Centre, provides, at night and 24 hours a day on Saturdays and holidays, its own medical emergency service which guarantees the availability of general practitioners, paediatricians and cardiologists ready to intervene at the time of request. By calling the Operations Centre and following an initial telephone diagnosis with the internal doctor on call, the Company will send the requested doctor free of charge. If a doctor is not immediately available and if the circumstances make it necessary, the Company will organize the transfer of the patient to an emergency room by ambulance. The Company will promptly inform the Insured about the health conditions of the family member, updating them promptly until the Insured returns from the trip.

Art. 15.3 - REIMBURSEMENT OF MEDICAL EXPENSES

Upon contact with the Operations Centre, within the limit of the maximum per Insured Party of €1,000.00, medical expenses incurred for essential diagnostic tests will be reimbursed.

Art. 15.4 - TRANSPORT BY AMBULANCE

The Company, through the Operations Centre, if the patient requires transport by ambulance, organizes the transfer at its own expense, sending the ambulance directly and covering the transport costs up to a maximum of 200 km of total journey (outward/return).

Art. 15.5 - NURSING ASSISTANCE

If the patient requires home care from general and/or specialized nurses following an illness or injury, the Operations Centre will search for and send the staff, bearing the related costs within the limit of €1,000.00.

Art. 15.6 - HOME DELIVERY OF DRUGS

The Operations Centre guarantees the search and delivery of drugs 24 hours a day. If the medicine requires a prescription, the staff in charge first goes to the patient's home and then to the pharmacy. Only the cost of the drug remains the responsibility of the Insured.

Art. 15.7 - FREE APPOINTMENT MANAGEMENT

The Operations Centre makes available its database relating to the affiliated healthcare network. If the patient needs information or an appointment for an examination, visit or hospitalization, simply contact the Operations Centre. Depending on the specific needs relating to the type of examination or visit to be carried out, the desired day and time, the area and the rate, the Operations Centre selects, using the database, the doctors and/or affiliated centers that meet the patient's needs and by virtue of the preferential access channels, schedules the appointment in the name and on behalf of the patient himself.

Art. 15.8 - AFFILIATED HEALTH NETWORK

The Operations Centre, through agreements stipulated with clinics, polyclinics, medical practices, healthcare facilities in general at a national level, guarantees the use of this network for specialist visits, diagnostic or laboratory tests and hospitalizations, all with agreed and discounted rates, with a preferential access channel.

CHAPTER 16 - TRAVEL INTERRUPTION FOLLOWING QUARANTINE

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

Art. 16.1 - PURPOSE OF THE INSURANCE

If, following a measure of home isolation of the Insured, ordered by the Authorities for quarantine, the Insured is unable to continue the trip booked and already started, the Company reimburses the following:

- penalties charged for ground services booked and not used within the limit of €1,500.00 per Insured Party; - the costs relating to the modification or refurbishment of the ticket office (transport tickets) originally purchased in order to return to one's residence, up to a maximum of €1,000.00 per Insured Party and net of any reimbursements received from the carrier; - any hotel/accommodation expenses to be paid by the Insured for the quarantine period within the limit of €100.00 per day for a maximum of 14 days, if said quarantine cannot take place at the Insured's home.

Art. 16.2 - EXCLUSIONS

In addition to the exclusions provided for by common standards, the following are considered excluded from the coverage:

- travel to destinations with restrictive measures already in force on the arrival date at the booked hotel; - violations of regulations and/or provisions in force on the scheduled arrival date of the booked trip; - willful misconduct or gross negligence of the Insured or the Contracting Party; - problems relating to identity and/or travel documents, visas and any documentary equipment (including of a health nature) required by the regulations in force from time to time.

Art. 16.3 - RECOVERIES

The Insured Party and the Policyholder undertake to pay the Company any amount returned by the suppliers of tourist services and/or entities and the costs not incurred in relation to the events covered.

CHAPTER 17 - HOUSING ASSISTANCE

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

The following services are intended to operate at the Insured Party's main home in Italy for events that occurred during the Insured Party trip.

Art 17.1 - PURPOSE OF THE INSURANCE

The Company undertakes to guarantee, according to the methods and limits specified below:

a) sending an electrician to your home: in the event of a sudden lack of electricity throughout the house, following of a fault or short-circuit in the electrical system of the Insured's home, the Operations Centre, 24 hours a day, 365 days a year, will activate an electrician technician at the home. The Company is responsible for the right of exit and the transfer of the technician to resolve the emergency. The Insured Party party is responsible for the labour, any spare parts and the material used for the repair. The benefit is guaranteed only once per Insured during the period of the Insured Party trip. Failures in the home's power cable or interruption of the electricity supply by the utility company do not give rise to the benefit;

b) sending a plumber to your home: in the event of blockage/breakage of the fixed or mobile pipes of the hydraulic system or sanitary conditions of the Insured's home and consequent flooding and/or infiltration and/or lack of water throughout the house, the Operations Centre will activate a plumbing technician at the home 24 hours a day, 365 days a year. The Company is responsible for the right of exit and the transfer of the technician to resolve the emergency. The Insured Party party is responsible for the labour, any spare parts and the material used for the repair. The benefit is guaranteed only once during the period of the Insured Party trip. The interruption of the supply by the supply company and the simple failure of the taps do not give rise to the service;

c) sending a locksmith to your home, in the case of:

- theft, loss, breakage of the keys or the lock of the front door; - theft or attempted theft at home which compromises the functionality of the entrance door and does not guarantee security

security thereof. The Operations Centre provides, 24 hours a day, 365 days a year, to activate a locksmith at the home. The right of exit and the transfer of the technician to resolve the emergency are the responsibility of the Company. The Insured Party party is responsible for the labour, any spare parts and the material used for the repair. The benefit is guaranteed only once during the period of the Insured Party trip.

d) immediate return: if one of the events that can generate the benefits referred to in the previous letters a), b), c) or due to theft, attempted theft, breakdowns caused by thieves, acts of vandalism, fire, lightning or explosion, make the return to the main home of the Insured or a family member resulting from the family status necessary and unavoidable, the Operations Centre will organize the immediate return of the Insured or the family member resulting from the family status. The Company is responsible for the related expenses up to a maximum of €500.00 per event. The benefit will not be provided if the Insured, when contacting the Operations Centre, does not provide adequate reasons for the causes which make the return unpostponable. The benefit is guaranteed only once during the period of the Insured Party trip.

e) supervision of the contents of the home: if one of the events that can generate the services referred to in the previous letters a), b), c) or due to theft, attempted theft, faults caused by thieves, acts of vandalism, fire, lightning or explosion, make it necessary to safeguard the contents of the home, the Operations Centre will organize the surveillance of the home or the custody of the contents of the home stored in the place indicated by the Insured for the time necessary to restore the safety of the home. The Company is responsible for the related costs up to a maximum of 24 hours of surveillance. The benefit is guaranteed only once during the period of the Insured Party trip.

CHAPTER 18 - LOSS OF FLIGHT IN CONNECTION

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid.

Art. 18.1 - PURPOSE OF THE INSURANCE

The Company will reimburse the Insured, within the maximum limit indicated in the Policy Schedule, the costs of purchasing an economy class ticket that allows him to return to the place of departure of his trip, or the costs of purchasing a new economy class ticket that allows him to reach the final destination of the trip, in the event of loss of the connection with the flight following the first scheduled on the ticket, for one of the following causes:

delays, denial of boarding, last minute cancellation of the first flight (or subsequent flights, if there is more than one connection), due to unforeseeable causes (technical problems with the aircraft or adverse weather conditions, incompatible with the execution of the flight, or decisions taken by the aeronautical authorities on air traffic); not attributable/attributable to the will of the Insured, or to the travel organizer, or to service companies subcontracted by the latter and which prevents the Insured from boarding the next closed connecting flight; loss or misplacement of baggage by the air carrier, duly registered, occurring during the first flight that prevents the Insured from being able to board the next connecting flight. The coverages are effective exclusively in the case of loss of connection of flights in which the airlines operating on one flight and the other are not the same, nor do they belong to the same airline alliance. In the event that the person responsible for the delay, cancellation of the flight, loss or misplacement of checked baggage, compensates the Insured. The compensation will be paid in addition to any amount reimbursed by the person responsible for the event, up to the amount of the Insured Party sum.

Art.18.2 - SPECIFIC EXCLUSIONS AND LIMITS FOR THE “LOSS OF CONNECTING FLIGHT” coverage

Cases in which:

- the responsible airline is responsible for transporting the Insured to the starting point of the trip or to the final destination of the booked connecting flights; - the delays/cancellations have been caused as a consequence of strikes or are attributable to the functioning or internal organization of the travel organizer or the airline, or to the functioning or organization of service companies subcontracted by both; - the flights are operated by the same airline or by the same airline alliance; - delays are due to quarantines or lock-downs.

CHAPTER 19 - ZERO RISK

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid. This coverage can only be selected as an alternative to the coverage in Chapter 9 "FLIGHT DELAY"

Art. 19.1 - PURPOSE OF THE INSURANCE

The coverage provided by this policy insures financial damages resulting from insured events whose occurrence may jeopardize the execution of the travel contract purchased by the traveler. The events guaranteed by this contract and related financial damages that can be compensated are:

- **DELAY IN THE DEPARTURE TRIP if, as a consequence of the occurrence of any event, not otherwise excluded, the** departure journey should be delayed by more than 8 hours compared to the time indicated in the travel ticket or in the last summons, the Company will pay an indemnity equal to the maximum amount indicated in the Policy Schedule to each traveler involved in the delay.

- **REFUND OF THE INDIVIDUAL FEE FOLLOWING FORTUNE EVENTS OF FORCE MAJEURE AND CONDITIONS ADVERSE ATMOSPHERIC if, upon reaching the destination, due to a fortuitous event, force majeure or conditions** adverse weather conditions which prevent the regular performance of the travel contract and the Policyholder is forced to modify the tourist services, the Company will provide a refund of the unused individual participation fee (individual participation fee divided by the nights of travel duration and multiplied by the travel days lost). The first and last day of lost travel are each calculated at 50%;

- **REIMBURSEMENT OF REPROTECTION COSTS REASONABLY INCURRED BY TRAVELERS AS A RESULT OF FORTUNE EVENTS, FORCE MAJEURE AND ADVERSE WEATHER CONDITIONS or anticipated by the Contracting Party for the purpose** to allow the fulfillment of the services deduced in the original travel contract.

In the event that the delay in the departure trip makes both the Delay in the departure trip service and the Refund of the individual fee service operational following fortuitous events of force majeure and adverse weather conditions, the reimbursement relating to the first 24 hours cannot exceed the price of one day of individual participation fee.

Art. 19.2 - CEILINGS

The coverages are provided up to the cost of the trip and in any case within the limits per Insured, for **event and insurance year indicated in the Policy Schedule.**

Art. 19.3 - EXCLUSIONS AND SPECIFIC LIMITS FOR THE “ZERO RISK” coverage

In addition to the exclusions valid for all coverages, disbursements caused by:

1. overbooking; 2. events known at least 2 working days before the departure of the organized trip; 3. insolvency, arrears or failure to fulfill financial obligations of the travel organizer and/or the

service providers; 4. willful misconduct and negligence on the part of the travel organizer and the passenger; 5. accident and illness; 6. missed connections of means of transport due to non-observance of the "connecting times"; 7. cancellation by the Tour Operator also as a result of an insured event.

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

Art. 19.4 - RECOVERIES

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

CHAPTER 20 - ZERO RISK FLIGHT

This coverage is valid and effective only if it has been mentioned on the Policy Schedule and the relevant premium has been paid. This coverage can only be selected as an alternative to the coverage in Chapter 7 "CANCELLATION OF TRIP FOLLOWING DELAYED DEPARTURE"

Art. 20.1 - PURPOSE OF THE INSURANCE

If, as a result of any event that leads to the cancellation of regularly scheduled and booked flights, it becomes necessary to cancel or modify the originally booked trip, the Company will alternatively reimburse:

a. The ground services penalty applied by direct suppliers for the cancellation of the trip following the cancellation of the flight;

b. The additional cost reasonably incurred by the Policyholder or the Insured for the organization of transport services alternatives to those provided for in the contract. c. In the event of insolvency, arrears or failure to fulfill financial obligations of the air carrier,

the insurance, within the limits indicated in the policy, is provided in excess of the limits possibly provided by the insolvency funds established or by the insolvency proceedings.

Art. 20.2 - CEILINGS

The coverages are provided up to the cost of the trip and in any case within the limits per Insured, per event/group and per insurance year indicated in the Policy Schedule.

An event means the cancellation of a means of transport, which affected more than one person registered in the same insured travel programme/group.

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

The Company is not required to provide the coverage for all claims caused or dependent on:

1. willful misconduct and negligence with foresight of the travel organizer and the passenger; 2. accident and illness; 3. events known and/or in the public domain at the time of booking and/or issuing the policy if not

contextual to the booking.

This policy can be signed within 2 days of the flight booking date or even at a later time as long as there is at least 30 days left before the departure date.

Art. 20.4 - RECOVERIES

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

SECTION IV - REPORT OF ACCIDENT AND COMPENSATION

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

Art. 1 - WHAT TO DO IN THE EVENT OF a claim

OBLIGATIONS OF THE INSURED PARTY IN THE EVENT OF a claim

Personal Assistance

In the event of a claim, IMMEDIATELY contact the Company's Operations Centre which is open 24 hours a day and 365 days a year, by calling the following toll-free number:

800.894123

From abroad it is possible to contact the Operations Centre by calling + 39/039-9890.702 and immediately communicating the following information:

- Name and Surname
- Policy number
- Reason for the call
- Telephone number and/or address at which it will be possible to contact you.

Other coverages

All accidents must be reported within 5 days of the date of occurrence, using one of the following methods:

- **via the internet (on the sinistri.nobis.it website) following the relevant instructions.**
- **by post or email by sending the correspondence and related documentation to the following address:**

NOBIS INSURANCE COMPANY - Claims Office Viale Gian Bartolomeo Colleoni, 21 - Colleoni Management Center

20864 AGRATE BRIANZA (MB)

Mail: gst@nobis.it

Based on the general rules and those that regulate each benefit, the damage suffered must be correctly specified in the report and, in order to speed up settlement times, the documentation indicated in each insurance benefit and summarized below must be attached to the claim report:

IN CASE OF MEDICAL EXPENSES

- first aid certificate drawn up at the scene of the accident, which reports the pathology, prescriptions, prognosis and medical diagnosis and certifies the type and modalities of the illness and/or injury suffered; - in case of hospitalization, complete copy of the medical record; - medical prescription and original notes, invoices, receipts for expenses incurred; - medical prescription for the possible purchase of medicines, with the original receipts of the medicines purchased; - policy number.

IN THE EVENT OF THEFT OR DAMAGE TO LUGGAGE

- airline ticket (together with the baggage tag); - report with the approval of the police authority of the place where the event occurred, reporting the circumstances of the claim and the list of stolen objects, their value and the date of purchase; - complaint presented to the carrier or hotelier who may be responsible; - letter of complaint sent to the air carrier with the request for compensation and the response letter from the carrier itself; - invoices, receipts for goods purchased or lost (in the absence of a list, date, place of purchase and their value); - proof of the costs of redoing identity documents, if incurred; - repair invoices or declaration of irreparability of damaged goods drawn up on headed paper by a dealer or a specialist in the sector; - in the event of failure to deliver and/or damage to the entire baggage or part of it delivered to the air carrier, PIR (Property Irregularity Report) carried out immediately at the airport office; - policy number.

IN CASE OF TRIP CANCELLATION

- in case of illness or injury, medical certificate certifying the date of the injury or onset of the illness, the specified diagnosis and the days of prognosis; - in case of hospitalization, copy of the medical record; - In case of death, the death certificate; - in the event of an accident involving the means of transport, a copy of the friendly claim notification (C.I.D) and/or the police report; - travel booking confirmation statement; - invoice relating to the penalty charged; - trip program and regulations; - receipts (deposit, balance, penalty) for payment of the trip; - travel documents; - travel booking contract;

- policy number. For citizens of nationality other than Italian, the Company reserves the right to request a copy of the residence certificate.

IN CASE OF PENALTY CHARGED BY THE AIR CARRIER:

- confirmation of ticket purchase or similar document; - ticket payment receipt; - declaration from the air carrier certifying the penalty charged; - original of the airline ticket.

IN CASE OF Trip Re-routing EXPENSES

- original documentation objectively proving the cause of the delay; - if the cause is of a medical nature, the certificate must report the pathology; - new travel tickets, in original, purchased to reach the place foreseen in the travel contract; - travel contract with payment receipts, both copies; - copy of the booking statement issued by the Tour Operator organizing the trip; - unused travel tickets, in original; - policy number.

IN CASE OF CIVIL LIABILITY

- detailed description of the facts that led to the damage to third parties and a copy of the report presented to the competent Authority; - request for compensation for damages by the injured third party; - any photographic documentation of the damaged goods or parts of goods; - policy number.

IN CASE OF LEGAL PROTECTION

- detailed description of the facts that led to the damage; - any copy of the complaint presented to the competent Authority; - documented legal and expert fees; - policy number.

IN CASE OF ACCIDENT

- place, day, time and cause of the accident; - causes that determined it; - medical certificates; - any report from the authorities who intervened; - the course of the injury must be certified by further medical documentation, until complete recovery or stabilization of the consequences produced by the accident; - policy number.

IN CASE OF ASSISTANCE TO THE VEHICLE

- Copy of registration document; - original documents of expenses incurred; - policy number.

IN CASE OF FLIGHT DELAY

- travel contract signed in the agency; - Tour Operator booking (or registration) statement; - last call sheet; - any declaration from the carrier regarding the flight delay; - airline coupons and boarding passes; - policy number

IN CASE OF INTERRUPTION OF STAY IN CASE OF QUARANTINE

- documentation certifying the quarantine ordered by the Authorities; - travel contract/booking statement with description of the initially planned travel package; - any re-protection travel tickets with evidence of the additional cost paid; - no-fly declaration, issued by the air carrier; - penalty statements of the fees for lost services; - expense invoices relating to the forced stay; - documentation certifying any reimbursements recognized by suppliers. - policy number.

IMPORTANT NOTE

• It is always necessary to provide the Company with the originals of the repair invoices as well as the originals of any expenses incurred following the claim.

The Company reserves the right to request any further documentation necessary for a correct assessment of the reported accident. Failure to produce the documents listed above, relating to the specific case, may result in

total or partial forfeiture of the right to reimbursement.

It is necessary to communicate to the Company any change in risk that may occur subsequent to the signing of the contract.

Remember that the right to compensation expires two years after the last written request received by the Company regarding the claim. (art. 2952 Civil Code).

Important!

In each case of accident, together with the documentation, the Insured Party sends the Company the details of the current account to which he wishes the reimbursement or compensation to be credited (current account number, bank, address, agency number, ABI, CAB and CIN codes).

For any complaints write to:

Nobis Compagnia di Assicurazioni S.p.A. Complaints Office
Colleoni Management Center Viale Gian Bartolomeo Colleoni, 21
20864 Agrate Brianza - MB - fax 039/6890.432 -
complaints@nobis.it

In case of failure to respond, write to:

IVASS - User Protection Service Via del
Quirinale, 21 00187 ROME (RM)

REGULATORY APPENDIX

This section recalls the main rules cited in the contract, so that the Policyholder can better understand the legal references.

CIVIL CODE

Art. 1341 - General contract conditions

The general contract conditions prepared by one of the contracting parties are effective against the other, if at the time of the conclusion of the contract the latter knew them or should have known them using ordinary diligence. In any case, the conditions which establish, in favor of the person who prepared them, limitations of liability, the right to withdraw from the contract or suspend its execution, or sanction forfeitures against the other Contracting Party, limitations on the right to raise exceptions, restrictions on contractual freedom in relationships with third parties, tacit extension or renewal of the contract, arbitration clauses or exceptions to the jurisdiction of the judicial authority, have no effect, unless they are specifically approved in writing.

Art. 1342 - Contract concluded using forms or forms

In contracts concluded through the signing of forms or forms, prepared to uniformly regulate certain contractual relationships, the clauses added to the form or form prevail over those of the form or form if they are incompatible with them, even if the latter have not been cancelled. The provision of the second paragraph of the previous article is also observed.

Art. 1455 - Importance of non-compliance

The contract cannot be terminated if the failure of one of the parties is of little importance, having regard to the interests of the other.

Art. 1892 - Inexact declarations and reticence with intent or gross negligence

Inexact declarations and reticence by the Contracting Party, relating to circumstances such that the insurer would not have given its consent or would not have given it under the same conditions if it had known the true state of affairs, are grounds for annulment of the contract when the Contracting Party has acted with malice or gross negligence. The insurer loses the right to challenge the contract if, within three months from the day on which it became aware of the inaccuracy of the declaration or the reticence, it does not declare to the Policyholder that it intends to exercise the challenge. The insurer is entitled to the premiums relating to the insurance period in progress at the time he requested cancellation and, in any case, to the agreed premium for the first year. If the claim occurs before the deadline indicated in the previous paragraph has elapsed, he is not required to pay the Insured Party sum. If the insurance concerns more people or more things, the contract is valid for those people or for those things to which the incorrect declaration or reticence does not refer.

Art. 1893 - Inexact declarations and reticence without malice or gross negligence

If the Policyholder acted without malice or gross negligence, inaccurate declarations and reticence are not grounds for cancellation of the contract, but the insurer may withdraw from the contract itself by means of a declaration to be made to the Insured within three months from the day on which it became aware of the inaccuracy of the declaration or the reticence. If the claim occurs before the inaccuracy of the declaration or the reticence is known to the insurer, or before he has declared to withdraw from the contract, the sum due is reduced in proportion to the difference between the agreed premium and that which would have been applied if the true state of affairs had been known.

Art. 1894 - Insurance in the name or on behalf of third parties

In insurance in the name or on behalf of third parties, if the latter are aware of the inaccuracy of the declarations or of the reticence relating to the risk, the provisions of the articles apply in favor of the insurer. 1892 and 1893.

Art. 1898 - Aggravation of risk

The Policyholder has the obligation to give immediate notice to the insurer of the changes that aggravate the risk in such a way that, if the new state of affairs had existed and had been known by the insurer at the time of the conclusion of the contract, the insurer would not have allowed the insurance or would have allowed it for a higher premium. The insurer may withdraw from the contract by giving written notice to the Insured within one month from the day on which it received the notice or otherwise became aware of the worsening of the risk. The insurer's withdrawal has immediate effect if the aggravation is such that the insurer would not have allowed the insurance; takes effect after fifteen days, if the worsening of the risk is such that a higher premium would have been required for the insurance. The insurer is entitled to the premiums relating to the insurance period in progress at the time the declaration of withdrawal is communicated. If the claim occurs before the deadlines for communication and effectiveness of the withdrawal have passed, the insurer is not liable if the aggravation of the risk is such that he would not have allowed the insurance if the new state of affairs had existed at the time of the contract; otherwise, the sum due is reduced, taking into account the relationship between the premium established in the contract and that which would have been set if the greater risk had existed at the time of the contract itself.

Art. 1901 - Failure to pay the premium

If the Policyholder does not pay the premium or the first premium installment established by the contract, the insurance remains suspended until twenty-four hours of the day on which the Policyholder pays what is owed by him. If the Policyholder does not pay the subsequent premiums by the agreed deadlines, the insurance remains suspended from twenty-four hours of the fifteenth day after the deadline. In the cases envisaged by the two previous paragraphs, the contract is terminated by right if the insurer, within six months from the day on which the premium or installment expired, does not take action to collect it; the insurer is only entitled to payment of the premium relating to the current insurance period and reimbursement of expenses. This rule does not apply to life insurance.

Art. 1913 - Notice to the insurer in the event of a claim

The Insured must give notice of the claim to the insurer or the agent authorized to conclude the contract, within three days of the day in which the claim occurred or the Insured became aware of it. The notice is not necessary if the insurer or the agent authorized to conclude the contract intervenes within the said deadline in the rescue operations or ascertainment of the claim. In livestock mortality insurance, unless otherwise agreed, the notice must be given within twenty-four hours.

Art. 1915 - Failure to comply with the obligation to warn or rescue

The Insured who willfully fails to comply with the obligation to notify or rescue loses the right to compensation. If the Insured Party negligently fails to fulfill this obligation, the insurer has the right to reduce the compensation based on the damage suffered.

Art. 1916 - Right of subrogation of the insurer

The insurer who paid the indemnity is subrogated, up to the amount of it, in the rights of the Insured towards responsible third parties. Except in the case of fraud, subrogation does not take place if the damage is caused by the Insured's children, ascendants, other relatives or in-laws permanently living with him or by domestic servants. The Insured is responsible towards the insurer for any damage caused to the right of subrogation. The provisions of this article also apply to insurance against accidents at work and against accidental misfortunes.

Art. 1917 - Personal Liability insurance

In civil liability insurance (1) the insurer is obliged to indemnify the Insured of what the latter, as a consequence of the event that occurred during the insurance period, must pay to a third party, depending on the liability deduced in the contract. Damages resulting from malicious actions are excluded. The insurer has the right, upon notification to the Insured, to pay the compensation due directly to the injured third party, and is obliged to pay directly if the Insured requests it. The expenses incurred to resist the action of the injured party against the Insured are borne by the insurer within the limits of a quarter of the Insured Party sum. However, in the event that the injured party is owed a sum greater than the Insured Party capital, the legal costs are shared between the insurer and the Insured Party in proportion to the respective interest. The Insured, sued by the injured party, can sue the insurer.

Art. 2114 - Mandatory social security and assistance

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

Art. 2952 - Prescriptions regarding insurance

The right to payment of the premium installments expires one year after the individual deadlines. The other rights deriving from the insurance contract are barred in two years from the day on which the event on which the right is based occurred, with the exception of the life insurance contract whose rights are barred in ten years. In civil liability insurance, the term starts from the day on which the third party requested compensation from the Insured or brought an action against him. The communication to the insurer of the request of the injured third party or of the action proposed by him suspends the course of the statute of limitations until the credit of the injured party has become liquid and payable or the right of the injured third party is barred. The provision of the previous paragraph applies to the action of the reinsured against the reinsurer for the payment of the indemnity.

PRIVATE INSURANCE CODE

Art. 166 - Drafting criteria

The contract and any other document delivered by the company to the Policyholder must be drawn up clearly and comprehensively. The clauses indicating forfeiture, nullity or limitation of the coverages or charges to be borne by the Contracting Party or the Insured are indicated using particularly evident characters.

CODE OF CRIMINAL PROCEDURE

Art. 535 - Order to pay costs

The conviction places the burden on the convicted person to pay the court costs [relating to the crimes to which the conviction refers].

[2. Those convicted of the same crime or related crimes are jointly liable to pay the costs. Those convicted in the same trial for unrelated crimes are jointly and severally liable only for the common expenses relating to the crimes for which the conviction was pronounced.]

3. The convicted person will be responsible for maintenance costs during pre-trial detention [285, 286], in accordance with article 692.

4. If the judge has not provided for the costs, the sentence is rectified in accordance with article 130.

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

Pursuant to art. 13 of the European Regulation 2016/679 (GDPR), containing provisions on the protection of natural persons with regard to the processing of personal data, as well as the free circulation of such data, Nobis Compagnia di Assicurazioni S.p.A. (hereinafter also the "Company"), Data Controller of personal data, provides the Information to interested parties who provide their personal data during the contractual relationship and intends to process such data as part of the activities provided by the Company.

1. Data controller

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

2.Type of data collected

The data collected are personal data concerning identified or identifiable natural persons referred to in art. 4, par. 1 of the GDPR and special category data referred to in art. 9, par. 1 of the GDPR.

3.Purpose

The data is collected for purposes related to the Company's activities as follows: a) purposes related to processing linked to the issuing and management of insurance contracts stipulated with the Company, to the management of obligations

relating to damages compensation practices, the fulfillment of specific requests of the interested party. The provision of data is necessary to pursue these purposes as it is strictly functional to the execution of the aforementioned treatments. The refusal of the interested party may make it impossible for the Company to perform the requested service (mandatory nature of the provision, contractual legal basis);

b) purposes related to obligations imposed by laws, regulations and provisions of the Authorities, community legislation. The contribution, aside of the interested party or third parties, of the data necessary to pursue these purposes is mandatory. Any refusal will make it impossible to establish or continue the contractual relationship to which this information refers (nature of the provision Mandatory, legal legal basis); c) purposes related to post-sales activities aimed at evaluating the degree of satisfaction of users or damaged parties and for analysis and research of

market on the services offered. Any refusal would make it impossible for the Company to have useful feedback for the improvement of the activities being processed but would have no consequences on the execution of ongoing practices (nature of the provision

Voluntary, legal basis Consensual);

d) purposes related to commercial activities for the promotion of insurance services and products offered by the Company and the Group such as sending advertising material and commercial communications through the use of traditional communications (such as for example paper mail and calls with operator intervention), automated communications (such as for example calls without operator intervention, email, fax, mms, sms etc.), as well as through the insertion of advertising and promotional messages in the area of the Company's website reserved for its customers, provided for pursuant to art. 42 of IVASS Regulation 41/2018 and subsequent amendments. Any refusal would make it impossible for the Company to promote and provide useful information to the interested party but would have no consequences on the execution of the ongoing procedures (voluntary nature of the provision, consensual legal basis).

4.Treatment methods

The data is processed based on the principles of correctness, lawfulness and transparency. The Company guarantees the confidentiality, integrity and availability of the personal data collected, non-visibility and non-accessibility from any public access area. The processing is carried out in an automated and/or manual manner, by specifically appointed subjects, in compliance with the security of the processing as required by the art. 32 of the GDPR. The Company prepares suitable organizational and technological measures to ensure that this policy is followed within the company in order to protect the personal data collected. The data processing and storage will be carried out in Italy. Upon explicit request of the interested party, the personal data processed could be transmitted to foreign subjects involved in the processing of the practices, without prejudice to impediments dictated by stringent legislation, manifest lack of the receiving party in security measures aimed at protecting the confidentiality of the information transmitted, indications from the Authorities.

5.Profiling

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

6. Communication and dissemination of data

The personal data processed for the above purposes may be communicated to the following categories of subjects:

• internal subjects of the Company in charge of the aforementioned processing; • external subjects supporting treatments such as doctors and healthcare organisations, experts, workshops and body shops, subjects belonging to the network

distribution of the Company;

• other corporate functions or external parties of an ancillary or instrumental nature, such as consortium companies in the insurance sector, banks

and financial companies, reinsurers, coinsurers, companies responsible for the delivery of correspondence, subjects involved in fiscal, financial, legal, IT, data retention, auditing and financial statement certification consultancy and assistance activities;

• subjects appointed by provisions of the Supervisory Authorities to collect policy data for statistical, anti-fraud, anti-money laundering,

anti-terrorism.

• parent companies and/or affiliates of the Company; • Public control, supervision and public security authorities.

No form of dissemination of the data collected is envisaged.

7.Retention period

The personal data collected are entered into the company database and stored for the period of time permitted, or imposed, by the applicable regulations in the management of the contractual relationship and for the time necessary to ensure legal protection for you and the Data Controller, at the end of which they will be canceled or made anonymous within the times established by law. If the interested party revokes consent to specific processing, the data will be deleted or made anonymous within 30 working days of receiving the revocation.

8.Rights of the interested party

The interested party can assert the rights provided for by the art. 15 (right of access of the interested party), by art. 16 (right of rectification), by art. 17 (right to cancellation, "right to be forgotten"), from art. 18 (right to limit processing), by art. 20 (right to data portability) and art. 21 (right of opposition) of Regulation 2016/679, by sending a letter RR addressed to the operational headquarters in Agrate Brianza (MB), at the Human Resources Department, or by e-mail to the addresses privacy@nobis.it or nobisassociazionezioni@pec.it. The interested party also has the right to lodge a complaint directly with the Guarantor Authority for the protection of personal data, within the terms established by current legislation and following the procedures and instructions published on the Authority's official website at www.garanteprivacy.it.

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Nobis Compagnia di Assicurazioni S.p.A.

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