

**GENERAL AND SPECIAL TERMS AND CONDITIONS FOR INDIVIDUAL VIAGGI SICURI,
FAMILY VIAGGI SICURI, ANNUAL MULTITRIP VIAGGI SICURI, STUDENTS VIAGGI SICURI
AND CANCELLATION VIAGGI SICURI POLICIES**

**THE POLICY IS VALID IF THE INSURANCE CERTIFICATE WITH THE INITIAL NUMBER VSE11A HAS BEEN ISSUED
BETWEEN 01/12/2011 AND 30/11/2012 FOR DEPARTURES BEFORE 23/11/2013**

The attention of the contractor and the insured is drawn to the need to read the contract carefully before signing it!

Please also note: this document is a translation which is provided for the sole purposes of information; it is not contractual. Should a dispute arise, the original Italian language documents shall not only be solely applicable, they shall also prevail over this translation. In consequence, reliance should not be placed upon this translation, and any disputes that may arise in connection with the insurance cover granted, shall be resolved purely with reference to the original wordings in Italian language, and with reference to the meanings of the terms used within them.

Information for the Contracting Party

INFORMATION NOTE TO THE CONTRACTOR – formulated pursuant to art. 185 of Legislative Decree 209 of 7 September 2005 and in accordance with the terms of ISVAP Regulation n° 35 of 26 May 2010. **This Information Note is drafted in the form prepared by ISVAP, but its content is not subject to prior approval by the authority itself.**

INTRODUCTION

The purpose of this Information Note is to provide the Contractor with all the necessary preliminary information to be able to sign the selected insurance with full knowledge and sound judgement. The Information Note is formulated pursuant to art. 185 of Legislative Decree 209 of 7 September 2005 and **ISVAP Regulation n° 35 of 26 May 2010. This Information Note, which sets out the essential characteristics of the insurance product, does not replace the General and Special Policy Conditions which the Insured must read before signing the contract.**

A. INFORMATION ON THE INSURANCE COMPANY**1. General information.**

The Company Goudse Schadeverzekeringen N.V. has its registered office in the Netherlands, Postbus 9, 2800 MA, Gouda. The insurance contract is underwritten by the afore mentioned Company. Goudse Schadeverzekeringen N.V. is regulated by the Dutch authority De Nederlandsche Bank NV, Westeinde 1, 1017 ZN Amsterdam, Holland. Goudse Schadeverzekeringen N.V. carries out insurance activities in Italy in freedom of services and is registered in the Register of insurance companies permitted to underwrite insurance services in Italy by ISVAP under n° II.00346, which can be consulted on the web site www.isvap.it.

2. General information on the assets of the Company.

The amount of the share capital signed and fully paid up of Goudse Schadeverzekeringen N.V. is 4.500.0000 Euro. The Solvency Ratio of the Company (Goudse Schadeverzekeringen N.V.) is 247%. It should be noted that the solvency ratio represents the ratio between the amount of the solvency margin available and the amount of the solvency margin required by current legislation.

B. INFORMATION REGARDING THE CONTRACT**1. Applicable law.**

This contract is governed by Italian law, pursuant to art. 180 of the Insurance Code, without prejudice to the regulations of international private law. The Parties have the right to choose a different legislation to be applied to the contract, without prejudice to the prevalence of the binding regulations of Italian law. Where the contract relates to risks located in another member State of the European Union, it shall be governed by the legislation of said state. If the risk is situated in a third State, the terms of the Convention of Rome of 19 June 1980 shall apply, on the law applicable to contractual obligations, implemented with the law of 18 December 1984, n° 975.

2. Procedure to render the contract effective

The Contract will be concluded when the Insured and/or Contractor takes out the Insurance Policy (contract).

The insurance cover starts from the time of conclusion of the Contract (art. 14 of the General Conditions).

The policy must be signed by the Contractor of legal age, with the "ability to act" who:

a. if purchasing cover over the internet, the insured must print the policy in full, returning a signed copy of the insurance certificate by fax to +39 0541 709258 or by e-mail to: info@pkctravelinsurance.com.

Said document shall constitute the contractual reference for implementation of cover;

b. must read carefully the conditions of the policy and check the accuracy and veracity of the data entered and/or supplied (by way of example and not limited to: the start date of the trip, duration and destination thereof).

If the Contractor purchases cover over the Internet, he can ask to receive and transmit the Insurance Contract in hard copy format or other permanent medium. In any case and at no cost, the Contractor has the right to request the Insurance Contract in hard copy format or other permanent medium and to change the communication methods used unless said change is incompatible with the Insurance Contract concluded.

The policy is not valid unless the above-mentioned criteria are complied with.

3. Validity of the Contract

a. The insurance contract is valid if signed by a person domiciled or resident in Italy.

b. The insurance cover is valid and effective for trips departing from Italy provided that the policy is signed before the start of the trip.

c. The insurance cover period cannot be extended by purchasing additional policies once a trip is underway.

4. Duration and extension of the contract.

4.1 The Individual, Family, Student and Annual Multitrip policies:

a. must be purchased for the whole duration of the trip;

- b. start from the date agreed stated in the policy.
- c. end on the agreed date stated in the policy, in any case no later than the end of the trip to which the Insurance relates (except for Annual – see 4.2 below).

4.2 The Silver and Gold Multitrip Annual Policies entitle the Insured to undertake an unlimited number of trips during the year provided each trip lasts a maximum of 30 consecutive days. By purchasing the Business Extension cover, available at the time of purchase of the Annual Gold Multitrip product, each trip can be extended to 45 consecutive days.

4.3 The Viaggi Sicuri Cancellation policy starts from the time that the correct premium is paid and the Insurance Certificate is issued within 48 hours of the date of booking the trip, or at the time of booking if the trip begins within 14 calendar days from the date of booking; the cover expires at the start of the Outward Trip.

The signing of a policy that only partially covers a trip is not permitted. In case of signing of a policy that only partially covers the trip, the Company (Goudse Schadeverzekering N.V.) reserves the right to pay compensation proportionate to the partial cover, in accordance with the terms of art. 1907 CC.

4.4. The extension of the Insurance period of an ongoing contract, can be requested by the Insured and/or Contractor from the Insurer after the start of the trip only if at the time of the request, there are no circumstances that may give rise to a claim. Please note: the extension must be requested and granted within the terms of validity of the cover for which said extension is requested. Requests must be sent by e-mail to: info@pkctravelinsurance.com from Monday through Friday from 9.00 to 18.00 CET local Italian time (GMT+1).

5. Statute Of Limitations.

Every right with regard to the Company is limited, as per art. 2952 of the Civil Code, to two years from the day of the event on which is based the right to Assistance and/or compensation. In personal liability insurance, the period starts from the day on which the injured third party asked the Insured for compensation or took legal action against the latter.

6. Complaints procedure.

Complaints relating to the management of the contractual relationship, notably with regard to the attribution of liability, effectiveness of performance, quantification and payment of the sums owed to the rightful beneficiary must be sent directly to PKC Associates Ltd. Any complaints relating to the contractual relationship or claims handling must be forwarded in writing to:

PKC Associates Ltd, int. 6, Corso D'Augusto 118, 47921 Rimini – email: reclami@pkctravelinsurance.com

If the insured and/or contractor is not satisfied with the outcome of the claim or in the absence of a reply within the maximum term of 45 days, he can write to

ISVAP – CONSUMER User Protection Department – Via del Quirinale, 21 – 00187 Rome

providing substantiating documentation relating to the claim handled by PKC Associates LTD. In particular, the claim sent to ISVAP must contain: the name, surname and address of the claimant, identification of the third party(ies) whose conduct resulted in the complaint, a brief description of the reason for the grievance and it must contain a copy of the claim submitted to the company and any reply therefrom. With regard to disputes relating to the quantification of damages and the apportionment of liability, it should be noted that they remain the exclusive competence of the Legal Authorities, in addition to the right to have recourse to conciliation services, where available. Claims regarding verification of compliance with the regulations of the sector, must be sent directly to ISVAP. In the event that the legislation chosen by the Parties is other than Italian, any claims relating to the contract must be sent to the body of the country whose legislation has been selected, and ISVAP shall facilitate communications between the competent authority and the Contractor. Claims relating to the quantification of insurance services, apportionment of liability and claims that have already been referred to the Legal Authorities do not come within the competence of ISVAP. In any case, the claimant has the right to apply to the Legal Authority.

For any matter not otherwise regulated herein, the legal provisions shall apply. All disputes relating to this contract are subject to Italian law.

7. Changes to Information during the contract.

The Company undertakes immediately to notify the Insured and/or Contractor of any changes to the information contained in the Information Note, that have occurred also as a result of changes to the regulations subsequent to the conclusion of the contract.

8. Premium

a. Pursuant to art. 1901, subparagraph 1 of the Civil Code, the Insurance shall take effect from the date and time indicated within the policy, if the premium has been paid in advance of the start of the trip, and ends on the return to the insureds place of residence in Italy.

b. For the applicability of the cover, the date of the event shall apply.

c. If, at the time of a claim, the premium remains unpaid, the Company shall be deemed to be exempt from the provision of service where non-payment is attributable to the contractor.

9. Where there are more than one insurance policy(ies) covering the same event.

If several insurance policies co-exist for the same risk, the Insured and/or Contractor must notify each Insurer of the existence of other insurance policy(ies). In the event of a claim, the Insured and/or Contractor must notify all the Insurers and can ask each insurance company for the amount due as per the contract(s) considered independently, provided that the sums paid out overall do not exceed the amount of the damage. If the Insured and/or Contractor, as per art. 1910 of the Civil Code wilfully fails to provide the information, the Insurers are not bound to issue settlement.

10. Declarations of the Insured and/or Contractor regarding the circumstances of the risk. (example: taking out our insurance despite having pre-existing medical condition)

Any false or incomplete declarations on the circumstances of the risk provided at the time of conclusion of the contract, may have serious consequences for the Insured and/or Contractor. It should be noted that, under the terms of art. 1892 of the Civil Code, in the event of any false or incomplete declarations on the circumstances of the risk, the Company is not bound to provide the services under the terms of this Policy and, with regard to any services already carried out before the

discovery of the false or incomplete declarations made by the Insured, the Company reserves the right to request reimbursement of the costs incurred.

11. Change of risk.

On the basis of art. 1898 of the Civil Code, the Insured and/or Contractor must immediately inform Goudse Schadeverzekeringen N.V., by email to info@pkctravelinsurance.com, of any change that occurred after the date of issue of the Insurance Certificate and before the start date of the trip, which could give rise to a claim for compensation. Unknown changes of risk, not accepted by the Company may involve the total or partial loss of the right to compensation, as well as the cessation of the guarantees contained in the Policy.

12. Claims Settlement

a. The Insured and/or Contractor must immediately contact Medi-call S.r.l. in accordance with the procedures outlined in the individual sections of the Insurance Conditions of the Company to activate the necessary procedures and before taking any personal action;

b. The Insured and/or Contractor must communicate by telephone the type of request as well as their own personal details, fiscal code, address and telephone number of the persons insured and their contact details, Insurance Certificate number, date of issue and type of cover/premium option;

c. The Insured and/or Contractor must complete the Claims Form available on the web site www.viaggisicuri.com or else contact PKC Associates LTD within 31 days from his return to Italy. **The sending of the claims form does not constitute or represent acknowledgement – even implicit – by the Company of acceptance of the event.**

d. The Insured and/or Contractor must send by, and no later than, 31 days from his return to Italy, a written communication by registered letter to PKC Associates LTD, Corso D'Augusto 118, int. 6, 47921 Rimini together with the requisite documentation, if applicable. For claims relating to Personal Liability, the Insured and/or Contractor must send a written communication by registered letter with receipt notification by, and no later than, 3 days from when the insured and/or contractor had knowledge of the Circumstances that caused the event.

e. To enable the Company to correctly assess the claim/damage, reference should be made to the maximum sums indicated in the General and Special Policy Conditions.

f. With regard to the Company, the Insured releases from professional confidentiality said Company and the doctors who examined him before and after the Event;

g. Any costs incurred for the investigation and estimation of the claim are to be paid by the Insured;

h. The settlement of the claim shall be made in Italy with the payment of reimbursements in Euros. For costs incurred in countries that have not adopted the Euro, reimbursement shall be made at the official exchange rate on that day on which they were incurred.

13. Cooling-off period

We would advise you to verify that this Insurance provides the cover that you need. If this is not the case we would ask you to notify the Company via email at info@pkctravelinsurance.com or fax at +39 0541 709258 within 14 days of the issue date (or before your departure date if this happens first). In order to render the cooling-off period valid, the date of the email, fax request or date of the post office stamp will be taken into consideration.

14. Language of the contract. The Contract, and any attached document(s), shall be written in the Italian language, unless the parties agree that it be written in another language.

15. Tax regime.

The insurance tax applicable to the Contract shall be that specified in the law from time to time applicable.

C. GENERAL DEFINITIONS – GLOSSARY

The following words and expressions shall have the meaning defined below when they appear within the text of the General and Special Policy Conditions.

Geographical area: the area or Country which is the destination for which the Insured and/or Contractor has booked the trip and for which the appropriate premium has been paid and from which their return to Italy will be made within the period booked.

Insured: the subject or subjects indicated on the Insurance Certificate, with residence or domicile in Italy, whose interest(s) is/are protected by the Insurance, named as such on the Policy Certificate, who is/are suitable to be Insured as per art. 7 of the General Conditions and for whom the correct insurance premium has been paid.

Insurance: the Insurance contract.

Assistance: the service to the insured provided by the company which offers help to the insured. The service is provided by Medi-call S.r.l..

Hazardous activities: any sports, whether manual or physical, involving the use of tools or machinery, the lifting of heavy objects or working at a height above 3.50 metres. Any activity where the risk of a serious accident is high.

Sports Equipment: articles normally worn, carried or held when participating in a recognised sport.

Basic necessities: products which are immediately needed and which it is not possible to do without. Items not considered Basic necessities are items that would be purchased even in the absence of missing or delayed baggage.

Baggage: Items of clothing, sports equipment and items and the suitcase, bag, backpack containing them and which are the property of the Insured.

24h Emergency Service: all the operators, doctors, technicians that the Company makes available to the insured 24 hours a day, 365 days a year, and who are in telephone contact with the Insured and/or Contractor, organise and provide Assistance services specified in the policy. The 24h Emergency Service for Italy is Medi-Call S.r.l. on behalf of the Company (Goudse Schadeverzekeringen N.V.), with registered office at Via Cremera, 8 – 00198 Rome; e-mail: viaggisicuri@medi-call.it

Business Colleague: a colleague who has identical duties to those of the Insured and who can replace them at the time of the accident or illness which prevents them from undertaking a business trip or is compelled to interrupt it.

Travelling Companion(s): the person(s) insured and named on the Policy Certificate.

Contractor: the natural or legal person who, on payment of a premium, signs the Insurance Contract.

Hijacking: the illegal sequestration or seizure of control of the aircraft or ship (or its crew) on which the Insured is travelling as a paying passenger. The aircraft or ship must come within the definition of public means of transport.

Travel documents: travel tickets, hotel vouchers or other personal non-refundable vouchers for the trip, passports, driving licences belonging to and for the personal use of the Insured.

Domicile: the place of residence, even if temporary, of the Insured conducting his own activity in Italy or who has their financial interests in Italy.

Excess waiver: by paying an additional premium, the excess quoted in the Schedule of Cover can be removed, where applicable.

Cover Extension: extension of the Insurance period of a valid contract that the Insured and/or Contractor can request from the Insurer after the start of the single trip only if, at the time of the request, there are no circumstances that could give rise to a claim with said certificate. Please note: the extension must be requested and granted within the terms of validity of the cover for which said extension is being requested. The extension request must be sent by e-mail to **info@pkctravelinsurance.com** from Monday through Friday from 9.00 to 18.00 CET Italian local time (GMT+1).

Abroad: any country other than that in which the insured person normally resides (i.e. Italy).

Event: the occurrence of causes giving rise to the situation(s) claimed for.

Family: the Insured and their family members as per the personal details on the family status certificate. For registration purposes, by Family is meant all persons bound by matrimony, co-habitation (if the subjects appear on the same certificate of residence), relation, affinity, adoption, guardianship.

Excess: the sum specified in the General and Special Policy Conditions deducted from the amount of the compensation as specifically calculated by the Company, following the accident and which remains payable by the Insured and/or Contractor.

Cover: cover or service – other than Assistance – offered by the Company in case of a claim, based on the terms of the Insurance, involving the reimbursement or compensation for damage.

ISVAP: The Institute of Insurance Supervision of Private and Collective Interests. This is the Italian authority which governs the activities of insurance companies, insurance intermediaries (which are agents and brokers).

Italy: Republic of Italy with its islands, Republic of San Marino and the Vatican City State.

Pre-existing illness: illness that is the expression or direct consequence of chronic pathological conditions or which occurred prior to the start date of the cover and known to the Insured and/or Contractor.

Maximum sum: the maximum sum, laid down in the Policy Certificate or General and Special Policy Conditions Schedules of Cover, up to which sum the Company undertakes to provide the Guarantee or to provide the Assistance service.

Public Transport: all aircraft, land-based and waterborne vehicles intended for the public transport of passengers and with timetable, itinerary, frequency and pre-fixed tariffs (official and published) which, on the basis of specific authorisation or concessions, provide a continuous or periodic and non-occasional link between two or more destinations. Therefore, excluded from the category of public transport, by way of example and not limited to, rental vehicles, taxis and means of transport for tourist visits.

Valuables: jewellery, watches, gold and silver objects, prescription lenses/glasses, sunglasses, contact lenses, precious stones, binoculars, filming equipment and material (by way of example and not limited to televisions, laptop computers, radios, cassettes, videocassettes, recorders, CD/DVD/MP3 players, CDs, DVDs, photographic equipment, video recorders, video cameras), musical instruments, furs, leather clothing.

Close Relatives: spouse, parents, parents in-law, stepparents, legal guardians, grandparents, son/daughter (including adopted and fostered), stepchildren, grandchildren, brothers, sisters, brothers and sisters in-law, sons-in-law, daughters-in-law.

Insurance period: the start and end date of the insurance cover as per the Policy Certificate, including any possible cover extensions.

Policy : the document governing and substantiating the Insurance.

Advance booking: any booking made at least 24 hours before departure as shown on the ticket/travel document of the Insured.

Premium: the sum of money owed by the Insured and/or Contractor to the Company.

Services: exclusively for the Policy Assistance Sections – the assistance provided by Medi-call S.r.l. to the Insured in case of an Event arising.

Reasonable care: diligent behaviour which must be adopted by the Insured to protect their property as if they were not insured..

Accident: the occurrence, due to a sudden and unforeseen event, of the damage for which the cover is provided.

Company: the Insurance Company, i.e. Goudse Schadeverzekeringen N.V.

Validity: operational limits of the policy, which must be issued by the contractor in Italy before the beginning of the trip.

Current value: claims are paid based on the value of the goods at the time when you lose them and not on a new for old or replacement cost basis.

Material value: value of the item excluding the data contained therein or recovery thereof as well as intellectual and sentimental value.

Outward Trip: The initial trip from the Insureds and/or Contractors residence in Italy by motor vehicle, train, aircraft or ship. In the case where several different legs are booked as part of a single trip, the entire trip will be considered as starting at the time of the start of the first leg of the journey.

Return journey: the initial leg of the return trip to Italy by motor vehicle, train, aircraft or ship.

You/Your: "Insured" and/or "Contractor".

Illness: any change in a person's health or any bodily injury that is established by an approved medical authority during the policy period.

DUTY OF THE INSURED IN THE EVENT OF A MEDICAL EMERGENCY

The **Company** puts at the disposal of the insured a **24h Emergency Service** which can assist you in the event of an emergency during your trip. **24h Emergency Service** Medi-call S.r.l. provides a multilingual emergency service 24 hours a day, 365 days a year. Immediate assistance will be given in the event of illness or accident. The emergency contacts are:

**24h Emergency Service
Medi-call S.r.l.**
(on behalf of the Company)
Via Mantova 44
00198 Roma
Tel: +39 06 855 82 03
Fax: +39 06 840 80 994
e-mail: viaggisicuri@medi-call.it

- 1) For trips to **USA/CANADA/CARIBBEAN** you must contact **Medi-call S.r.l.:**
 - Immediately before hospitalisation, admittance to ER/Casualty or for outpatient treatment in order to enable the emergency service to take charge of, or guarantee payment to the hospital abroad.
 - In case of medical repatriation.
 - In case of Curtailment .
- 2) **For all other destinations** (Worldwide excluding USA/CANADA/CARIBBEAN) you must contact **Medi-call S.r.l.:**
 - Immediately before hospitalisation, admittance to ER/Casualty or for outpatient treatment should the estimated cost exceed € 300 in order to enable the emergency service to take charge of, or guarantee payment to the hospital abroad.
 - Authorisation from the 24h Emergency Service is not required where cost of treatment is under €300. Please keep all receipts for treatment and purchase of medicines.
 - In case of medical repatriation.
 - In case of Curtailment .

WHAT TO DO IN CASE OF EMERGENCY

Before taking any action on your own initiative and in order to activate the 24 hour emergency services, the insured or the person acting on the behalf of the insured, must immediately contact Medi-call on + 39 06 855 82 03, to report the type of assistance required, and provide the following information:

- **Name and surname, policy number, contact telephone number and type of illness or accident.**
 - **Name and telephone number of the hospital and details of the attending doctor.**

NOTE TO ATTENDING DOCTOR

**In the event of admission to an emergency room, inpatient treatment or serious medical condition Medi-call S.r.l. (+ 39 06 855 82 03) must be advised immediately giving full medical details.
Any omission to do so will seriously compromise any payment by the insurer.**

VIAGGI SICURI SCHEDULES OF COVER BASIC/SILVER/GOLD INDIVIDUAL POLICY/ BASIC/SILVER/GOLD FAMILY POLICY AND SILVER/GOLD MULTITRIP ANNUAL POLICY

Maximum payable per person insured. The guarantees of the Annual Multitrip policy can be requested more than once during the validity period of the policy, without prejudice to the fact the overall compensation cannot exceed the maximum sums allowed.

Type of Cover	Individual and Family			Annual Multitrip		Excess
	Basic	Silver	Gold	Silver	Gold	
Number of trips allowed:	1	1	1	Unlimited	Unlimited	
Maximum trip duration	365 Days	365 Days	365 Days	30 Days*	30 days or 45 days with Business Extension*	
Section A – Medical Expenses (abroad)	€ 1 Million	€ 5 Million	€ 8 Million	€ 5 Million (ann. max.)	€ 8 Million (ann. Max)	€ 80
Section B – Assistance in Emergency Medical Situations						
a) Repatriation for medical reasons	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	None
b) Search, Rescue & Recovery	€ 5,000	€ 5,000	€ 5,000	€ 5,000	€ 5,000	None
Section C – Trip curtailment	⊗	€ 1,000	€ 4,500	€ 2,000	€ 4,500	€ 80
Section D – Personal Accident						
Personal Injury**	⊗	€ 10,000	€ 40,000	€ 10,000	€ 40,000	None
Death**	⊗	€ 5,000	€ 10,000	€ 5,000	€ 10,000	None
Section E – Travel Delay and Missed Departure						
a) Travel Delay (up to)	⊗	⊗	€ 100	⊗	€ 100	None
- first 8 hour period			€ 30		€ 30	

- subsequent 12 hour period			€ 20		€ 20	
- over 24 hours delay Right to Cancellation	⊗	⊗	€ 4,500	⊗	€ 4,500	€ 80
b) Missed Departure						
- Italy and Europe	⊗		€ 500	⊗	€ 1,000	€ 80
- World	⊗		€ 1,000	⊗	€ 2,000	€ 80
Section F – Personal Liability			€ 250,000		€ 250,000	€ 500
Section G – Personal Possessions and Delayed Baggage						
Personal possessions	⊗		€ 1,000	⊗	€ 2,000	€ 80
a) Per item/Total Valuables	⊗		€ 200/€ 300	⊗	€ 300/€ 400	€ 80/€ 80
b) Golf Equipment	⊗		€ 1,000	⊗	€ 1,000	€ 100
c) Travel Documents/ Passport	⊗		€ 500	⊗	€ 500	€ 80
Delayed baggage	⊗		€ 100	⊗	€ 200	None
Section H - Assault	⊗		€ 500	⊗	€ 500	None
Section I - Hijacking	⊗		€ 500	⊗	€ 500	None
Optional supplements						
Section J – Business Extension						
a) Business Associate Replacement	⊗		€ 3,000	⊗	€ 3,000	€ 80
b) Professional documents, records or samples	⊗		€ 500	⊗	€ 500	€ 80
Excess Waiver						
Exemption from Excess premium € 9	Available	Available	Available	Available	Available	

* Please refer to the paragraph "Cover and Premium Choice and other Useful Information", in the section Silver/Gold Multitrip Annual Policy Cover

** Please refer to Section D, 2a ad 2b.

VIAGGI SICURI – TRAVEL CANCELLATION

Type of cover	Maximum Sum	Excess
Travel Cancellation	Up to € 5,000	10% MIN. € 80

VIAGGI SICURI - STUDENT

Type of Cover	Student		Excess
	Economy	Deluxe	
Continued Stay below:	365 days	365 days	
Section A – Medical Expenses (abroad)	€ 1 million	€ 5 million	€ 80
Section B – Medical Emergency Assistance			
a) Medical Repatriation	Unlimited	Unlimited	None
b) Search, Rescue and Recovery	€ 5,000	€ 5,000	None
Section C – Trip Curtailment	⊗	€ 1,500	€ 80
Section D – Personal Accident			
Personal injury**	⊗	€ 10,000	None
Death	⊗	€ 5,000	None
Section E – Travel Delay and Missed Departure			
a) Travel Delay (up to)	⊗	€ 100	None
- first 8 hour period	⊗	€ 30	
- subsequent 12 hour period	⊗	€ 20	
- Over 24 hours delay- Right to Cancellation	⊗	€ 2,000	15%, min. €80
b) Missed Departure	⊗		
- Italy & Europe	⊗	€ 500	€ 80
- World	⊗	€ 1,000	€ 80
Section F – Personal Liability	€ 250,000	€ 250,000	€ 500
Section G – Personal Possessions and Delayed Baggage			
Personal possessions	⊗	€ 1,000	€ 80
a) Per item/Total Valuables	⊗	€ 100/€ 200	€ 80/€ 80
b) Travel Documents/Passport	⊗	€ 500	€ 80
Delayed baggage	⊗	€ 100	None
Section H - Assault	⊗	€ 500	None
Section I - Hijacking	⊗	€ 500	None
Optional cover			
Excess Waiver € 9	Available	Available	

** Please see Section D, 2a and 2b.

COVER AND PREMIUM CHOICE AND OTHER USEFUL INFORMATION

Individual Policy: valid for a single trip lasting a maximum of 365 days, the maximum insurable age is up to 65 years.

Family policy: Applies to family units comprising one or both parents (below 60 years of age) who are travelling with an unlimited number of children of 16 years of age or under.

Infants/Children Policy: Please note: children aged under 12 years must be accompanied by one Insured adult on the same Insurance Certificate.

If infants and children are travelling alone or are accompanied by an adult who is not the parent, the following rules shall apply:

- a. for children under 3 years of age at the time of departure, cover is free;
- b. from age 3 years up to 16 years, a discount of 50% shall apply;
- c. for children aged 12 to 17 years of age, travelling alone, the parent or legal guardian must be a Contractor. The "Minor Authorisation" form must be completed.

Silver/Gold Annual Multitrip Policy Cover: Covers an unlimited number of trips during the 12 month cover period. The maximum duration of each trip is 30 consecutive days and 45 consecutive days if the **Business Extension** cover is purchased. The cumulative limit for all Medical Expenses services is the maximum sum insured.

Student Policy: the policy is reserved for students up to or less than 35 years attending a School or University in **Italy** for a trip lasting a maximum of 365 consecutive days. Training courses, update courses, masters or other courses that are outside the school study framework, are not compatible with the issue of the student policy.

Cancellation Policy: the policy must be issued strictly within 48 hours from the date of booking the trip, or on the same day if the journey starts within 14 calendar days from the booking.

Excess waiver: by paying an additional premium, the excesses quoted on the Schedule of Cover where applicable, are removed. **Excess waiver** does not apply to Cancellation cover.

Business Extension: Offers cover for the loss or damage of professional documents and costs for sending a substitute colleague.

Individual and Gold Family Policy/Deluxe Student Policy: the **Guarantee** for a Delayed Trip of more than 24 hours, with consequent travel cancellation: in the case of booking several separate legs as part of a single trip, the entire trip shall be considered as starting from the time when the first leg of the trip has begun. Therefore, after the start of the **Outward Trip**, cancellation costs as per Section E – Travel Delay cannot be reimbursed, even for unused legs of the trip.

Dangerous sport activities: The **Insured** is required to check in the General Policy Conditions art. 5, letter j, the sports activities that are excluded from the insurance cover.

Health conditions: The General Conditions and Special Conditions in Section A – Medical Expenses (see art. 2) contain certain health conditions of travellers and/or other persons on whose wellbeing the trip may depend, whether or not they are insured on the same insurance policy, or even travelling with the Insured. Please check art. 5 and art. 7 of the General Conditions.

Insurance Services/Premium Options: For detailed information on the insurance services, you are invited to read carefully the General and Special Policy Conditions relating to the premium option you have chosen for each specific section.

Contractual validity: the policy is valid if issued for a person domiciled or resident in **Italy**. The insurance cover is valid and effective for trips starting in **Italy** provided that the policy is issued before the start of the trip.

Areas and Countries at risk: for Geographical areas where, environmental, meteorological, social, terrorist insurrection or conflict activities are ongoing, it may not be possible to purchase an **Insurance** contract. To find out whether the policy can be issued, you are advised to consult the website of the Ministry of Foreign Affairs www.viaggiare Sicuri.it and enter the Country to which you wish to travel. The **Company** does not cover Countries where the Ministry of Foreign Affairs advises against all but essential travel.

PRIVACY

Information issued to the interested party for the processing of personal, general and sensitive data for insurance purposes.

Under article 13 of Legislative Decree n° 196 of 30 June 2003 (hereinafter called "Law"), and in relation to the personal data to be processed, you are informed as follows

1. The processing of your requested or obtained personal data is intended exclusively for the **Company** for its insurance and reinsurance activities and associated activities that the **Company** is authorised to undertake under current legislation.
2. Processing can also be carried out without the aid of electronic or automated equipment and will involve the operations indicated in article 4, subparagraph 1, letter b) of the Law or parts thereof.
3. The provision of personal data is optional, unless required by specific regulations, such as legislation on money laundering, Central Criminal Injuries Database, Motor Vehicle Registry.
4. Disclosure refusal may render it impossible to sign or implement the contract or to handle and settle any claim made.
5. For the purposes described in point 1, your personal data may be communicated to other subjects in the insurance sector such as, for example: insurers, co-insurers and re-insurers; agents, sub-agents, producers, brokers and other distribution channels; technical, consultant and legal experts, service companies appointed to handle and/or settle claims, promotional or telemarketing campaigns or implement said activities; associated bodies (ANIA) and insurance sector consortia; external databases; ISVAP and Ministry of Productive Activities; CONSAP and UCI; external databases to which the communication of data is mandatory. In this case, the identity details of the other above-mentioned subjects and any licence holders can be obtained from the Public Records held by the "Guarantor for the protection of personal data" and from the above-mentioned subjects.
6. Personal data cannot be disclosed.
7. Personal data may be transferred outside the national territory for the purposes described in point 1.
8. Article 7 of the Law grants specific rights to the interested party, including those of obtaining from the holders confirmation of whether or not personal data concerning them exists and its communication in intelligible form; obtaining knowledge of the origin of the data and the logic and purpose of the processing; obtaining the deletion, conversion to anonymous form or blocking of data processed in violation of the law, as well as the update, correction or, if necessary, addition of data; oppose the processing for legitimate reasons.
9. The processing licence holder is the **Company**.

POLICY TERMS AND CONDITIONS OF GOUDSE SCHADEVERZEKERINGEN N.V. / VIAGGI SICURI VSE11A

The following Terms and Conditions from art. 1 to art. 14 apply to all the Sections of the Travel Policy offered by the **Company**.

GENERAL CONDITIONS

Art. 1 Persons insured

Insured subjects are the people who are named in the **Insurance** certificate, or those who are part of the group of people described in said insurance document.

Art. 2 Trip

a. The **Insurance** is granted for the specific Trip indicated in the Policy Certificate.

b. Business travel is guaranteed **with exclusion of the cover for all manual or dangerous activities carried out during the trip;**

c. Annual Multitrip policies allow the **Insured** to undertake unlimited trips during the year (the validity of the contract). Each trip must have a maximum duration of 30 consecutive days. If during the validity of the Annual Multitrip Policy, the **Insured** remains abroad for a period longer than 30 consecutive days, all the services arising from accidents occurring after the above-mentioned 30 days are not payable. By purchasing the additional Business cover, available with the purchase of the Gold Annual Multitrip Policy, the maximum duration of each trip is a total of 45 days. The Annual Multitrip Policies are not valid for trips made in **Italy**.

Art. 3 Start date and duration of the contract

The **Insurance** policy:

a. must be issued for the entire duration of the trip and before departure;

b. starts on the date and at the time stated on the policy certificate;

c. ends on the return to the **domicile** or residence in **Italy** and on the day stated in the policy certificate, and in any case no longer than the end date of the trip covered by the **Insurance**.

Art. 4 Premium

a. Pursuant to art. 1901, subparagraph 1 of the Civil Code, the **Insurance** shall take effect from the date and time indicated in the policy, if the premium has been paid, otherwise it shall take effect from the date and time of said payment, but in any case prior to the date of departure from **Italy**.

b. For the applicability of cover, the date of the Event shall apply.

c. If, at the time of a claim, the premium is as yet unpaid, the **Company** shall be deemed to be exempt from the provision of service where non-payment is attributable to the contractor.

d. the policy is not valid if purchased during the trip, after departure from **Italy**.

e. an extension of cover can be issued by sending an e-mail to **info@pkctravelinsurance.com** before the expiry date shown in the **Insurance** certificate.

Art. 5 Exclusions

The **Company** is not required to provide services or pay compensation for any claims caused or dependent on:

a. pre-existing illnesses, i.e. illness that is the expression or direct consequence of chronic pathological conditions or which occurred prior to the start date of cover and known to the **Insured and/or Contractor;**

b. acute illness or trips that have the sole purpose to undergo medical treatment/surgery and trips undertaken against medical advice;

c. terminal illness diagnosed before the issuing of the insurance policy;

d. mental illness, psychiatric disorders in general and nervous disorders, as well as Acquired Immune Deficiency Syndrome (AIDS);

e. intoxication, illnesses and accidents consequent to and arising from the abuse of alcoholic drinks and psychotropic drugs, as well as the non-therapeutic use of hallucinogens and narcotics;

f. illnesses caused by pregnancy after week 26 of gestation, and post-natal care;

g. birth and premature birth;

h. elimination or correction of physical defects or malformations pre-existing at the time of issuing the policy;

i. organ explantation and/or transplantation;

j. accidents deriving from winter sports and dangerous sports activities: mountain climbing with rock climbing or access to glaciers, trekking (above 1500 metres), ski-jumping or water skiing, the guiding and use of bobsleds and bobsleighs, all aerial activities with the sole exception of flying as a paying passenger on an authorised aircraft, hang-gliding, motor racing and competitions, rallying, motorcycle and motorboat activities, including associated training and trials, diving without safety equipment, speleology, boxing, canoeing and rafting, horse riding, hunting and shooting, hockey, American football, rugby, bungee jumping, skiing, snowboarding, weight-lifting and wrestling in its various forms, daredevil acts, and any accidents suffered as a consequence of professional sports activities, Safari, trips to areas that may compromise the safety of the **Insured** (savannah, forests, desert areas, etc.).

k. wilful or gross negligence of the **Insured**, suicide or attempted suicide;

l. war, (including civil, whether or not declared), strikes, revolutions, riots or popular movements, pillage, acts of terrorism, sabotage and vandalism, **Hijacking;**

m. direct or indirect consequences of atomic nucleus transmutation, radiation caused by the artificial acceleration of atomic particles;

n. any person who in the 12 months prior to the issue of the policy has been admitted to hospital or clinic;

o. any person receiving or on the waiting list to receive treatment in hospital or clinic;

p. claims not reported directly and in writing to **sinistri@pkctravelinsurance.com** by the deadlines stated in the individual sections of the Special Conditions;

q. infectious diseases where **Assistance** intervention is prevented by national or international regulations;

r. loss, destruction or damage caused directly by shockwaves caused by an aircraft and other aerial devices travelling at sonic or supersonic speed.

s. taxes, including airport taxes and insurance premiums;

- t. any damage caused by natural events, catastrophes, volcanic eruptions, earthquakes, floods, tsunamis.
- u. any request for compensation if the insurance cover is issued when the trip has already started and/or during the trip to which the cover relates, except in case of extension of the cover granted in good faith;
- v. any request for compensation for cancellation due to events for which it becomes impossible to undertake the trip and which was known at the time of booking.
- w. any request for compensation for cancellation caused by insolvency or breach of contract by the carrier or travel agent (airline, tour operator, etc);
- x. claims which occur in areas or countries considered at risk.

Art. 6 Limits and legal effects relating to all services

- a. If the **Insured** does not make use of one or more of the services and/or guarantees, the **Company** is not required to provide payment or alternative services of any kind in compensation.
- b. The **Company** assumes no liability for damage arising from a delay or failure to intervene due to instructions issued by the competent National or Foreign Authorities, chance circumstances or force majeure or unexpected or incomplete information given by the **Insured and/or Contractor**.
- c. The **Company** declines any liability for delays or failures that may arise during the execution of services, if due to force majeure.
- d. Transfers arranged by the **Company** via **Medi-call S.r.l.** are made using the most appropriate means of transport in relation to the journey to be undertaken and the health conditions of the **Insured**.

Art. 7 Uninsurable persons

- a. Regardless of the specific assessment of the state of health, persons suffering from AIDS, alcoholism, drug dependence, or one of the following mental disorders are not insurable: organic cerebral syndromes, schizophrenic disorders, paranoid disorder, manic depressive forms. If one or more of the above-mentioned illnesses or conditions arises during the contract, the provisions of art. 1898 of the Civil Code shall apply.
- b. Persons not domiciled or resident in **Italy** cannot be insured;
- c. Persons aged 66 years cannot be insured. However, for those who reach this age during the contract, the **Insurance** shall remain valid until the expiry of the policy, as specified in art. 3 of the General Conditions.
- d. Persons aged 36 years cannot be insured under the "Student" policies.

Art. 8 Reporting a claim and subsequent obligations of the Insured

When a claim arises, the **Insured and/or Contractor** must notify the **24h Emergency Service** by telephone and in writing in accordance with the procedures laid down in the individual Sections of this policy (paragraph : "Obligations of the **Insured and/or Contractor** in case of claims arising"). In addition, he must make every effort to avoid or diminish the damage, under the terms of art. 1914, subparagraph 1, of the Civil Code. The **Insured and/or Contractor** acknowledges the right of the **Company**, to request, in order to facilitate settlement of the claim, further documentation than that indicated in the relevant Section of the Terms and Conditions, thereby undertaking to send it promptly. Vis-à-vis the **Company**, the **Insured and/or Contractor** exempts from professional secrecy the doctors who examine them before and after the accident.

Failure to comply with any one of the preceding obligations may result in the total or partial loss of the right to compensation, pursuant to article 1915 of the Civil Code.

Art. 9. Right of recourse

Pursuant to art. 1916 of the Civil Code, the **Company** is entitled to the right of subrogation towards liable third parties.

Art. 10. Statements about the circumstances of risk

Inaccurate or incomplete statements by the **Insured and/or Contractor**, relating to the circumstances affecting the risk assessment, may involve total or partial loss of the right to **Assistance** or to compensation, where applicable, as well as the cessation of the **Insurance** pursuant to articles 1892, 1893 and 1894 of the Civil Code.

Art. 11 Statute of Limitations

The rights, pursuant to art. 2952 of the Civil Code, deriving from the **Insurance** contract (1882 and subs.) are limited to two years from the day of the event on which is based the right to **Assistance** and/or compensation. In personal liability **Insurance**, the period runs from the day on which the injured third party has requested the **Insured and/or Contractor** for compensation or has taken legal action against the latter.

Art. 12 Changes to the Insurance, special clauses or agreements - method of communication by the Insured and/or Contractor

Any changes to the **Insurance** must be confirmed in writing. All communications that the **Insured and/or Contractor** must undertake, in order for them to be valid, must be signed and sent to the **Company** and formally accepted by the latter.

Art. 13 Other insurances

The **Insured and/or Contractor** must notify the **Company** in writing of the existence of any other insurance policies covering the same risk and in case of a claim, inform all the Insurers communicating to each the name of the others, as laid down in art. 1910 of the Civil Code. If the insured and/or contractor wilfully omits to give the requisite notification, the insurers are not bound to pay compensation.

Art. 14 Applicable law and reference to legislative regulations

This **Insurance** is governed by Italian law. For any matter not otherwise regulated herein, the legal provisions shall apply. All disputes relating to this contract are subject to Italian law.

SECTION A – MEDICAL EXPENSES

Special conditions

Cover is provided for the amounts indicated in the Schedule of Cover and if the relevant premium has been paid.

ANY COST WITHIN THIS SECTION MUST FIRST BE AUTHORISED BY MEDI-CALL S.R.L. WHICH OPERATE 24 HOURS A DAY, 365 DAYS PER YEAR. IN CASE OF A CLAIM ARISING, AND BEFORE ANY PERSONAL INTERVENTION, THE INSURED MUST IMMEDIATELY CONTACT MEDI-CALL S.R.L. ON + 39 06 855 82 03 CONTACTING MEDI-CALL S.R.L. BEFORE ADMISSION TO ACCIDENT AND EMERGENCY OR HOSPITAL WILL

ENABLE THE ACTIVATION OF THE NECESSARY CARE PROCEDURES AND/OR GUARANTEE OF PAYMENT TO THE HOSPITAL ABROAD.

1. What is covered

In case of acute and unforeseeable illness or accident sustained by the **Insured** outside **Italy**, the **Company** will pay, up to the sum stated in the Schedule of Cover, expenses listed below which have been authorised and approved by **Medi-call S.r.l.** for necessary treatment that cannot be postponed:

- a. ambulance;
- b. admission to hospital or clinic, including surgery;
- c. outpatient treatment (outpatient medical examinations, diagnostic procedures and laboratory tests), provided they are relevant to the illness or accident reported;
- d. drugs prescribed by the treating physician in loco, provided they are relevant to the illness or accident reported;
- e. urgent dental treatment for the sole purpose of inducing an immediate analgesic effect, up to a maximum of € 400.

Exclusions

The **Insurance** does not cover:

- a. treatments that are the sole purpose of the trip
- b. medical expenses incurred by the **Insured** in **Italy**;
- c. medical expenses incurred after the return from the trip to one's own country of residence;
- d. expenses considered non-routine, reasonable or normal for medical services and/or their provision;
- e. expenses for ongoing or non-essential therapies and other costs, or treatments that could reasonably be postponed until the return of the **Insured** to **Italy**;
- f. plastic surgery;
- g. heart surgery operations, unless previously authorised by the **Company**;
- h. the cost of a private room;
- i. the supply of artificial limbs, wheel chair, dental prosthesis, hearing aids, sight prostheses and aids;
- j. medical expenses following accidents that occurred either while driving or as a passenger on a moped, scooter or motorbike which has an engine size over 125 cc.;
- k. medical expenses following accidents that occurred during the period of the trip if during that period manual or hazardous work was undertaken.
- l. medical expenses if the **Insured** engages in **Hazardous Activities**;
- m. treatment for tropical diseases if the **Insured** has not taken the recommended or compulsory prophylactic measures;
- n. pregnancy or other pathological conditions consequent thereto, beyond week 26 of gestation, and post-natal care.
- o. birth or premature birth;
- p. requests for compensation deriving directly or indirectly from recourse to artificial fertilisation techniques (IVF) or any type of fertility treatment;
- q. treatment prescribed by a doctor, known to the **Insured** from the time of departure, to be taken during the trip;
- r. health costs relating to accidents or diseases caused by mental illness or loss of consciousness, if due to the consumption of alcohol, drugs, sedatives, sleeping pills or other substances, psychoanalysis, psychotherapeutic or hypnotherapy;
- s. acupuncture, mud baths, massages, services of a chiropractor, chiropodist, osteopath or costs of a non-medical nature;
- t. over the counter medicines or self-medication;
- u. any expense where the **Insured** has not advised Medi-call S.r.l. of admission to hospital (including Day Hospital admission) or treatment in an Emergency Room;
- v. costs incurred when the **Insured** has already been declared able to travel from the medical point of view (Fit to fly) in agreement with the doctors who treated him and the doctors of **Medi-call S.r.l.**
- w. infectious diseases where transportation of the **Insured** implies violation of national or international regulations;
- x. all cases where the **Insured** or his family members voluntarily sign the discharge form against medical advice of the hospital practitioners to which the **Insured** is admitted.
- y. disability or injuries which, in the judgement of the doctors, are treatable in situ during the trip or which, in any case, do not prevent its continuation;
- z. unless otherwise specified in this Section, reference should be made to the other exclusions in the General Conditions, art. 5.

3. Obligations of the Insured in case of a claim arising

3.1 The Insured, or person acting for them, must:

a) For trips to **USA/CANADA/CARIBBEAN** you must contact **Medi-call S.r.l.**:

- Immediately before hospitalisation, admittance to ER/Casualty or for outpatient treatment in order to enable the emergency service to take charge of, or guarantee payment to the hospital abroad.
- In case of medical repatriation.
- In case of Curtailment .

b) **For all other destinations** (Worldwide excluding USA/CANADA/CARIBBEAN) you must contact **Medi-call S.r.l.**:

- Immediately before hospitalisation, admittance to ER/Casualty or for outpatient treatment should the estimated cost exceed € 300 in order to enable the emergency service to take charge of, or guarantee payment to the hospital abroad.
- Authorisation from the 24h Emergency Service is not required where cost of treatment is under €300. Please keep all receipts for treatment and purchase of medicines.
- In case of medical repatriation.
- In case of Curtailment .

If Medi-call S.r.l. is not previously contacted, the medical expenses cover may not be guaranteed, except in cases where this is proven to be impossible for serious health reasons (e.g. coma).

3.2 The Insured must provide **Medi-call S.r.l.** with information about the ongoing problem, name and telephone number of the hospital/doctor currently providing treatment, and their regular or family physician in **Italy**.

3.3 The **Insured** must send the certified copy of the medical record, as well as the originals of invoices, billing notices, receipts;

3.4 Failure to comply with any one of the preceding obligations may result in the total or partial loss of the right to compensation, pursuant to article 1915 of the Civil Code.

3.5 In Countries of the European Union, the **Insured** undertakes to use the EHIC (European Health Insurance Card). The EHIC must be shown to the health care centre where the patient has been admitted.

4. Excess

a. From the compensation payable for medical expenses incurred for each **Event** an **Excess** of € 80 per person and per event will be deducted, which shall remain for the account of the **Insured and/or Contractor**.

b. The **Excess** will not be applied if the optional additional **Excess Waiver** has been purchased.

SECTION B – ASSISTANCE IN EMERGENCY MEDICAL SITUATIONS

Special conditions

Cover is provided for the amounts indicated in the Schedule of Cover and if the relevant premium has been paid

1. What is covered

The **Company** provides **Assistance** 24 hours a day via **Medi-call S.r.l.** in the following cases:

a. Repatriation: in accordance with the specific applicable conditions and in consideration of the state of health of the **Insured** and degree of need, subject to the agreement of the doctors, **Medi-call S.r.l.** will arrange repatriation of the **Insured** to the place of residence or the nearest suitable treatment centre. **Medi-call S.r.l.**, at its sole discretion, will identify the most suitable means of transport and bear the cost of the return.

b. Extension of stay: if it is not possible to transport the **Insured** due to an accident or a serious illness that occurred during the trip, and it is not possible to continue the trip as planned, the **Company** will pay the **Insured** the additional cost of the stay. The reimbursement of the afore-mentioned expenses will be based on the standard (type, class) of the original booking.

c. Travel of a family member: the expenses incurred by a **Close Relative** or **Travelling Companion** who, at the request of the doctor and authorised by the **Company**, will assist or accompany you to your **Domicile**. The **Company** will pay the family member a return economy class ticket to join the **Insured**. The accommodation costs of the family member will be reimbursed up to a maximum of € 1,000.

d. Repatriation with an attending doctor: the expenses for a qualified attending doctor at the request of the treating doctor and authorised by the **Company** to accompany you to your **Domicile**.

e. Repatriation of remains: if the **Insured** dies during the trip, **Medi-call S.r.l.**, at the request of the next of kin, will organise the repatriation of the remains to **Italy** and will bear the necessary costs. Expenses relating to the funeral are excluded from cover. Transport is undertaken in accordance with international laws. If burial takes place abroad, in the country where death occurred, the maximum sum covered shall be **€ 2,600**.

f. Search, rescue and recovery: in case of search, rescue or recovery operations of the **Insured** following an accident, the **Company** will bear the costs thereof up to a **maximum sum of € 5,000**.

g. Guarantee for the payment of hospital costs: **Medi-call S.r.l.** can, if necessary, guarantee to the hospital or clinic, payment of medical costs up to the amount stated in the Schedule of Cover.

2. Exclusions

2.1. The **Company** is not bound to pay compensation in substitution of the **Assistance** cover due, because of actions attributable to the **Insured** or as a result of force majeure or for the reasons described in art. 2.2 below.

2.2 The **Company** cannot be held liable for:

a. any additional cost or admission to hospital not specifically authorised by the **Company** or by **Medi-Call S.r.l.** operating 24 hours a day;

b. delays or impediments in the execution of the agreed services due to force majeure or to provisions of the local Authorities;

c. errors, mistakes or any other type of inaccuracy occurring during the execution of agreed services and that have compromised the use thereof in whole or in part if this is due to inaccurate communications received from the **Insured**;

d. failure to contact **Medi-Call S.r.l.** or, in any case, initiatives adopted by the **Insured** without the prior authorisation of **Medi-Call S.r.l.**

The following are also excluded from the Insurance:

e. infectious diseases, where transport implies the violation of national or international health regulations;

f. disability or injuries which, in the judgement of the doctors of **Medi-Call S.r.l.**, can be treated in situ or that do not prevent the **Insured** from continuing the trip;

g. all cases where the **Insured** or his family members voluntarily sign the discharge form against medical advice of the hospital to which the **Insured** is admitted;

h. unless otherwise specified in this Section, please refer to the other exclusions in the General Conditions, art. 5.

3. Obligations of the Insured in case of a claim arising

a. Before taking any action on **your** own behalf, **you** must immediately contact **Medi-Call S.r.l.**, indicate the type of **Assistance** required, as well **your** personal details, address and telephone number of where **you** are calling from, to enable **Medi-Call S.r.l.** to call back immediately, and **you** must comply with the instructions **you** are given.

b. Failure to comply with any one of the preceding obligations may involve the total or partial loss of the right to **Assistance** services, pursuant to article 1915 of the Civil Code.

SECTION C – TRIP CURTAILMENT

Special Conditions

Cover is provided for the amounts indicated in the Schedule of Cover and if the relevant premium has been paid.

1. What is covered

The **Company** shall compensate the **Insured** up to the maximum sum, in the event that one of the following damaging events occurs as described in detail in art. 2 below, for:

- a. curtailment of the trip;
- b. unused services if:
 - the **Event** that caused the damage was unforeseeable at the time that the trip was booked;
 - completion of the trip which had been booked prior to departure from Italy, had become impossible or at least too difficult to undertake following the **Event** insured.

2. Insured Events

The **Events** referred to in the previous article are only insured if caused by:

- a. accident or serious illness that require curtailment of the trip;
- b. unforeseeable serious illness or death of a Close Relative where the Close Relative resides in **Italy**.

3. Curtailment: travel costs

The **Company** will reimburse reasonable additional curtailment costs of the same standard (standard means type, class and, in general, any other characteristic) as that previously booked, if the trip cannot be completed due to one of the insured **Events** described in art. 2 above.

4. Unused services

The **Company** shall reimburse the cost of the trip relating to unused services if the trip is curtailed early due to one of the insured **Events** or in case of medical repatriation of the **Insured** and/or their **travelling companion** up to the maximum sum stated on the Schedule of Cover and if the prepaid expenses are irrecoverable.

5. Exclusions

The **Insurance** is operative:

- a. in the absence of the original documentation of the costs incurred;
- b. due to trip curtailment not reported in advance, authorised and approved by **Medi-Call S.r.l.**;
- c. unless otherwise specified in this Section, reference should be made to the exclusions in the General Conditions, art. 5.

6. Obligations of the Insured in case of a claim

Any curtailment must be authorised and organised by the 24h Emergency Service.

The **Insured** must alert **Medi-Call S.r.l.** promptly if one of the afore mentioned events occur. In order to obtain authorisation to curtail, Medi-call S.r.l. should be contacted by telephone within 24 hours. A written report with substantiating documentation must subsequently be sent within 31 calendar days from the return to **Italy**.

6.1 The **Insured** must provide **Medi-Call S.r.l.** with the following original documentation:

- a. **Insurance** certificate, booking documentation and invoices;
- b. in case of serious and unforeseeable illness of a Close Relative, a medical certificate specifying the diagnosis, pathology and prognosis; in case of death, a death certificate.

6.2 Failure to observe any one of the obligations mentioned in the previous paragraphs may result in the total or partial loss of compensation, as per art. 8, final subparagraph of the General Conditions.

7. Excess

This **Cover** is provided with an **Excess** of €80 per person payable by the **Insured** unless the optional cover **Excess Waiver** was purchased.

SECTION D – PERSONAL ACCIDENT

Special Conditions

Cover is provided for the amounts indicated in the Schedule of Cover and if the relevant premium has been paid.

1. What is covered

The **Insurance** provides cover if the **Insured** is victim of an accident caused solely by accidental, violent and external impact with a visible object and said accident is the direct and single cause of the death or permanent disability of the **Insured** within 12 months of the event, he will receive compensation in conformity with the insured sums indicated in the Schedule of Cover relating to the specific cover purchased and if the relevant premium has been paid.

- a. Death
- b. Permanent loss due to physical amputation of a hand or foot at or above the wrist or ankle, or total and permanent loss of the use of an entire hand or arm or an entire foot or leg, or total and irrecoverable loss of sight in one or both eyes.
- c. Total and permanent disability – Permanent and absolute incapacity of the **Insured** to carry out a commercial or gainful occupation of whatever kind for 12 months and where, at the end of said period, there is no possibility of improvement as confirmed by a medical specialist appointed by **Us**.

2. Limitations

Without prejudice to the sums insured and the maximum sum refundable, the **Insurance** operates within the following limits:

- a. if the **Insured** is under 18 years of age, the sum in point 1 is limited to € 3,500;
- b. if the **Insured** has reached 65 years of age, point 1/a is limited to € 3,500; and points 1/b and 1/c do not apply;

Please Note: The articles in point 2/a and 2/b mentioned above, are based on **the Insureds age** at the time that the **Outward Trip** starts.

3. Exclusions

Events caused by the following are excluded from the **Insurance**:

- a. ongoing serious medical conditions, chronic or recurrent, that occur prior to the date of issue of the Policy;
- b. medical conditions that occur after the date of issue of the policy, unless said condition is promptly declared and accepted by the **Company**;
- c. mental disorders, apoplectic fits, convulsions and other mental pathological conditions, as well as inebriation, psychotropic drug abuse, use of narcotics and hallucinogens;
- d. if driving or a passenger on a moped, scooter or motorbike which has an engine size over 125 cc.; all aerial activities with the sole exception of flying as a paying passenger on an authorised aircraft, and sports activities, **Hazardous Activities**, including daredevil acts as set out in the list in art. 5 letter j of the General Conditions;

- e. injuries due to health treatments, surgery, radiation or infections, except where they are due to an accident;
- f. the wilful participation of the **Insured** in criminal acts, whether committed or attempted;
- g. the wilful participation in **Hazardous Activities** that may imperil the safety of the **Insured**, including manual labour, excursions, safaris and other similar activity where contact is possible with wild and/or dangerous animals.
- h. Unless otherwise specified in this Section, reference should be made to the other exclusions in the General Conditions, art. 5.

4. Uninsurable persons

The provisions of art. 7 of the General Conditions shall apply to this **Cover**.

5. Obligations of the insured in case of accident

- a. In case of accident, following telephone contact with **Medi-Call S.r.l.**, the **Insured** (or the beneficiaries in case of death) must send as soon as possible to **Medi-Call S.r.l.** a written report with a detailed description of the **Event**, giving the place, day and time thereof, together with a medical certificate and the report of any authority involved.
- b. The cause of the injury must be certified by further medical documentation until the condition is completely cured or stabilised.
- c. In case of admission to a hospital or clinic, the **Insured** must send a certified copy of the original of the medical records and any document, whether medical or not, required by **Medi-Call S.r.l.**
- d. The **Insured** or the beneficiaries must, in any case, allow **Medi-Call S.r.l.** to undertake investigations, evaluations and tests, including those of a medical nature, on the **Insured**, considered necessary in the judgement of **Medi-Call S.r.l.** to determine the amount of compensation.
- e. Failure to comply with the obligations relating to the reporting of the accident and/or subsequent obligations, as per the previous subparagraphs may result in the total or partial loss of the right to compensation, pursuant to art. 1915 of the Civil Code.

7. Cumulative risk

If the **Event** involves more than one Insured person, the maximum disbursement by the **Company** cannot exceed the sum of € 400,000 in total. In the event that the total sum of the **Event** exceeds this figure, the surplus cost shall be paid by the insured parties involved in said **Event** and divided proportionately between them.

SECTION E – TRAVEL DELAY AND MISSED DEPARTURE

Special Conditions

Cover is provided for the amounts indicated in the Schedule of Cover and if the relevant premium has been paid.

1. What is covered

The **Company** shall reimburse the costs incurred by the **Insured** as a consequence of:

- a. Travel Delay
- b. Missed Departure.

2. Travel delay (Individual and Family Gold Policy/Deluxe Student Policy an Annual Multitrip Policy only)

If, due to a strike, union dispute or adverse weather conditions with consequent disruption to the timetables of scheduled public transport, which has been **Booked in Advance** by the **Insured**, or due to malfunction/breakdown of road, train, air or boat public transport, **Booked in Advance** by the **Insured**, occurring after the start of the insurance cover, the international arrival time of the **Outward/Return Trip** occurs more than 8 hours after the arrival time stated on the **Insureds** ticket or as per the itinerary established by the Tour Operator or Travel Agent, the **Insured** will be compensated as follows:

- a. Travel delay – a sum as laid down in the Schedule of Cover for the first full 8 hours and for each subsequent 12 hour period, up to the maximum sum stated in the Schedule of Cover, or
- b. Cancellation – the **Insured** has the right to cancel the trip before the start of the **Outward Trip** following a delay of more than 24 hours. **The Company** will reimburse **the Insured** for any irrecoverable travelling costs or penalties paid for accommodation, or other costs prepaid in **Italy** prior to departure. In this case an excess will be charged equivalent to 15% of the amount of the penalty (with a minimum of € 80.00 per **Insured**).

3. Missed Departure.

If the **Insured** fails to appear at the international departure point due to delay and misses the booked trip because of accidents or electrical or mechanical breakdown of the means of transport being used, cover operates as follows:

- a. with regard to **the Insureds** journey to the international departure point before the start of the **Outward Trip from Italy**;
 - b. with regard to **the Insureds** journey to the international departure point before the start of the **Return Trip to Italy**;
- **The Company** will reimburse **the Insured** up to the limit specified in the Schedule of Cover for additional travelling costs necessarily and reasonably incurred for the purchase of another ticket for travel.

4. Obligations of the Insured in case of a claims arising

- a. The **Insured** must make every effort to arrive at the departure point before or at the time stated on the itinerary, ensuring that, where it is necessary to use a means of transport to reach the departure point, the chosen means is in good condition and is suitable for the journey and that the journey to the departure point starts in good time.
- b. If the means of transport does not enable the departure point to be reached due to a chance **Event**, force majeure or malfunction thereof that occurs during the journey to the departure point, the **Insured** must provide documentary evidence of this.
- c. In case of a breakdown of the means of transport, the **Insured** must produce documentation detailing the extent of the delay.
- d. In compliance with art. 2 above, the **Insured** must check in as directed in the travel itinerary of the Tour Operator or Carrier, and obtain written confirmation specifying the reason and exact duration of the delay from the Tour Operator or Carrier.
- e. Failure to comply with any one of the preceding obligations may result in the total or partial loss of the right to compensation, pursuant to article 1915 of the Civil Code.

5. Excess

- a. in case of Cancellation of the Trip following a delay of more than 24 hours, an **Excess** shall be applied, equivalent to 15% of the Cancellation penalties, with a minimum of € 80.00 for each **Insured**;
- b. in case of Travel Delay, no **Excess** is applicable;
- c. in case of Missed Departure, an **Excess** of € 80.00 is applied for each **Insured**;
- d. the **Excess** will not be applied if the optional cover (**Excess Waiver**) is purchased at the time of purchasing the policy.

6. Exclusions

The **Insurance** does not cover:

- a. cancellation of the service, temporary or otherwise, of a means of public transport, on the recommendation of the civil aviation body or port authority or similar body in any country;
- b. circumstances that could have easily been foreseen or mass action (**Strike**) announced in the media;
- c. in compliance with art. 3, the internal legs of the trip, stopovers or connections;
- d. any **Event** arising as a result of inability of a carrier to guarantee any part of a booked trip;
- e. unless otherwise specified, please refer to the other exclusions in the General Conditions, art. 5.

SECTION F – PERSONAL LIABILITY

Special conditions

Cover is provided for the amounts indicated in the Schedule of Cover and if the relevant premium has been paid.

1. What is covered

The **Insured** will be compensated for all the sums payable for which they have personal liability for events that occurred during the **Insurance Period** which caused:

1.1 Physical injuries or death of any person who is not a member of **the Insureds Family, Travelling Companions** or persons employed by the **Insured**.

1.2 Damage to property:

- a. not belonging to the **Insured**, or
- b. in the charge of or under the control of **You** or a member of **Your** household or of a person in **Your** service

1.3 The above-mentioned cover are provided up to the maximum sum indicated in the Schedule of Cover.

2 Limitation on travel to the USA and Canada

For accidents occurring in the USA and Canada, **Cover** is provided within the limit of 80% of the maximum sum of the policy and with the exclusion in any case of punitive or exemplary damages.

3. Exclusions

Cover does not include damage deriving from:

- a. contractual liability as the **Insurance** is limited to extracontractual liability due to an illegal act;
- b. the exercise by the **Insured** of a professional or working activity, whether private or public, the undertaking of positions, including honorary, the engagement in and/or organisation of **Hazardous Activities** or unusual activities;
- c. actions between insured persons named on the same Certificate, **Travelling Companion**, the spouse/parents/children of the **Insured**, persons employed by the **Insured** as well as those booked on the trip at the same time;
- d. transmission of a disease by the **Insured**;
- e. ownership, possession and use of animals and possession of firearms;
- f. ownership, possession, use or occupation for dwelling purposes, by the **Insured**, of any land or structure, except where used temporarily for travel purposes;
- g. ownership, use and driving of a motor vehicle, aircraft, motor boat, sailing boat;
- h. hunting, boxing and wrestling in their various forms, as well as participation in competitions and horse, bicycle, motor vehicle racing, windsurfing, jet skiing, sailing, horse-riding;
- i. The exclusion for all the afore-mentioned risks, extends to all training and preparation;
- j. loss, theft or damage to the property of third parties that are in the hands or in the safekeeping of the **Insured**, in whatever capacity or purpose, including the fixtures and fitting of hotel rooms;
- k. any **Event** where the **Insured** admits liability without first having received the consent of the **Company**;
- l. unless otherwise specified, reference should be made to the exclusions in the General Conditions, art. 5.

4. Excess

- a. An **Excess** is applied to each claim, in the amount of € 500, payable by the insured.
- b. The **Excess** will not be applied if the optional cover has been purchased (**Excess Waiver**) at the time of purchase of the policy.

5. Obligations of the Insured in case of a claim arising

- a. In case of accident, the **Insured** must contact **Medi-Call S.r.l.** on + 39 06 855 82 03 within 3 days from when the accident occurred or when it came to their attention.
- b. The **Insured** must take follow-up action as soon as possible by sending further details and information on the facts on how the damaging event occurred which came to his attention, as well as the documents, in particular the compensation applications of the third party, and all legal acts (citations, payment injunctions, etc.) relating to the accident which subsequently come into his possession.
- c. If the **Insured** omits or wilfully or fraudulently delays the submission of the damage report and the sending of the subsequent documentation, the **Company** has the right to refuse or reduce payment of the damage in relation to the prejudice incurred, pursuant to art. 1915 of the Civil Code.
- 6. Limitation:** art. 11 of the General Conditions shall apply.

SECTION G – PERSONAL POSSESSIONS AND DELAYED BAGGAGE

Special conditions

Cover is provided for the amounts indicated in the Schedule of Cover and if the relevant premium has been paid.

1. What is covered

The **Company** shall compensate the **Insured** for the following risks:

a. loss, theft or damage of personal possessions, baggage, clothing items and personal effects belonging to the **Insured** up to the maximum sum stated in the Form. Please Note: the assets insured shall be settled by compensation and not on the basis of new or replacement cost.

b. In the event that the **Insured** is temporarily without personal baggage during the **Outward Trip** for a period longer than 12 hours from the time of arrival at destination, due to delayed delivery by the airline, bus or rail company, compensation shall be paid for the purchase of **Basic Necessities** up to the maximum amount stated in the Schedule of Cover.

2. Compensation eligibility criteria

2.1 In case of claim, the **Company** shall provide reimbursement up to the maximum sum, based on the following criteria:

a. For property destroyed, lost or stolen, the current value.

b. For damaged property, the compensation shall represent the cost of repair where this does not exceed the current value and in this case the limit of compensation cannot be greater than said value.

c. The damage shall be settled, taking into account the sum reimbursed by the airline, accommodation facility or tourist organisation responsible for the damage and will be paid up to the sum insured as indicated in the Schedule of Cover.

2.2. Without prejudice to the sums insured and the maximum reimbursable amount, the **Insurance** is valid within the following limits:

a. The maximum reimbursable sum for each item, pair or set, is specified in the Schedule of Cover.

b. The liability of the **Company** with regard to **Valuables**, is limited to the total sum indicated in the Schedule of Cover.

c. The liability of the **Company** relating to contact or corneal lenses, spectacles for which a medical prescription is required is limited to the maximum reimbursable sum per item, pair or set, as specified in the Schedule of Cover of the policy purchased. A camera or video camera complete with all accessories, bracelet or necklace with a set or any similar item or pair of items shall be considered as a single item.

d. filming and photography equipment is only guaranteed if carried by the **Insured**.

e. The liability of the **Company** regarding **Sports equipment** is limited to a total of € 300.

f. The liability of the **Company** relating to golf equipment (if the correct premium has been paid) is limited to the sum of € 1,000 with a sublimit of € 300 for each individual item. If the **Insured** is temporarily without golf equipment for a period of more than 24 hours from the time of arrival at destination due to delayed delivery by the airline carriers, compensation of € 30 will be paid for each full 24 hour period, up to a maximum of € 300.

g. If at the time of loss or damage, the value of the **Insured's** property is greater than the sum insured under this section, the **Insured** shall be considered as their own insurer for the difference and, consequently, shall bear the cost of proportional amount of the loss.

h. The total reimbursable sum for obtaining a new passport to enable the **Insured** to return to **Italy** shall be € 200;.

i. For all items for which it is not possible to provide a receipt, the **Company** will reimburse a maximum of € 50 per item, up to a maximum compensation of € 100.

j. The amount paid to the **Insured** will be calculated taking into account compensation received from other parties such as airline, hotel etc., and up to the amount insured as per the Schedule of Cover.

k. Jewellery is covered only if it has been kept in a locked safe or worn or transported in a secure manner by the **Insured**;

l. In the event that the **Baggage** is permanently lost, the sum already paid for **Delayed Baggage** will be deducted from the final compensation.

3. Exclusions

The **Insurance** does not cover:

1. Loss or theft, unless:

a) The **Insured** has been the victim of an **assault/mugging**.

b) The **Insured** has reported the loss or theft to the nearest Police station within 24 hours of identification of when the **Event** occurred.

c) The **Insured** has obtained a written police report.

2. loss or damage that occurred whilst the item was in the custody of the carrier, unless the carrier can prove that the **Insured** reported an irregularity with regard to the property (P.I.R. – Property Irregularity Report Form).

3. loss or damage caused by wear and tear, detriment or deterioration, cleaning, repair or renovation, atmospheric or climatic conditions, clothes moths or parasites, electrical, mechanical failures or breakdowns;

4. loss, theft or damage to dental prostheses, hearing aids, mobile telephones, computers and computer peripherals, money in any form, bonds, vouchers, sureties, stamps or documents of any kind, vehicles or accessories, antiques, musical instruments in the safekeeping of other persons in addition to **You**, paintings, **Sports Equipment** while you are using them, boats and/or auxiliary equipment, including surfing, windsurfing and sailing equipment, camper van and caravan awnings, glass, porcelain china, perishable goods or other fragile and breakable goods.

5. Loss or damage to property sent as goods or with a Bill of Lading.

6. loss or damage to property or items borrowed or hired.

7. loss due to delay, detention, confiscation, requisition or damage by customs or other officials or authorities.

8. theft of **Personal Possessions and Baggage** from inside the vehicle if:

a) it was not locked;

b) it was not broken into;

c) the **Personal Possessions and Baggage** was visible from outside the vehicle;

d) the theft was between 21.00 and 09.00.

9. loss, theft or damage to items carried on a vehicle roof-rack;

10. loss or theft with forced entry from an unattended motor vehicle unless the items have been locked in the boot or glove compartment. **Valuables** are not covered. The loss or theft must be confirmed in a written police/local authority report;

11. Any claims due to loss, theft or damage of valuable items/jewellery whilst engaging in any activity in water or in a related area (sea, beach, swimming pool or water parks, etc);

12. theft of property left unattended unless they have been left in the **Insureds** locked holiday accommodation and there has been a break-in substantiated by a report made to the local Police.

- 13. loss or theft of **Valuables** in a suitcase or travel bag, handbag or similar container, if included in the baggage delivered to the carrier or to third parties or if the **Insured** has not taken reasonable care;
- 14. liability relating to a pair or set of items is limited to the part lost or damaged;
- 15. telephone calls and/or travel costs, except those necessary to obtain a replacement passport as indicated above;
- 16. property for which the **Insured** are unable to produce a receipt of purchase will be compensated up to a total of €100;
- 17. any claim for which we believe the **Insured** have not shown reasonable care in protecting their property and they have acted as if they were not insured;
- 18. damage to suitcases, travel bags or similar baggage, unless the damaged item is unusable;
- 19. loss, theft or damage to samples or commercial items, or property used for **the Insureds** commercial or financial activities unless the Business Extension has been purchased and the relevant premium paid;
- 20. damage caused by broken glass or bottles, leaks of powder or liquids from containers placed in **the Insureds** baggage, perishable items or any other fragile item;
- 21. unless otherwise specified, reference should be made to the other exclusions in the General Conditions, art. 5.

4. Excess

- a. Any personal **Baggage** claim shall carry an **Excess** of € 80 per **Event** and per person.
- b. For golf equipment the **Excess** will be € 100 per **Event** and per person.
- c. For **Valuables** the **Excess** is € 80 per **Event** and per person.
- d. For **Travel Documents** the **Excess** is € 80 per **Event** and per person.
- e. In case of delayed delivery of the Baggage no excess is applicable;
- f. the **Excess** will not be charged if the optional cover (**Excess Waiver**) was purchased at the time of signing of the policy.

5. Obligations of the Insured in case of a claim

The **Insured** must take all necessary precautions to take care of the insured property.

5.1. The **Insured** shall be responsible for sending us a report from the Competent Authorities relating to the claim forwarded under this section of the Certificate.

5.2 In case of damage and/or loss of baggage handed over to the carrier, the following should be attached to the claim:

- a. copy of the Property Irregularity Report (P.I.R.) issued by the airports' Lost & Found.
- b. copy of the claim letter sent to the carrier requesting compensation and reply from said carrier.
- c. Written confirmation from the carrier with documentation detailing the exact duration of the delay.

5.3 In case of delayed delivery of the **Baggage**, the **Insured** must supply the receipts documenting the cost and nature of the **Basic necessities** purchased in order to forward the claim, together with written confirmation of the exact duration of the delay. If the baggage is permanently lost, the sum already paid for Delayed Baggage will be deducted from the final compensation.

5.4 In case of **Personal Possessions** and/or **Baggage** theft or damage caused by criminal action, the **Insured and/or Contractor** must submit by registered letter with receipt notification within 31 days of the return to **Italy**, the following documentation:

- a. original copy of the incident report issued by the Competent Authority, containing the full list of items stolen or damaged;
- b. original invoices, receipts, showing the type and value of the damaged or stolen goods and their date of purchase;
- c. repair invoice or declaration of irreparability of the items damaged or stolen written on headed paper by a dealer or specialist in the sector.
- d. in case of Delayed **Baggage**, the **Insured** must obtain the relevant documentation proving the extent of the delay (e.g. delivery receipt issued by the courier to the hotel).

5.5. In case of **Personal Possessions** and/or **Baggage** loss or damage by the airline, in addition to the documentation required at point 5.4, the following is required:

- a. copy of the Property Irregularity Report (P.I.R.) made immediately at the airports' Lost & Found office for both lost or delayed **Baggage**;
- b. copy of the claim letter sent to the airline requesting compensation and the reply from said carrier.
- c. written confirmation from the carrier detailing the exact duration of the delay.

5.6 Failure to comply with any one of the preceding obligations in art. 5 may result in the total or partial loss of the right to compensation, pursuant to article 1915 of the Civil Code.

6. Wilful or gross negligence of the Insured

The **Company** is not obliged to pay compensation for damage caused by wilful or gross negligence of the Contractor and the **Insured**, as laid down in art. 1900, subparagraph 1, of the Civil Code.

SECTION H – MUGGING BENEFIT

Special conditions

Cover is provided for the amounts indicated in the Schedule of Cover and if the relevant premium has been paid

1. What is covered

The **Company** will pay compensation for any personal injuries arising from mugging during the **Insurance** period involving admission to hospital abroad:

€ 70 for each 24 hour period of hospital stay, up to the maximum sum specified in the Schedules of Cover, provided that the **Event** is reported to the local Police and that said Police issues a report and /or certification of the acceptance of the report/complaint by and no later than 24 hours after the incident occurs.

2. Exclusions

The **Company** does not cover:

- a. any claim due to intoxication from alcohol, drugs or medicines (unless prescribed by an officially registered doctor) or abuse of narcotics and solvents;
- b. accidents wilfully caused by the **Insured** or arising from their voluntary exposure to avoidable risks.
- c. unless otherwise specified, reference should be made to the other exclusions set out in the General Conditions, art. 5.

SECTION I – HIJACKING**Special conditions**

Cover is provided for the amounts indicated in the Schedule of Cover and if the relevant premium has been paid.

1. What is covered

If as a result of a **Hijack** of an aircraft or boat on which the **Insured** is travelling, he is prevented from reaching the scheduled destination, the **Company** will pay compensation of € 70 for the first 24 hour period and € 70 for each subsequent 24 hour period up to the maximum sum laid down in the Schedule of Cover.

2. Exclusions

The **Insurance** is not valid:

- a. if the **Insured** is not travelling on public transport;
- b. if the **Insured** has not supplied a report issued by the competent Official Authority;
- c. if the **Insured** has not followed the suggestions of the Ministry of Foreign Affairs regarding Countries to be avoided as destinations for Italians, involving countries at war, where there are riots, insurrections or similar events, or where there is a high risk of terrorist attacks.
- d. unless otherwise specified, reference should be made to the other exclusions set out in the General Conditions, art. 5.

SECTION J – BUSINESS EXTENSION (OPTIONAL COVER)**Special conditions**

Cover is provided for the amounts indicated in the Schedule of Cover and if the relevant premium has been paid.

1. What is covered

The **Company** will directly pay the cost of sending a replacement colleague and the replacement costs for the re-drafting of professional documents.

2. Insured Events

If the **Insured** is a victim of the following unforeseeable events:

- a. accident or serious illness such that they are prevented from undertaking professional activities abroad. The **Company** will reimburse the additional travelling costs for services of the same type and level as those originally booked up to the maximum sum specified in the Schedule of Cover for a **Replacement Colleague**;
- b. This **Cover** is only valid subject to prior authorisation of **Medi-Call S.r.l.** which operates 24 hours a day. It will be up to them to decide whether it is necessary to send a replacement colleague;
- c. loss or damage of professional documents, records or samples during the **Insurance** period, that belong to or are the responsibility of the **Insured**, the **Company** will compensate the material value up to the limit indicated in the Schedule of Cover.

3. Obligations of the Insured

The **Insured** must contact **Medi-Call S.r.l.** immediately and, in order for the payment of expenses to be made, send the medical documentation in support of the accident or illness that prevented the professional activities abroad from being carried out. In case of loss or damage of professional documents, records or samples, the **Insured** must provide documentation issued by the employer or company confirming the event.

4. Exclusions

The **Insurance** does not cover:

- a. the expenses incurred by the **Insured** who has not alerted **Medi-Call S.r.l.** of the illness or accident;
- b. unless otherwise specified, reference should be made to the other exclusions set out in the General Conditions, art. 5.

5. Excess

In case of a claim an **Excess** of € 80 shall apply.

The **Excess** will not be applied if the optional cover (**Excess Waiver**) is purchased at the time of purchasing the policy.

VIAGGI SICURI TRAVEL CANCELLATION**Special conditions**

Cover is provided for the amounts indicated in the Schedule of Cover and if the relevant premium has been paid.

1. What is covered

The **Company** will compensate the **Insured** for all the travelling expenses they have paid or have undertaken to pay before departing and that cannot be recovered in relation to the part of the trip they are forced to cancel, up to the amount shown in the Schedule of Cover, provided that:

- a. the **Event** that caused the cancellation was unforeseeable at the time that the trip was booked;
- b. the cancellation was caused by this **Event**;

For associated persons, the Cancellation cover is limited to events a and b of art. 2.

2. Insured Events

The events listed in the previous article are insured if dependent on:

- a. death;
- b. accident or serious illness such that they prevent travel;
- c. pregnancy confirmed by the hospital or treating physician following the purchase of the Policy and following the booking of the insured trip provided that the **Insured** immediately cancels (within seven days) the booked trip.
- d. damage to the private dwelling owned by the **Insured** or of which they are the rightful owner or has personal use, due to fire, explosion, storm, lightning, flood, provided that the damage is extensive or required the presence of the **Insured** to ascertain and/or clarify the events and/or damage.
- e. citation or summons to attend the criminal court or summons as juror;

3. Persons associated with the Insured

The following are considered persons associated with the **Insured**:

- a. Close relatives of the **Insured**;

b. Where the **Insured** is on a trip with two or more persons who are not Close Relatives or with other families, in case of Cancellation, the **Company** will cover the **Insured** directly involved and only one of the Travelling Companions providing they are named as an **Insured** person on the same Certificate.

4. Exclusions

The Insurance does not cover

- a. Any claim for Cancellation in relation to Insurance Certificates not issued within 48 hours of the booking or at the same time as the booking if the trip starts within 14 calendar days of the booking;
- b. Claims for Cancellation not reported to **Medi-Call S.r.l.** within 5 calendar days of the day on which the **Event** occurred which caused the cancellation;
- c. Any claim following illness deriving from chronic or pre-existing medical condition of the **Insured, Close Relative or Travelling Companion**;
- d. Any claim for which the **Insured** has not reported the loss to all the insurance companies involved within the terms laid down by the individual insurance company, as per art.1910 of the C.C.;
- e. Any claim for Cancellation if due to incomplete or missing documentation necessary for the trip (passport, visas, identity card, vaccination certificates, etc.);
- f. The expenses incurred due to **the Insureds** refusal to travel or continue the trip or loss of interest in the holiday due to financial difficulties; further expenses that will be incurred by the Tour Operator/supplier of services, hotel or airline; Delay in starting the holiday, or increase in the price by the Tour Operator/supplier of services due to increases in basic brochure prices;
- g. Expenses following circumstances that could have reasonably been foreseen at the time of booking of **the Insureds** holiday or issue of the Insurance Certificate;
- h. Any additional cost incurred as a result of lack of communication by the **Insureds** with the Travel Agency and/or Tour Operator and/or Carrier or Hotel immediately after becoming aware of the need to cancel or shorten the booked trip;
- i. Government provisions (with the exception of compulsory quarantine) or currency restrictions, acts or omissions or failures by the carrier, or accommodation facility or an agent through whom the travel agreements have been made;
- j. Airport taxes and insurance costs.
- k. Any claim for Cancellation due to professional issues.
- l. Failure to communicate the address and landline telephone number where the persons indicated can be contacted as per point 4.2 Obligations of the Insured and/or Contractor.
- m. unless otherwise specified, reference should be made to the other exclusions set out in the General Conditions, art. 5.

4. Obligations of the Insured

4.1 In case of a claim arising, the **Insured** or person acting on their behalf, within 24 hours of the event that resulted in the Cancellation is obliged:

- a. to promptly inform the company/companies with which the booking(s) for the trip have been made: accommodation facilities, airlines, online travel agencies, travel agency, Tour Operator or other service providers. **The Company** will reimburse the penalties charged on the date on which the **Event** occurred resulting in the Cancellation. Any increased penalty charged by the Tour Operator/service provider due to a delay by the **Insured** in reporting the Cancellation, shall remain payable by the **Insured**.
- b. To report the matter immediately by telephone to **Medi-call S.r.l.** which operates 24 hours a day on tel. n° + **39 06 855 82 03** with details of the claim/**Event** and Insurance Certificate as well as the location during the illness of the **Insured** or of the person who caused the Cancellation. The **Insured** must communicate Surname, Forename, Address, even if temporary and landline telephone number to enable **the Company** to exercise its right to request a medical examination to confirm that the health of the **Insured** or the person that caused the Cancellation is such that they are unable to travel.
- c. The **Insured** must inform of the cancellation any other Insurance Companies which, together with **the Company**, also provide cover for the same event as per art. 1910 of the C.C. If the trip is a package deal organised by a Tour Operator, it is important to check the insurance cover included in the package.
- d. To send by email to **viaggisicuri@medi-call.it** or by fax on +**39 06 840 80 994** a copy of the medical certificate detailing the illness that led to the Cancellation and the number of days of prognosis.

No compensation will be paid for events reported after 5 calendar days from the day on which the event occurred that resulted in the cancellation.

4.2 The **Insured** must send to **Medi-Call S.r.l.** the following original documentation:

- a. **Insurance** certificate, booking documents and invoice detailing the cancellation penalties;
- b. in case of accident, unforeseeable serious illnesses, pregnancy, a medical certificate with details of the diagnosis, pathology and prognosis and the impossibility of undertaking the trip;
- c. in case of death, death certificate;
- d. in case of damage to material assets, adequate certification (e.g. a police report);
- e. in case of cancellation of a holiday home, camper or caravan booking, written confirmation by the subject or the legal representative of the body or **Company** which held said assets, confirming the impossibility of rebooking the asset within said period.
- f. to communicate the existence of another travel **Insurance** purchased for the same journey.

4.3 At the request of **Medi-Call S.r.l.**, the **Insured** must:

- a. submit a certificate of inability to work and if necessary a medical certificate from a specialist;
- b. allow **Medi-Call S.r.l.** to investigate the inability to travel due to accident or serious unforeseen illness confirmed by a medical certificate from a specialist;
- c. agree to medical tests and, if necessary, a medical examination at the **Insureds Residence** to confirm that the health of the **Insured** or person associated with them responsible for the cancellation is such as to prevent them from participating in the trip.

4.4. failure to comply with any one of the obligations set out in the previous paragraphs may result in the total or partial loss of the right to compensation as per art. 8 of the General Conditions.

5. Excess

- a.** In case of illness without admission to hospital, the **excess** will be equal to **10%** of the cancellation charges, with a **minimum of €80** per person for the account of the **Insured**.
- b.** In case of death or hospital admission with a minimum stay of 3 days, an **excess** of € 80.00 will be applied for each **Insured**.
- c.** If the **Insured** or the person acting on their behalf, does not report the **claim within 24 hours from the Event** resulting in the cancellation (as specified in the Obligations of the **Insured**), the percentage excess payable by him shall **increase to 25% of the penalty** (with a minimum of €80) per **Insured**.

6. Maximum sum insured

- a.** The sum insured must be equal to the full cost of the trip.
The cost of services not included in the price of the trip (e.g. additional excursions) is also covered by **Insurance**, provided that it has been expressly included in the total cost of the trip.
- b.** If the sum insured is less than the cost of the trip (i.e. under-**Insured trip** or partial **Insurance**), if a claim is eligible for compensation, the **Company**, pursuant to art 1907 of the Civil Code, will pay a proportionately reduced sum, with subsequent deduction of the percentage excess.

Goudse Schadeverzekeringen N.V.

Postbus 9
2800 MA, Gouda
Netherlands

