

A) GENERAL INSURANCE CONDITIONS

PURSUANT TO ART. 166 OF THE INSURANCE CODE, THE POLICYHOLDER'S ATTENTION IS DRAWN TO THE NEED TO CAREFULLY READ THE CONTRACT BEFORE SIGNING IT AND TO PAY PARTICULAR ATTENTION TO THE CLAUSES SHOWN IN BOLD AND CONTAINING: INVALIDITY, NULLITY, GUARANTEE RESTRICTIONS OR FEES INCUMBENT UPON THE POLICYHOLDER

THIS DOCUMENT IS VALID ONLY IF IT IS ISSUED BY COLLINSON INSURANCE EUROPE LIMITED, OR BY THE BROKER/INTERMEDIARY AUTHORISED BY COLLINSON INSURANCE EUROPE LIMITED IF AND PROVIDED THAT THE RELATED INSURANCE PREMIUM HAS BEEN PAID. THESE DOCUMENTS ARE KEPT IN A SAFE PLACE AND CARRIED DURING TRAVEL.

DEFINITIONS

Abroad: Entire World, excluding the territory of the Italian Republic, Vatican City and the Republic of San Marino.

Accessories: goods not supplied in the kit with the covered device (such as, but not limited to, chargers, cases, headsets, hands-free kit) which supplement it by improving the functionality or appearance without being strictly necessary

Accident: any event which is due to fortuitous, violent and external cause, and that produces objectively noticeable bodily harm.

Accidental damage: any unintentional damage (including damage caused by fire), directly caused by external causes, outwardly observable, which affects the operation of the equipment.

Age: The Insured's age when his name is included in the policy. The age calculation is made considering the chronological age or the years the Insured has fully completed.

Baggage: The Insured's suitcases, trunks, hand baggage and their contents, provided that these personal belongings as defined (e.g. apparel) carried by the Insured during the trip covered by the guarantee or items purchased during the trip itself.

Beneficiary: The insured himself/herself is the beneficiary for all guarantees. In the case of death due to an accident, the capital beneficiary are the legitimate heirs and/or executors.

Business Associate: a person who works at the Insured's place of work and whose absence from the workplace, if at the same time with that of the insured, would prevent the normal course of business.

Caribbean/Caribbean countries: Anguilla, Antigua and Barbuda, Netherlands Antilles, Aruba, Bahamas, Barbados, Belize, Colombia, Costa Rica, Cuba, Dominica, Jamaica, Grenada, Guadeloupe, Guatemala, Guyana, French Guyana, Haiti, Honduras, Cayman Islands, British and American Virgin Islands, Martinique, Mexico, Montserrat, Nicaragua, Panama, Puerto Rico, Dominican Republic, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Saint Lucia, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Venezuela.

Claim: The occurrence of the harmful event for which the Insurance was provided. The requests for compensation linked to such as event are one and the same claim.

Claims Management Centre: the office which deals with managing and settling claims on behalf of the Company. Claims which have requested the direct payment of the expenses relating to section A of the policy are administered by the Operational Help Centre.

Commercial value: reasonable exchange value of the asset at the time of the accident

Company: Collinson Insurance Europe Limited, registered office in Third Floor, Development House, St. Anne Street, Floriana FRN 9010, Malta. Company Number: C89977

Date of issue: The date on which the policyholder takes out this contract and pays the related premium.

Equipment covered: for the coverage provided for in Section M, the items covered are taken to mean mobile phones, smartphones, tablets, game consoles, personal computers, laptops, smart watches, music files readers. Those items must have been purchased as new and be fully functional (the guarantee of purchase shall provide evidence of this).

Excess: Sum expressed as a lump sum in the contract that remains payable by the Insured in case of damages subsequent to a claim.

Family: A person, his spouse or legal partner and minor children under 18 years.

Games consoles: portable electronic equipment used mainly for playing video games

Hospital recovery: Receipt of care in a hospital, through a stay in the facility that has a duration of at least 24 consecutive hours. Hospital means: a hospital or clinic authorised to undertake acts and administer treatment to sick or injured persons, in possession of the local administrative permits that are required for the carrying out of these practices and having a dedicated staff.

IMEI Code: the code which unequivocally identifies the goods belonging to the Insured.

Insurance: this insurance contract.

Insurance Certificate: The document containing the names and other data of the persons insured under this contract, given to the Policyholder. The Insurance Certificate constitutes proof of insurance pursuant to this document.

Insured: The natural person resident in Italy (excluding the Vatican City and the Republic of San Marino), whose name is indicated on the "Certificate of Insurance" and whose interest is protected by the Insurance.

Italy: the territory of the Italian Republic, the Vatican City and the Republic of San Marino

Limit: the sum up to the amount for which the company provided the guarantee, for each period of insurance, regardless of the number of claims and those affected.

Material damage: Any alteration, deterioration, loss and/or destruction of property or of a substance, including any physical injury suffered by animals.

Manual labour: Work that is physical, including, but not limited to construction, installation, assembly and building work. This does not include bar and restaurant staff, musicians and singers and fruit pickers (who do not use machinery).

Operational Assistance Centre: The structure, in operation 24 hours a day 365 days a year, which arranges and provides the assistance services set out in Section A of this policy, at the request of the Insured.

Personal belongings: items included in the insured baggage and essential for the journey, including valuables pursuant to the conditions laid down. Jewellery, perfumes, alcohol, personal documents, perfumes, alcoholic drinks, personal documents, valuables and travel tickets are not considered Personal belongings.

Policy: the document, including the policy summary and certificate, proving the insurance. The policy must be issued for the duration of the trip, and can not be issued to an already started.

Policyholder: the individual (natural or legal person) that has entered into the insurance contract itself or on behalf of third parties and pays the corresponding charges.

Pre-existing medical condition: Any medical condition for which consultations, medication, prescriptions, medical treatment, checkups, surgery, tests or investigations were necessary (other than for the common cold) in the 24 months prior to the issue date of the policy.

Premium: the amount owed by the Policyholder to the Company.

Relative: Husband, wife, parent, father in-law/mother-in-law, brothers, sisters, sons, daughters, cohabiting partner, grandparents, grandchildren (defined as children's children), sons in law, daughters in law, brothers in law, sisters in law, step-mother, step-father, step-children, step-daughters, step-brothers, step-sisters.

Residence: The place in Italy in which the natural person has his or her usual above (residence or domicile).

Skiing equipment: skis, ski poles, boots and bindings, snowboards or ice skates.

Sickness: any alteration of the state of health other than an accident, clinically and objectively ascertainable by an accredited medical authority during the term of the contract

SIM Card: (Subscriber Identity Module): the card delivered by a telephone operator, by way of subscription or pre-paid formula, in the name of the insured and which makes it possible to associate his/her profile to the telephone for the purpose of providing mobile services.

Sporting Activity: It is understood that sporting activities accessible to the public are covered, provided they are carried out - if practised in organised sports facilities - by authorised sports organisations, with the guidance of licensed and qualified instructors, with the use of all prescribed safety equipment prescribed and subject to the required safety procedures.

Tablet: portable device with touch-screen interface, equipped with mobile or wi-fi or mobile connectivity

Territorial Validity/Geographical Limit: This means the geographical area indicated in the Insurance Certificate, inside of which - in order that the guarantees and services are provided - the claims should occur.

In particular, the geographical limits, at the choice of the policyholder are:

- **Italy:** the territory of the Italian Republic, the Vatican City and the Republic of San Marino.
- **Europe:** the continent of Europe west of the Ural Mountains, including the nearby Islands and non-European countries bordering the Mediterranean (excluding Algeria, Lebanon, Libya and Israel, for the inclusion of which you must select the option " worldwide excluding USA/Canada/Caribbean" or "Entire World").
- **Worldwide excluding USA/Canada Caribbean:** anywhere in the world excluding the United States, Canada, the Caribbean, Iran, North Korea, Syria, Sudan and Crimea (Ukraine region).
- **Worldwide:** anywhere in the world excluding Iran, North Korea, Syria, Sudan and Crimea (Ukraine region).

Note:

Territorial exclusion: This policy does not provide cover in respect of liability, loss or damage directly or indirectly arising from trips - actual or even planned - in, to or through the following countries or territories: Iran, North Korea, Syria, Sudan and Crimea (Ukraine region).

Third party: Any natural or legal person to the exclusion of the Insured, his Relatives, ascendants, descendants and persons travelling with the insured, as well as those in charge of the Insured, whether they are dependents or not insured, in the exercise of their functions.

Third Party Personal Liability Claim: Any request for compensation made in court or out of court against the Insured. All requests for compensation originating from a single event are one and the same Claim.

Permanent disability: total disability caused by an accident occurring during the trip that prevents the Insured from performing any work for the 12 months following the accident, where at the end of 12 months the Insured's doctor thinks that there is no chance of recovery.

Tour Operator: the organiser of the trip, the hotel or the transport company.

Trip: Vacation or trip that begins in Italy on the date the insured leaves his domicile or, if later, on the journey start date specified in the Certificate of Insurance. The trip ends on the date on which the Insured returns to his residence, domicile or medical centre in Italy or, if earlier, on the "Trip End Date" specified in the certificate of insurance.

With regard to journeys to Italy, the cover artwork for moving involving an overnight stay at more than 150 km from the place of residence.

The cover provided for in Section D (cancellation and trip interruption) shall run from the date the policy is issued.

Valuables: Coins, bank notes, letters of credit, vouchers, credit/debit /revolving credit cards, phone cards, money orders, travellers' cheques, petrol coupons.

Valuable items: photographic, audio, video and electrical equipment of any type (including CD, DVD, audio and videocassette), telescopes and binoculars, watches, furs, leather goods, animal skins, silks

War: War, declared or undeclared, or warlike activities, including use of military force by any sovereign state for economic, geographic, nationalistic, political, racial, religious or other purposes.

Winter sports: Skiing, skiing on wheels, mono-ski, cross country skiing, off-piste skiing (only in the presence of an official licensed guide), snowboarding, ski-boarding, snowmobiling, sled, sledding or ice skating.

POLICY CONDITIONS

SCOPE

Art. 1 - Scope of the insurance

This agreement constitutes a travel insurance, and relates to the guarantees described in the subsequent sections of the policy, offered on the basis of three different insurance products: **Assistance, Baggage and Assistance and Assistance, Baggage and Cancellation**. The Policyholder, for the Assistance, Baggage and Cancellation product is entitled to subscribe, by paying the premium, 2 different combinations of guarantee: **Single Trip and Annual Multi-Trip**.

With regard to products **Assistance and Assistance and Baggage**, the Policyholder may only subscribe the combination of Single Trip Insurance Guarantees.

In addition, upon request and payment of the premium amount, based on the chosen insurance product and age of the insured, it is possible to subscribe, the following optional guarantees:

- Winter Sport
- Zero Excess
- 7 day Sports Extension
- Smartphone/Tablet Protection

The features of different products are summarised in the chapter Policy Terms and described in detail in Appendix 1: Table of Guarantees.

In case of doubts regarding the chosen cover or for more information, the Insured can contact the Columbus Insurance Customer Service on Freephone **800 986 782** or by calling **02 36 006 022**

E-mail: servizioclienti@columbusassicurazioni.it

Art. 2 - Insured

This insurance is provided to the insured, on the basis of the product and level of cover indicated in the Insurance Certificate, in favour of the Insured, identified by the Policyholder at the time of signing the policy and indicated in the Certificate of Insurance, in relation to each of which the related insurance premium had been calculated and paid.

Residence Limitation: This policy provides coverage only to Policyholders/ Insured persons resident in Italy, excluding the Republic of San Marino and the Vatican City and is not valid for Policyholders/Insured Persons not resident in Italy.

Sanctions exclusion: The Company is not obligated to provide coverage to indemnify any claims or to pay anything under this contract if it, its holding company or its parent company, in doing so, incur payment of any sanction, prohibition or restriction provided by resolutions of the United Nations or economic or trade sanctions under the laws or regulations of the European Union or the United States of America.

Art. 3 – Insurable Persons

Individual: the individual traveller.

Couple: the traveller and their travel companion, namely the insured persons and who booked the trip together and at the same time, whose names are listed on the "Certificate of Insurance".

The couple may be comprised of a maximum of 2 persons.

Family: A person, his spouse or cohabiting partner and children as shown in the certificate and which, on the date of concluding the policy, have not yet turned 18.

Group: travellers booking the travel together and at the same time, whose names are shown on the same "Certificate of Insurance".

Infants (children from 0 to 2 years of age) can only be insured if they are included in the same policy of an insured adult.

Art. 4 – Time Limit for the Services

The duration of the cover offered in this policy coincide with the duration of the Travel, as defined.

In particular:

- a. Single Trip policies
 - for insured persons up to 64 years old the maximum duration of the insurance coverage is 365 days;

- for insured persons between the age of 65 and 74 years old the maximum duration of the insurance coverage is 31 days;
- b. Multi-Trip annual insurance
 - for insured persons up to 69 years old the maximum duration for each individual trip within the annual duration is 31 days

Notwithstanding the foregoing, the warranty coverage for Cancellation pursuant to Section D - Cancellation and trip interruption shall run from the date of issue of this contract and consequently of the policy issue.

If the Insured, during the validity of this Policy, stays abroad for an uninterrupted period of time in excess of that stated in the policy, as evidenced by the certificate of insurance, all services resulting from claims that occurred after these deadlines are not due.

The policy must be issued:

- to cover the entire duration of the trip
- before the start of the trip subject to the cover.

Art. 5 – Territorial Limit Of The Services

The policy is effective with reference to one of the following geographical areas, at the choice of the policyholder: **Italy, Europe, entire World excluding USA/Canada/Carribbean, Entire World**. The Policyholder's choice is indicated in the Certificate of Insurance.

Art. 6 - Maximum amounts insured

The insurance policies are provided for up to the relevant insured limits depending on the product chosen, as shown in Appendix 1: Table of Guarantees, and with the reimbursement limits specified limits individual services, to be understood as the maximum available for the insurance period.

SERVICES

The Company offers the insurance products described hereafter up to the amount of the relevant insured limits depending on the level of coverage chosen by the Policyholder, as detailed in Appendix 1: Table of Guarantees.

The subsequent policy sections describe, for each guarantee, the different ways of operating.

Art. 7 - Single Trip Insurance Assistance, Baggage and Assistance, Baggage and Cancellation products

The products described in this article provide coverage for a single trip for each insured during the period of insurance, provided that the single journey does not last more than 365 days.

Note:

- **The age of each individual insured person at the time of concluding the contract and on the date the policy starts may not be more than 74 years. For those aged between 65 and 74 years the travel cover shall have a maximum period of 31 days,**

Art. 8 – Multi-Trip Annual Insurance

The product described in this article provides coverage for a number of unlimited trips for each insured person during the term of the policy, provided that each trip does not last more than 31 days.

Note:

- **The age of each individual Insured person at the time of concluding the contract may not be more than 69 years.**
- **The maximum duration allowed for each individual insured trip is equal to 31 days.**
- **The optional Sport Winter guarantee can be purchased by those having a maximum of 64 years old at the time of concluding the contract as well as at the start of the policy.**

Art. 9 - Health agreements

If the journey is carried out in a European Union country, the Insured must carry the European Health Card (EHIC), to be requested at the local Health Authority office, to be shown at the time of paying medical expenses. Failing that, a policy excess of € 100,00 (one hundred) will be applied for each indemnifiable claim under Section A (Assistance, Repatriation, Medical Expenses). If hospitalisation becomes necessary during travel to Australia or New Zealand, the insured party may use the health care system of these countries.

Art. 10 - Conditions relating to the state of health

The policy contains certain contractual terms which refer insured coverage (or exclusion) to the insured's state of health and/or that of other persons who do not necessarily travel with the Insured but whose health is critical to the latter's travel. In particular, it is established and agreed that the coverage is not provided for medical problems that the Insured or such other persons presented before the cover started. In this regard, you are referred to article 13 relating to the Exclusions valid for all the policy sections.

Art. 11 - Excess

For all the insurance packages described, the individual sections of the policy provide for the settlement of the claim after application of an excess paid by the insured, the amount of which is determined in accordance with the respective sections and presented in Annex 1: Table of Guarantees.

Art. 12 – Sports activities

Participation in certain sports or activities will be excluded from coverage, as specified below.

- a. The activities listed below are included in cover provided that:
 - they are only carried out occasionally (or for no more than 3 days during the travel period)
 - they are not part of competitions/tournaments/training/tests;
 - they are not carried out at a professional level
 - they are carried out - if practised as part of organised sports facilities - under the guidance of experienced and qualified instructors, within the guidelines laid down and with the use of all safety equipment that may be recommended
- b. Coverage for the activities listed below is extended up to 7 days during the travel period, provided that the appropriate premium has been paid to extend them, as regulated in the guarantee L - Sport extension;

Where the conditions shown above are met, the activities listed below are included in the cover:

badminton, banana boating, baseball, bowling, canoeing (the insurance does not cover personal liability), running, canoeing/kayaking (only in the rivers level not exceeding level 2), cricket, curling, cycling, hiking/trekking/walking walk (provided below 4,000 meters), balloon rides, golf, gymnastics, diving up to 30 meters (in the presence of the prescribed qualification or with the assistance of a qualified instructor), indoor climbing (on an artificial wall), navigation sailing (but only with qualified crew/coastal waters/insurance does not cover personal liability), sailing (only with qualified crew / coastal waters/insurance does not cover personal responsibility), orienteering, basketball, handball, water polo, volleyball, roller skating/ skating, fishing, deep-sea fishing, white water rafting (on rivers whose level does not exceed level 4), skateboarding (with the use of pads and helmets), racketball, rackets, snorkelling, softball, squash, surfing, table tennis, tennis, tug of war, clay pigeon shooting, archery, windsurfing (insurance does not cover personal liability).

- c. **In relation to winter sports, whose list is available in the “Definitions” section, the insured:**
 - in the case of Single Trip Insurance are covered up to a maximum of 31 days in total during the period of insurance, if they have signed the Optional Winter Sports coverage, governed by section H, and the insurance premium has been paid. This option is available for insured persons up to 74 years of age at the time of taking out the policy.
 - in the case of Annual Multi-Trip Insurance are covered up to a maximum of 14 days in total during the period of insurance, if they have signed the Optional Winter Sports coverage, governed by section H, and the insurance premium

has been paid. This option is available for insured persons no older than 64 years of age at the time of taking out the policy.

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d. the following activities are always excluded from the insurance cover:

mountaineering/rock climbing, martial arts, equestrian activities, caving activities, base jumping, bungee jumping, biathlon, black water rafting, BMX stunt/obstacle courses, bobsleigh/skeleton, bouldering, boxing, hunting, big game hunting, canoeing, cave tubing cyclo-cross, drag racing, hang gliding, descent into caves / caving activities, go-karting, heli-skiing, high diving (with diving from a height of more than 5 meters), ice hockey, ice speedway, jet boating, judo, karate, kendo, kite surfing, modern pentathlon, motorcycling (above 125cc), use of snowmobiles, rally, parachuting, parasailing, paragliding, polo, testing speed / time trials, boxing, power lifting, quad, rap jumping river boarding, river bugging, rodeos, hockey on roller skates, endurance activities rugby, ski jumping, hiking / trekking / hiking above 4,000 meters water skiing, acrobatic skiing, weightlifting, sports winter (unless it has been paid the appropriate fee), off-piste skiing in the absence of an official licensed guide, jumping water skiing, skidoo, skydiving, shooting with small arms, triathlon, shooting, flying, flying in ultra light aircraft, wrestling.

Art. 13 – Exclusions valid for all the policy sections

Compensation requests deriving or originating from the following are excluded from the insurance cover:

- a. any pre-existing medical condition (related to illness or injury), which is the subject of consultation or medical examination and/or care or treatment, or that has manifested itself and/or has been contracted before the issuing of the policy.
- b. a trip made:
 - (i) if the Insured is travelling against the advice of a doctor, or travelling in conditions under which, the air transport contract drawn up by the airline, prevents the journey (for example, the insured flies during a period of pregnancy for which the airline excludes the flight;
 - (ii) if the Insured travels for the purpose of receiving medical treatment;
 - (iii) if the Insured is on a waiting list for hospital admission or is waiting to receive the outcome of clinical tests or examinations;
 - (iv) if the Insured has received a terminal prognosis;
 - (v) if the Insured is suffering from anxiety, stress, depression or any psychological disorder;
- c. pathologies of pregnancy beyond the sixth full month, voluntary abortion, not preterm delivery, assisted reproduction and their complications;
- d. war, civil war, invasion, insurrection, revolution, military power or usurpation of government or military power; This exclusion does not apply to Section B Accidents and to Section A Assistance - Repatriation - Medical expenses, provided that the insured, in the event that losses are incurred related to Section B and Section A had not taken part in these activities or exercised conspiratorial action for the realisation of the same
- e. any terrorist event that does not involve the use, release or the threat of any type of nuclear, chemical or biological weapon. This exclusion does not apply to Section B Accident and to Section A Assistance - Repatriation - Medical expenses, provided that the insured, in the event that he incurs losses related to Section B and Section A, has not taken part in these terrorist activities or has conspired to do so. In case of cover, the permissible limit, in respect of a single claim or multiple claims arising from a single act of terrorism or a series of terrorist acts that follow one another in the course of 72 hours is € 2.5 million in total.
- f. any terrorist event involving the use, releasing and threat of any type of nuclear, chemical or biological weapon.
- g. loss or damage caused, directly or indirectly, by any government, public or local authority which damages or legally harms the Insured's property.
- h. riots, strikes or riots of any kind; except for Section F - Flight delay where claims arising from strikes are covered provided they are not in the public domain before the trip.
- i. loss or damage to any property, except in the case of loss or damage payable by the Carrier, or loss, expense or liability arising from:
 - (i) ionising radiation or radioactive contamination from any nuclear fuel or from any nuclear waste arising from nuclear combustion; or
 - (ii) radioactive, toxic, explosive or other hazardous properties of any explosive nuclear equipment or its components;

- j. loss, destruction or damage directly caused by pressure waves resulting from any aircraft or other flying object travelling at a speed equal to or exceeding that of sound;
- k. an accident occurring while the Insured is in, entering or leaving any aircraft, except as a paying passenger of an aircraft equipped with a regular passenger transport license;
- l. manual work activity
- m. Use of a two-wheeled motor vehicle, with a cylinder capacity exceeding 125cc, except for Section D - Cancellation of the trip
- n. any other damage connected to the event reported and not covered by this policy;
- o. insolvency of the tour operator, airline or any other company, firm or person or the fact that any of the above persons is unable or unwilling to fulfil any of its commitments to the Insured;
- p. exercise of winter sports, unless the insured has paid the insurance premium for the optional Winter sports coverage, as indicated in the certificate of insurance;
- q. exercising of any activity defined in art. 12 para. "c";
- r. races, competitions, championships, qualifying rounds, officially exercised practice or training ahead of such events;
- s. any indemnity request arising or originating from
 - (i) suicide, attempted or completed, of the Insured, or
 - (ii) self-harming or intentional exposure to dangers (except in the attempt to save human lives):
- t. events that occurred while the Insured was intoxicated or under the influence of drugs, or related to alcohol, drugs, solvents or substances not prescribed by a doctor.
- u. events for which, at the time of a loss or damage indemnifiable under this Policy, is in force another insurance policy covering the same loss or damage and undeclared by the Insured to the Company in compliance with article 1910 of the Italian Civil Code. In case of double insurance disclosed by the Insured at the time of policy inception or later, but before the occurrence of a claim, this Policy will operate only in excess to terms, limits and conditions of the other Policy
- v. in favour of terrorists or members of terrorist organisations, narcotics traffickers, suppliers of nuclear, chemical or biological weapons, in case of damage, loss, illness, accident or personal responsibility for expenses incurred directly or indirectly;
- w. if the insured person travels to a specific country or area for which the Ministry of Foreign Affairs of the Italian Republic does not recommend travelling and/or staying. In this event, limited to Single Trip policies, if the decision of the Ministry of Foreign Affairs took place after the purchase of the policy, but prior to the start of the journey, the Company will refund the premium paid. This exclusion does not apply to D - cancellation and trip interruption, limited to the trip cancellation and F - Flight delay.

INSURANCE GUARANTEES

SECTION A – Assistance, Repatriation and Medical Expenses

Start and duration of the cover

The cover regulated by this section is provided in the case of the insured's injury or illness, 24 hours a day for the duration of the trip, as defined.

Conditions under which the assistance services are carried out. Need for prior contact with the Operations Support Centre

In case it is intended to activate any of the guarantees provided for in this Section A, the Insured (or, alternatively, a Relative, a travel companion, the medical Authority or body who is treating the Insured) should immediately make contact with the Operational Support Centre below so that it can check the operating conditions of the cover and arrange to carry out benefits provided, in accordance with the insurance conditions. Where this is objectively impossible, in which case the insured must contact the Operational Support Centre as soon as possible and in any event before taking any personal initiative.

The breaching of these obligations to contact the Operational Support Centre may lead to the invalidating of the right to the assistance services, pursuant to art. 1915 C.C.

The Operational Support Centre has the right to ask the Insured to provide any unused travel tickets. Bookings for transport services are made by the Operational Centre.

The Operational Centre can be contacted on the following telephone number:

Operational Support Centre
Telephone: +39 02 3600 5814

At the time of making the call, you should give:

- ✓ Surname and Forename of the Insured
- ✓ Columbus Insurance policy number in the possession of the Insured
- ✓ Nature of the illness or accident
- ✓ Details (address, telephone number) where the sick or injured person can be reached.

Exceptional circumstances

The Company and the Operations Centre cannot be held liable for any delay or hindrance in the delivery of services under the guarantees described in this Section A in the event of strikes, unrest of any kind, riot, popular uprisings, reprisals, restrictions on free movement, any act of sabotage or terrorism, civil or foreign war, emission of heat or irradiation from the disintegration of the atomic nucleus, radioactivity, natural disasters or other causes fortuitous or force majeure.

Subrogation or recourse against those responsible for the accident

For the Repayment of Medical Expenses guarantee, where an indemnity has been paid, the Insurer shall be subrogated, up to the limit of this indemnity, in the rights and actions of the Insured against any person responsible for the damage. These provisions do not apply, except in the case of fraud, in relation to actions against children, descendants, ascendants, or persons who habitually live with the Insured, such as cohabiting partners or work providers to the insured employed (domestic staff, drivers).

Scope of the guarantee

A.1 Telephone medical advice

Medical assistance services if the insured needs information and/or medical advice. It is specified that this services does not provide any diagnosis and is based on the information provided remotely by the Insured. Based on the information acquired and the diagnosis of the attending physician, the Operational Centre will evaluate the provision of the assistance services contractually provided

A.2 Sending of essential medicines which are not available abroad

If deemed necessary due to injury or illness, the Company will source for the Insured who is abroad the necessary medicines and which are not available locally, arranging to deliver these to you as soon as possible, within the limits allowed by the legislation of the country in which the Insured is located. The Insured is liable for the costs of these medicines. Any treatments being followed before leaving are not covered by the guarantee. Contraceptives are not considered to be medicines. The Company will not be liable for the outcome of using these medicines.

A.3 Sending a Doctor aboard to the place where the Insured is located

Whenever deemed necessary by the Company, both because of the circumstances and the insured's health condition, the Company shall despatch a doctor or a medical team to the Insured in order to better assess what steps to take and to organise assistance. All the costs are covered by the Company.

A.4 Transporting the Insured to the medical centre

After consultation with the physician or medical team, if, as a result of Injury or Sickness, the Insured needs to be transferred to a hospital, the Operational Support Centre will arrange, incurring the costs of the Insured's transport to the most suitable or better equipped hospital based on the clinical conditions using the form of transport that the Operational Support Centre considers most appropriate on the basis of the clinical conditions and circumstances.

A.5 Repatriation of the Insured home

If the Insured is hospitalised as a result of Injury or Sickness, and is discharged with the need to return to Italy (to his own residence/domicile or to a medical centre chosen by the Operational Support Centre) by ambulance because of the clinical conditions and circumstances, the Operational Support Centre will arrange the return by the form of transport that which the Operational Support Centre considers most appropriate in the circumstances.

Where necessary during the transport, the Insured shall be assisted by Doctors and/or nurses. In the event of the return being organised by the Operational Centre, all the costs shall be met by the Company.

A.6 Repatriation of the body in the event of death and funeral expenses

In the event of the Insured's death during the trip, the company shall, at its cost, organise to transport the body to the place of burial at the Insured's home. The Company is also liable, up to the amount indicated in the "Table of Guarantees" for the funeral costs (before storage, administrative expenses and expenses for the first coffin required for transportation). The family is responsible for the costs for the funeral, burial and the funeral ceremony.

A.7 Covering the cost of travel and living expenses related to a Relative of the insured in case of prolonged hospitalisation.

In the event of Injury or Sickness, if the Insured is not accompanied by any adult Family member, the state of health does not allow the Insured to be returned home and his on-site hospitalisation lasts for more than 7 consecutive days (or 48 hours if the Insured is a minor or disabled), the Company shall arrange for an economy class air ticket or first class rail ticket to be provided to an adult Relative of the Insured so that he/she is able to travel to be with the Insured.

The Company shall also organise, at its expense, the accommodation of this person up to the amount indicated in the "Table of Guarantees".

A.8 Covering the costs of any extension of the Insured's stay

In the event of Injury or Sickness, if the Insured's state of health is not such as to require hospitalisation and where the Company cannot arrange the return and the planned duration of the trip is completed, the Company shall bear the expenses of extending the Insured's stay (room only) up to the amount indicated in the "Table of Guarantees".

A.9 Covering the travel costs of the insured person and his companions

In the event that the Insured has interrupted the trip due to an injury or illness covered by the guarantee provided by this policy, but the state of his health, according to the opinion of the Company's medical unit, is not such as to make it necessary for him/her to return home and the expected duration of the trip is not terminated, the Company shall bear up to the amount indicated in the "Table of Guarantees" and within the limits of the return home costs, the transport costs of the Insured who is the victim of injury or sickness, together with those of Family members travelling with him or of a travelling companion, to enable

them to resume the interrupted journey. In all cases only the Company is empowered to decide in relation to the choice of the means of transport to be used to resume the interrupted journey.

A.10 Return of companions and covering of additional costs and/or costs of a prolonged stay

In the case of the Insured being hospitalised or repatriated during the trip, the Company will organise and cover, for the Insured's Family members or for a travelling companion, provided this person is insured under this contract and travelling with the Insured:

- ✓ the costs pertaining to the early return home (or the place of burial in the event of repatriation of remains, within the limits of the cost of an economy class plane ticket or first-class train ticket, in the event that the ticket initially provided for the journey for these people cannot be used;
- ✓ additional accommodation (room only) and transport costs and/or extension of these persons' stay, and in any case up to the amount indicated in the "Table of Guarantees".

A.11 Return of children under the age of 15 who are travelling with the insured

In the event of the Insured being hospitalised or repatriated by the Company during the trip, when the insured is not accompanied by any adult Family member, the Company shall arrange and takes charge of any children belonging to the insured under 15 years, insured under this contract, included in the same Certificate of Insurance and travelling with the Insured:

- ✓ the cost of an economy class return plane ticket or first class round-trip train ticket for a Family member of the Insured or an unrelated person, living on the same country in which the Insured is domiciled or in a neighbouring country, in order to allow such a person to reach the Insured's children and take care of them;
- ✓ the costs pertaining to the early return home of the Insured's children or of the persons designated by these, within the limits of the cost of an economy class plane ticket or 1st class train ticket, in the event that the transport document initially provided for the journey for these people cannot be used;
- ✓ the accommodation expenses (room only) the person in charge of taking care of the Insured's children and/or the additional costs and/or for prolonging the stay of the insured children (room only)

and in any case up to the amount indicated in the Annex 1: "Table of Guarantees".

This service is not in any case be combined with the services "Covering the cost of a ticket and subsistence expenses related to a Family member of the Insured in case of prolonged hospitalisation" and "Return of the companions and covering of additional costs and/or extension of stay" pursuant to the above articles A.7 and A.10.

A.12. Early emergency return of the Insured

The Company shall provide the Insured and one travel companion, insured under this contract and covering the related cost, with a travel ticket within the limits of the cost of an economy class plane ticket or 1st class train ticket, to enable them to return to his/her home, provided that the insured can not use the tickets originally planned as part of the trip:

- ✓ In the event of death or hospitalisation of a Relative of the Insured;
- ✓ in the case of significant damage caused to the home of the Insured or the Insured's business premises which he/she owns or leases or occupies without charge, which are destroyed by more than 50% and necessarily require his presence on site to implement the necessary conservation work.

A.13 Assistance to the Insured's children under the age of 15 and who stayed at home

In the event that one of the Insured's children under 15 years of age, who remained at his home, becomes ill or suffers an accident while travelling, the Operations Centre of the Company shall intervene or organise the intervention at the request of the Insured. If necessary, the transporting of the child to the hospital is organised by The Operational Support Centre, which informs the insured about the child's state of health.

A.14 Telephone interpretation available to foreign travellers

If the Insured is in hospital, he/she may request a telephone interpreter service that can facilitate contacts with the doctors, with the costs borne by the Company, limited to countries where the Central Support Centre has its own correspondents.

A.15 Legal assistance abroad

If the Insured is incarcerated or the subject of an arrest warrant, the Company shall pay the legal expenses up to the amount indicated in the "Table of Guarantees".

A.16 Transmission of funds

In case of the loss or theft of the insured's bank cards, his identity documents (such as - but not limited - passport, visa, identity card, driving license) and/or his return air ticket, the Company makes available to the Insured a maximum amount equal to the amount indicated in the "Table of guarantees" to help him replace the above. The prerequisite for the operating of this guarantee is the prior payment of any equal amount to the Company.

A.17 Transmission of urgent messages

Where expressly requested by the Insured, the Company shall send messages of an urgent and strictly personal nature to the recipient in Italy 24/7.

A.18 Search, rescue and recovery costs

The Company is responsible for the reimbursement or direct payment, up to the amount indicated in the "Table of Guarantees", of expenditure on research, rescue (including sledge) and rescue (including helicopter) relating to operations organised by civilian or military rescuers or by organisations that have an obligation to act following the death of the Insured or an accident suffered by him/her.

Only the costs incurred by bodies authorised to rescue the Insured and billed to the Insured may be the subject of any refund.

A.19 Credit card protection

In the event of any loss or theft of the insured's credit card, the Company - upon specific request and prior notification of the necessary details - shall contact the issuing institutes to start the necessary procedures to block the above cards.

The Insurer shall remain responsible for concluding the securities.

A.20 Emergency medical costs

The warranty provides for reimbursement or direct payment of medical expenses (care, hospitalisation, medicines, professional fees) incurred by the Insured when travelling, within the limit and after deduction of the excess specified in Schedule 1: Table of Guarantees.

The guarantee also provides for the reimbursement of the costs of urgent dental care for up to € 300, or costs resulting from an urgent dental treatment (which cannot be postponed owing to the pathological condition of the Insured) and disbursed for the following treatments: medication, fillings, root canal treatment or extraction.

All costs referred to in this Article may only be prescribed by a medical authority in possession of diplomas or authorisations required in the country where they perform and are legally qualified to practice the profession.

The guarantee is limited to reimbursement of expenses actually incurred by the Insured. If the Insured is entitled to reimbursement by one or more bodies or to reimbursement of expenses, the insurer will be only required to reimburse the difference between the actual costs incurred and the expenditure guaranteed, for which it shall be liable after the reimbursement.

The Company will directly pay or reimburse the cost of hospitalisation, within the limits specified in Appendix 1: Table of guarantees:

- For up to a total of 120 hospital days during the trip.
- making, if necessary and at the express request of the insured, payment directly in the local currency, provided that the medical centre concerned accepts this form of payment. **This service is subject to the provisions of Italian and local legislation on exchange control.**

Special Exclusions applicable to SECTION A (integrating Art. 13 - Exclusions apply to all sections of the policy of the insurance conditions)

Other than the exclusions common to all guarantees, the following are always excluded from insurance coverage:

- a. **the organisation, without the prior permission of the Operational Support Centre, of all the assistance benefits provided, except as provided in the section "Conditions under which assistance services are made - Necessity of a prior contact with the Operational Support Centre";**

- b. road expenditure (tolls, fuel), taxi or customs and catering/hotel expenses, except those provided for under the guarantees of Section A;
- c. in case of hospitalisation, the cost of a single room, unless it is not indicated for medical reasons;
- d. the consequences or repercussions of a pre-existing medical condition;
- e. if the Insured is found guilty on the basis of the legislation of the country in which he is based. Any cost relating to guarantee A15 of Section A and paid before the Insured is found guilty, must be reimbursed to the Company
- f. nervous or mental conditions;
- g. medical expenses arising from the diagnosis or treatment of a physiological state (e.g. pregnancy) already known prior to the start of the travel date;
- h. medical expenses or other related to surgical treatments not deemed urgent in the opinion of doctors on site and which can be postponed until returning home;
- i. spa treatments, rehabilitation or physiotherapy, expenses for eyeglasses, contact lenses, prostheses of any kind, wheelchairs and similar mobility aids, routine examinations and tests or check-ups, tests or preventive treatments, exams and tests in the absence of an injury or a disease included in coverage;
- j. the expenses resulting from organ transplantation, removal or donation of organs, if the transplantation, removal and donation have been already known at the time of the travel ;
- k. the cost of cosmetic or reconstructive surgery and wellness treatments, vaccination costs, acupuncture sessions, massage therapy, care from a chiropractor or an osteopath;
- l. expenses and treatments not prescribed by an authorised medical authority;
- m. medical costs incurred after returning home;
- n. costs for contraceptives;
- o. routine medical and dental costs;
- p. telephone costs (except those made to the Operational Support Centre).

Neither shall the assistance services be provided:

- q. if the Insured ignores the indications of the Operational Centre, and in particular, as an example only:
 - (i) whenever the Insured voluntarily discharges himself against the advice of the doctors of the establishment at which he has been admitted;
 - (ii) whenever the Insured or anyone on his behalf wilfully refuses transport/ medical return at the time and with the means indicated by the Operational Centre doctors. In this case the Company will suspend the service immediately, guaranteeing reimbursement of further hospital and surgical expenses only up to the amount corresponding to the cost of the refused transportation/return.

Benign infections or injuries which can be treated at the time do not give entitlement to the benefit of the return of the Insured home service pursuant to art. 5 of this section.

You are referred to the conditions and exclusions valid for all the policy sections.

SECTION B - ACCIDENTS

Section B is valid for Single Trip Baggage Assistance, Assistance, Baggage and Cancellation Assistance and Annual Multi-Trip Insurance products.

Scope of the guarantee

The policy provides for the payment of an indemnity to the Insured or his heirs, within the limit of the amount indicated in the Table of Guarantees, if an injury, as defined in the 'definitions' and suffered by the Insured during the trip leads, within 12 months from the date of the accident, to a permanent disability (total or partial such as those listed below) or death.

The insurance is exclusively valid for accidents which the Insured suffers during the Insured Trip.

The Company considers accidents to also include:

- 1. asphyxia of a non-morbid origin;
- 2. drowning;

3. frostbite or freezing;
4. sunstroke or heat stroke, thermal and atmospheric influences;
5. injuries caused by exertion, excluding heart attacks;
6. traumatic abdominal hernias, on the understanding that in the case in which the hernia, although bilateral, is not operable on the basis of medical opinion, an indemnity under permanent indemnity shall be paid not exceeding 10% (ten percent) of the sum insured in the event of permanent disability;
7. insect bites (excluding malaria), bites from reptiles and animals;
8. accidental contact with corrosives.

Only the following non-total permanent disabilities are capable of conferring a right to an indemnity under this section (as an alternative to death and total permanent disability):

1. permanent loss or loss of the use of a limb;
2. irrecoverable loss of the visual faculty in one or both eyes;

Death indemnity

The sum insured for death is paid to the Insured's heirs in equal measure.

Table of indemnities

Indemnities will be paid according to the percentages indicated below.

Accident which leads to:

Event	Percentage of indemnified insured capital
1. Death	100% (with maximum of €7,000 for minors of 16 years)
2. Total Permanent Invalidity	100%
3. Permanent loss of sight - both eyes	100%
4. Permanent loss of a limb - 2 or more	100%
5. Permanent loss of sight - one eye	50%
6. Permanent loss of a limb - one limb	50%
7. Non-operable traumatic abdominal hernia	10%

Reporting of an accident and related obligations

The accident report must be submitted within the time and in the manner provided for in the following Article 30, indicating the place, day and time of the event and of the causes that led to it and shall be accompanied by a medical certificate.

Subsequently the insured must send medical certificates on the progress of the injuries. When the accident has led to the death of the Insured or when this happened during the treatment period, the Company must be given immediate written notice.

The Insured or, in the case of death, the beneficiary, must allow for the investigations and enquiries deemed necessary by the Company to be carried out, and for this purpose to discharge the doctors who visited and cared for the Insured from the obligations of professional secrecy.

Indemnity Criteria

The Company pays the indemnity for the direct and exclusive consequences of the accident that are independent of existing or supervening physical or pathological conditions, without obligation for the Policyholder to report the physical defects, illness or mutilation by which policyholders were affected at the time of concluding of the contract, or that may later arise. Therefore, the influence that the injury may have exercised on these conditions, as well as the damage they might contribute to the consequences of the injuries caused by the accident, are indirect consequences and therefore not eligible to be indemnified. Likewise, in cases of pre-existing mutilation or physical defects, the indemnity for permanent disability is paid only for the direct consequences occasioned by the accident as through it had affected a person who was physically intact.

Cumulation of indemnities in the case of death and permanent disability

If after payment of an indemnity for permanent disability, but within a year of the accident date and as a result of it, the insured dies, the Company pays to the designated beneficiary, or failing that, to the insured's heirs in equal parts, the difference between the indemnity paid and that insured in case of death, where the latter is higher, and does not otherwise require a refund. The right to the indemnity for permanent disability and of a personal nature and therefore is not transferable to heirs. However, if the insured person dies for reasons independent of the accident after the indemnity has been paid or otherwise provided to the extent determined, the Company will pay the amount paid or offered under the rules of inheritance to the heirs.

You are referred to the conditions and exclusions valid for all the policy sections.

SECTION C – BAGGAGE AND PERSONAL BELONGINGS

Section C is valid exclusively for Single Trip Baggage Assistance, Assistance, Baggage and Cancellation Assistance and Annual Multi-Trip Insurance products.

Scope of the guarantee

The policy pays an indemnity, pursuant to the limits of the amounts and sub-limits indicated in Annex 1: Table of Guarantees, for:

C1 – Baggage and personal belongings

The Company refunds or replaces (at its discretion) the Insured's goods in the case of:

- a. theft
- b. Loss or damage incumbent upon the Carrier
- c. theft or damage incumbent upon the Hotel, as long as the latter has taken them into custody in a manner designed to ensure their safety through the safe deposit boxes in the hotel rooms, within the maximum limits for single item and cumulative for items whose value is specified in Annex 1: Table of Guarantees. In the event of reimbursement of the value of the goods, this shall be determined having regard to the wear and tear and depreciation due to use.

C2 – Delay in returning Baggage

The Company, in the event of any delay on the outward leg in handing over the Baggage by the Carrier, in excess of 12 hours, reimburses - within the sub-limit indicated in Appendix 1: Table of Guarantees - the expenses incurred for purchasing urgent personal belongings. The amount paid for the late returning of the baggage shall be deducted - in the event of the baggage being declared definitively lost - by the overall amount paid for the claim.

Special exclusions application to SECTION C (integrating art. 13 – Exclusions valid for all the policy sections. of the Insurance conditions)

The following are excluded from the insurance cover:

1. damage from breakage of fragile items (china, glass, sculptures and video equipment) or sports equipment during use (except ski equipment unless the related premium has been paid), unless the break occurs during transport at the liability of a Carrier;
2. Damage caused by fire or another incident involving the vehicle in which the items are being transported;
3. theft, fire, robbery or damage to cycles, motor vehicles, vessels and nautical equipment, household goods and equipment for winter sports;
4. portable electronics such as mobile phones and smartphones, music players, tablets and personal computers, laptops, game consoles, smart watches and their accessories, music files readers; eyeglasses, sunglasses, dentures, bridges, contact lenses or corneal lenses, artificial limbs or hearing aids;
5. wear and tear, loss of value, mechanical or electrical breakdown or damage caused by any process of cleaning, repairing or restoring, or damage caused by dust or liquid spills transported in the baggage of the Insured;
6. theft, fire, robbery or theft not reported to the police authorities within 24 hours of discovery thereof and for which the insured does not provide the certified copy of the complaint;
7. loss or damage to be borne by the Carrier for which the insured is unable to present a certified copy of P.I.R. (Property Irregularity Report) delivered by the Carrier at the time the damage was noticed and reported;
8. delayed delivery or retention of the insured's belongings by the customs authorities or other officials who withhold them legally;

9. **Money in all its forms, certificates, documents, checks, travellers' checks and credit/debit cards, ATM cards;**
10. **theft, loss or damage to valuables handed over to the transport company or not carried in hand baggage by the Insured during the trip;**
11. **property left unattended in a public place;**
12. **Theft of goods transported on the roof rack of a vehicle;**

Special conditions applicable to SECTION C

Regarding the coverage conditions provided under this section:

1. The indemnity assessment will be carried out considering the commercial value of the goods seized at the time of the accident, without taking into account the expected profits or damages for loss of enjoyment or use, or any other losses
2. In case of liability on the part of a third party or a carrier, the indemnity will be paid within the limits of the capital insured and subsequently to that of the Third Party, net of the amount already indemnified and only if the compensation already received does not cover the entire amount of the damages.
3. For any claim under C2 – Delay in returning Baggage – the Policyholder will need to provide confirmation of the date and time of when their baggage was returned to them.

Instructions in the event of a claim

As to the timing and manner of the making claims, Articles 30, 31 and 32 below.

You are referred to the conditions and exclusions valid for all the policy sections

SECTION D – CANCELLATION AND INTERRUPTION OF THE TRAVEL

Section D is valid for Single Trip Baggage Assistance, Assistance, Baggage and Cancellation Assistance and Annual Multi-Trip Insurance products.

Scope of the guarantee

The policy provides for the reimbursement within the limits of the amounts indicated in Annex 1: Table of Guarantees, the travel and accommodation expenses (excluding registration and insurance fees) that the Insured is obligated to support (and that not retrieved covered in other ways) if he is forced to cancel or interrupt the trip (including any trips prepaid) following one of the following sudden and documented events:

1. death, sickness, accident or quarantine:
 - a. of the Insured;
 - b. of a Family member,
 - c. of the Business Associate of the Insured,
 - d. of a person with whom the Insured has booked the travel and with whom the was therefore travelling,
 - e. of a Relative or friend residing abroad at which the Insured was planning to stay;
2. pregnancy related conditions, if the pregnancy has been discovered subsequently to the issuing of the policy;
3. calling of the Insured to appear as a juror or witness (but not as an expert);
4. accident to a vehicle that the insured plans to use for the trip, when the incident occurs within seven days of departure date and makes the vehicle inoperable, in such cases the burden of proof is incumbent on the Insured;
5. call to report for duty following an emergency, if the insured is a member of the Armed Forces or the Police, belongs to the staff of the Fire Department or a nursing or ambulance service;
6. where the Insured is made redundant or dismissed from his employment, provided that at the time of booking the trip the Insured did not have any reason to predict the occurrence of such a situation;
7. missed departure, at the request of the police authorities, as a result of fire, flood or burglary resulting in damage to the Insured's home of place of employment which occurred during the 48 hours prior to the scheduled departure date.

Special exclusions application to SECTION D (integrating art. 13 – Exclusions valid for all the policy sections of the Insurance conditions)

The following requests for reimbursement are excluded from the insurance cover:

1. **for cancellation or interruption of the trip due to anxiety, stress, depression or any psychological or psychiatric disorder;**

2. deriving from the Insured's decision not to travel;
3. related to any additional costs caused by the fact that the insured did not inform the organiser of the trip immediately after learning of having to cancel the trip;
4. due to cancellation or interruption of the trip caused by the state of pregnancy, save in cases where cancellation or interruption is otherwise imposed by unexpected deterioration of the health conditions incompatible with the trip and duly certified by a qualified medical practitioner;
5. due to waiver or interruption of the trip caused by pregnancy related illnesses, if this was discovered prior to the issuing of the policy;
6. due to cancellation or trip interruption caused by a pre-existing medical condition for which the Insured was aware or should have been aware in line with ordinary diligence prior to the effective date of this insurance. This exclusion applies to the Insured, the Insured's Family, and Essential Helpers, to the person registered at the same time and with whom the insured has booked the trip, or to the Relative or friend with whom the Insured intends to stay;
7. for the cost of the original return trip if this has already been paid and the Insured is forced to terminate the stay;
8. for cancellations due to lack of compulsory vaccination or failure to obtain a passport or visa;
9. due to termination as a result of riots, strikes, lockouts, blockades, government actions of any country, regardless of whether such events are actual or threatened.

Special conditions applicable to SECTION D

Regarding the coverage conditions provided under this section:

1. If the trip is cancelled at a time following the occurrence of any of the events mentioned under the paragraph Scope of the Guarantee, the policy provides for the reimbursement of the penalty specified for the date on which this event occurred, provided it is not higher than the one actually applied (art. 1914 C.C. Therefore, the greater penalty applied as a result of the delay in notifying withdrawal from the trip will be paid by the Insured.
2. If the Insured is registered for the same journey and therefore travels with two or more persons, Family or non-Family members, where the trip is cancelled the guarantee will operate in addition to the Insured directly involved from the event, also to his Family or for just one travel companion, other than a family member, provided that they are insured;

Reporting of the claim.

In the event of there being a need to take advantage of the service relating to the interruption of the trip, the Insured shall give prior notice to the Company by using the reference of the Operational Support Centre indicated in Section A of this policy, in order to receive a return authorisation, under penalty of losing the indemnity.

To use the service relating to the Cancellation of the trip you are referred to the instructions shown in subsequent arts. 28 and 30.

You are referred to the conditions and exclusions valid for all the policy sections.

SECTION E – THIRD PARTY PERSONAL LIABILITY

Section E is valid for Single Trip Insurance, Baggage Assistance Insurance, Assistance, Baggage, Cancellation and Multi-Trip Annual Insurance.

Scope of the guarantee

The Company shall indemnify the Insured for the sums that they will be required to pay as personal liability under the law as compensation (capital, interest and costs) for damage involuntarily caused to third parties for death, personal injury and damage to property as a result of an accidental incident occurring in relation to its participation in the insured trip. The guarantee is provided for up to the maximums indicated in Annex 1 - Table of Guarantees.

Instructions in the event of a claim

The reporting of the claim must be made in accordance with the terms and manner stipulated under art. 28 below.

The insured shall attach any document relevant to the compensation request. The insured shall also abstain from making any admission of liability, from making or offering payments, accepting or rejecting any compensation request without prior written authorisation from the Company.

The Company may at its discretion, in the manner it considers appropriate, and as long as there is interest, assume the management of damage disputes both judicial and extra-judicial proceedings brought against the Insured and to this extent shall be also able to act on behalf of the Insured.

The Company may also take legal action, at its own expense and in its sole interest, for each claim for damages or compensation in respect of any other third party.

The Insured will provide the Company with full assistance in the activity of defence or legal action regarding all claims; for this purpose it will provide all the documents and all the information available.

Special exclusions application to SECTION E (integrating art. 13 – Exclusions valid for all the policy sections of the Insurance conditions)

No compensation shall be due for any liability arising to the Insured from:

- a. damages for death or personal injury caused involuntarily and suffered by persons having with the Insured or the Policyholder an employment, consulting or training agreement, when these events occur during the performance of their duties towards the Policyholder or of 'Insured;
- b. any injury, loss or damage originating from ownership, possession, or use, by the Insured, of a mechanically propelled vehicle, vessels (other than rowing boats, punts and canoes) or aircraft of any type, firearms or other
- c. any injury, loss or damage originating from the ownership, possession, occupation by the Insured of land, buildings, or other immovable property;
- d. any voluntary, malicious or otherwise illegal act perpetrated by the Insured;
- e. any injury, loss or damage deriving from the professional activity of the policyholder or the insured's Company in relation to that profession or business;
- f. any injury, loss or damage deriving from a contract stipulated by the Insured;
- g. involvement in competitions, including the related training and trials;
- h. any non-pecuniary loss other than from biological damage
- i. any damage caused by animals owned or kept by the Insured or persons for which it is legally liable;
- j. accidental loss or deterioration of goods belonging, entrusted or handed over to the custody or control of the Insured, Policyholder or to any other their employees, Relatives of the Policyholder, Insured or their employees or to a servant working for the Policyholder, the Insured or their employee shall be liable for;
- k. damage caused by the insured to property owned or leased by the Policyholder or damage to persons working for or collaborating with the Policyholder;
- l. damage arising from the ownership, possession, use and driving of vehicles, boats, or means of transport in general;
- m. any claim presented in connection with the fact that the Insured was in a state of insanity, or under the influence of drugs (except for drugs prescribed by a licensed physician), alcohol or intoxicating solvents;
- n. responsibilities for which compensation is provided under any other insurance policy covering the Insured;
- o. any liability deriving from an accident which happens to the Insured's Relatives;
- p. any request for compensation deriving from venereal diseases, sexually transmitted diseases, AIDS or related syndromes;
- q. liability incumbent on the Insured under clauses or commitments contained in any contract entered into or accepted by these or by the Contractor, unless such liability does not exist against the Insured regardless of the express provision in the contract.

Special conditions applicable to SECTION E

Property damage: claims for compensation for damage to be settled based on the value of the assets at the time of loss and is not based on the replacement value or replacement cost, according to art. 1917, paragraph 3 of the Italian civil code.

You are referred to the conditions and exclusions valid for all the policy sections

SECTION F - FLIGHT DELAY

Section F is valid for Single Trip Insurance products Assistance, Baggage, Cancellation and Annual Multi-Trip Insurance.

Scope of the guarantee

The guarantee is triggered if the start of the outward or return flight, booked by the Insured suffers a delay in the departure of first international leg due to circumstances beyond the control of the Insured. The delay must be for at least 10 consecutive hours.

Special exclusions application to SECTION F (integrating art. 13 – Exclusions valid for all the policy sections of the Insurance conditions)

Any claim arising from industrial actions that was public knowledge before the start of the trip is excluded from the insurance cover. In the case of multi-leg trips, missed connections due to the delay in the departure of the means of transport on the first leg of the journey are not covered by the guarantee.

Special conditions applicable to SECTION F

Regarding the condition for the coverage provided under this section:

1. the Insured should arrive at the check-in no later than the established time;
2. The Insured must obtain a written statement stating the reason and the amount of delay from the relevant transport company or from the competent authority.

You are referred to the conditions and exclusions valid for all the policy sections

SECTION G - LEGAL EXPENSES

Section F is valid for Single Trip Insurance products Assistance, Baggage, Cancellation and Annual Multi-Trip Insurance.

Scope of the guarantee

The policy provides for the reimbursement within the limits of the amounts indicated in Annex 1: Table of guarantees, legal fees and court costs resulting from the management of compensation claims brought by the Insured or by his heirs and related to compensation for damage resulting from death, injury or illness of the Insured during the trip.

If, at odds with the Insured, the Company believes that the lawsuit has no chance of success, or that the costs associated with it would be higher than any amount recoverable as a result of judgment, the parties can refer the matter to a decision by an arbitrator about the appropriateness of the action being brought.

Special exclusions application to SECTION G (integrating art. 13 – Exclusions valid for all the policy sections. of the Insurance conditions)

The following are excluded from the insurance cover:

1. the costs incurred to file a claim against the Company, its agents or representatives or against any tour operator, hotel services provider, carrier or any person with whom the Insured has travelled or intends to travel;
2. legal fees, fines, damage compensation and other charges subject to the conviction of the Insured under a court order;
3. costs incurred to pursue an action for personal injury compensation, loss or damages caused, also during a business trip, by the professional or business activity of the Assured or otherwise connected with said activity or in the course of the execution of a contract or connected with the possession, use or occupation for residential purposes (other than for holiday or vacation reasons) of any land or building by the Assured.
4. Compensation requests originating from ownership, possession, or use, by the Insured, of ships, aircraft or mechanically propelled vehicles of any kind, animals, firearms or other.

Special conditions applicable to SECTION G

Regarding the condition for the coverage provided under this section:

1. The Insured undertakes to follow the instructions given by the Company and its agents in the managing of any request for compensation; and

2. where possible, the Insured must recover all the costs incurred by the Company and pay the recovered costs to the Company.
3. the Assured must obtain prior approval of the Company on any appointment of lawyer or legal consultant before confirming instructions to his/her counsel, unless avails of the lawyer or legal consultant recommended by the Insurer/Company. Costs arose before any such approvals are expressly excluded by the present Policy. The Insured cannot enter into agreements with the appointed lawyer about fees and costs without a prior approval of the Insurer/Company. In case this happens the cover will not operate. If the Assured withdraws or revoke instructions to a lawyer during a court proceeding to instruct a different lawyer, the Company will cover only the costs of one single lawyer and always within the maximum amount insured as per Annex 1 – Tables of Guarantees. If the revocation of instructions occurs after completion of the first instance proceeding, the Company, subject to any other term, condition, limit and exclusion of the present Policy, covers both the expenses of the first lawyer as well as those incurred for the second lawyer appointed in the second instance proceeding. In case that the lawyer withdraws voluntarily from the appointment, the Company covers both the costs of the first and the second lawyer appointed in substitution of the former, unless the reasons of the withdrawal is due to an objective consideration of the action as wrongful.
4. In the event of their being any disagreement between the Insured and the Company on the management of the claim, the parties may appeal to the court or refer the matter to an arbitrator that rules in equity.
5. Nor the Company nor the MGA or the TPA are responsible for the professional negligence of any lawyer or legal consultant instructed by the Assured
6. the Company covers only those claims activated or promoted judicially or extra judicially during the period of validity of the Policy and connected to events occurred also in the same period. The cover is extended to those claims promoted within 12 months from the date of expiration of the Policy but related to events occurred during the period of validity of the Policy
7. those claims promoted (judicially or extra judicially) by the Assured and other family or party members travelling with the Assured in the same occasion whether under the same tour operator's package or travel agent's invoice if the object of the claims are identical, similar or connected, and against the same defendant or defendants, will be considered as a single claim for the purposed of the present Policy section

You are referred to the conditions and exclusions valid for all the policy sections

Optional guarantees

The following guarantees are valid:

- ***for all Single Trip Insurance products***
- ***for the Multi-Trip Annual Insurance product only if the related premium has been paid.***

The Zero Excess optional cover also applies to the Winter Sports optional cover under section H coverage and to the 7-day Sport Extension optional cover under section L coverage, but not the optional coverage under section M.

SECTION H – WINTER SPORTS

Scope of the guarantee

The guarantee provides the services specified in Annex 1: Table of guarantees and in the following sections H1, H2 and H3, for a period:

- Single Trip Insurance: coinciding with the duration of the policy, up to a maximum of 31 days
- Multi-Trip Insurance: up to a maximum of 14 days during the entire validity period of the annual policy

The guarantee does not cover:

- Single-Trip Insurance: for Insured persons over the age of 74
- Multi-Trip Insurance: for Insured persons over the age of 64

H.1 ASSISTENCE, REPATRIATION AND MEDICAL COSTS, ACCIDENTS, THIRD PARTY PERSONAL LIABILITY

With regard to winter sports, all the guarantees provided for in Sections A, B and E of the policy are extended for the periods indicated above.

H.2 RENTING OF SKIS

The guarantee provides for the payment of an indemnity, within the limits indicated in Annex 1: Table of Guarantees, coverage of the costs of renting other skiing equipment if:

1. the skis owned by the Insured are lost by the Carrier or else incur a delay of more than 12 hours on being returned;
or
2. the Insured's skis are lost or damaged by the Carrier in the course of the journey.

Instructions in the event of a claim

In the event of a claim, the Insured must, in order to justify his indemnity request:

1. take the damage skis home in order to be examined by the Company;
2. immediately report the theft, delay, loss or damage to baggage or personal belongings during their transporting to the Carrier, completing the complaint through the P.I.R (Property Irregularity Report) form and receiving a certified copy of this from the Carrier.

Special conditions applicable the SECTION H.2

Regarding the condition for the coverage provided under this section:

1. any payment made under this section shall be deducted from any claim submitted under Section C (baggage and personal belongings) of this insurance.

H.3 -SKI PACK

Scope of the guarantee

the guarantee provides for the reimbursement, **within the limits indicated in Annex 1: Table of the Guarantees**, of a part of the cost of the Insured's "ski pack" (if it has already been paid and the Insured cannot be reimbursed) where a doctor certifies that this package cannot be used by the insured due to an illness which arose or was occasioned during the insured trip. The "Ski Pack" include skiing injuries, rent of skis and cost of the ski-pass.

You are referred to the conditions and exclusions valid for all the policy sections

SECTION I - ZERO EXCESS

Scope of the guarantee

The warranty provides - for the Single Trip and Annual Multi-Trip product, the elimination of the excesses specified in Annex 1: Table of guarantees, where, an insured event occurs and the appropriate premium has been paid.

You are referred to the conditions and exclusions valid for all the policy sections

SECTION L - 7 DAY SPORTS EXTENSION

Scope of the guarantee

With reference to paragraph "a" of art. 12, the exercising of the following listed activities if extended from 3 to 7 days during the period of the trip. The other operational conditions remain unchanged as indicated in the same art. 12.

The activities listed as "excluded" under letter "d" Art. 12 of the policy conditions are always excluded from the cover.

You are referred to the conditions and exclusions valid for all the policy sections

SECTION M - SMARTPHONE/TABLET PROTECTION

Scope of the guarantee

The guarantee, provided that the relevant additional premium has been paid, provides compensation, within the limits set out in Appendix 1: Table of Guarantees, for direct physical damage resulting from theft or accidental damage of an electronic device, as defined under the item "guarantees devices" in this document. The insurance is extended to accessories which have been purchased in kit form with the guaranteed equipment.

The guarantee, expressly subscribed, is valid for a period coinciding with the duration of the Trip.

In the event of theft the Company reimburse the value of the goods, determined having regard to the wear and tear and depreciation due to use.

In the case of accidental damage, the Company pays, at its sole discretion:

- a. an indemnity for accidental damage caused to the guaranteed equipment, equal to the value of the property, determined taking into account the wear and tear and depreciation due to the use
- or
- b. the reimbursement of the costs incurred for the repair carried out by a technical assistance centre in Italy authorised by the manufacturer of the item.

Special exclusions application to SECTION M (integrating art. 13 – Exclusions valid for all the policy sections. of the Insurance conditions)

The following are excluded from the insurance cover:

1. the loss or leaving behind of the guaranteed equipment
2. events caused by the Insured's negligence
3. the accessories, including but not limited to:
 - a. for Telephones and tablets: covers, hands free kits, cases, docking stations
 - b. for computers and laptops: cases, docking stations, hard disks, external webcams
 - c. portable consoles, handheld games, headphones
4. Damage caused by fire or another incident involving the vehicle in which the items are being transported;
5. wear and tear, loss of value, mechanical or electrical breakdown or damage caused by any process of cleaning, repairing or restoring, or damage caused by dust or liquid spills transported in the baggage of the Insured;
6. theft, fire, robbery or theft not reported to the police authorities within 24 hours of discovery thereof and for which the insured does not provide the certified copy of the complaint;
7. theft or accidental damage to goods delivered to third parties (e.g. transport company) or not transported in carry-on baggage by the Insured during the trip, except in cases where the goods were entrusted to a hotelier, which has taken them in custody in a manner designed to ensure safety through the safe deposit boxes in hotel rooms;
8. delayed delivery or retention of the insured's belongings by the customs authorities or other officials who withhold them legally;
9. property left unattended in a public place;
10. Theft of goods transported on the roof rack of a vehicle;
11. operating failures, defects attributable to causes of internal origin, manufacturing defects, hidden defects, as resulting from component wear whatever the cause
12. damage caused to the equipment's external parts that do not affect the operation (e.g. scratches, scrapes and dents)
13. the failure (breakdown) generated by changes in the device's original characteristics
14. damage deriving from the failure to follow the user or manufacturer's instructions
15. damage covered by the manufacturer's or distributor's warranty
16. Items not purchased by the Insured as new and fully functional, and for which the sales receipt is not available.
17. Goods for which the serial number, IMEI code or sim housing have been interfered with in any way
18. any event arising prior to the start of the trip.
19. any claim due to the use of the mobile telephone or smartphone other than as originally indicated by the manufacturer, as shown by the mobile telephone supplier
20. any repair and replacement if the SIM card registered to the insured cannot be found at the time of the claim, in the insured device.

21. claims occurring in devices used for the insured's professional or commercial activity.

Special conditions applicable to SECTION M

Regarding the coverage conditions provided under this section:

1. The indemnity assessment will be carried out considering the commercial value of the goods seized at the time of the accident, without taking into account the expected profits or damages for loss of enjoyment or use, or any other losses
2. In case of liability on the part of a third party or a carrier, the indemnity will be paid within the limits of the capital insured and subsequently to that of the Third Party, net of the amount already indemnified and only if the compensation already received does not cover the entire amount of the damages.

Instructions in the event of a claim for Section M

As to the timing and manner of the making claims, Articles 30, 31 and 32 below.

The following documentation is to be sent:

- a. in the event of theft
 - policy number
 - description of the circumstances of the event
 - copy of the theft report submitted to the competent Authorities within 24 hours from the event occurring
 - copy of the document (invoice) attesting to the purchase of the item
 - copy of the documentation (recorded delivery letter with acknowledgement of receipt) attesting to the blocking of the IMEI code and SIM card
- b. in the case of accidental damage
 - policy number
 - description of the circumstances of the event
 - copy of the document (invoice) attesting to the purchase of the item
 - certificate of the damage issued by a Technical Assistance Centre authorised by the manufacturer, which confirm the failure of the item to function
 - receipt and/or repair invoice issued by a service centre authorised by the goods manufacturer

You are referred to the conditions and exclusions valid for all the policy sections

INSURANCE PREMIUM

Art. 14 - Insurance premium

the insurance premium is determined on the basis of:

- the number of Insureds
- the chosen insurance product
- the selection or not of optional cover
- the territorial extension

and is indicated in the "Insurance Certificate", including any insurance tax.

The premium must be paid by the Policyholder in advance with regard to any Insurance Period.

The premium is annual for the Multi-Trip Annual Insurance whereas it is limited to the period indicated in the "Certificate of Insurance" for the Single Trip Insurance.

Art. 15 – Payment of the premium

The insurance premium will be paid by the Policyholder directly to the Company via direct debit from his/her credit card, the details of which will be indicated by the Policyholder on www.columbusassicurazioni.it site.

The failure to pay the premium will lead to the application of Article 1901 C.C.

Art. 16 - Declarations relating to the circumstances of the risk

The misrepresentations or the reluctance of the Policyholder or the Insured, regarding circumstances that influence the risk assessment can lead to the total or partial loss of the right to the indemnity and to the termination of the insurance contract. 1892, 1893 and 1894 Civil Code.

Art. 17 — Other insurances

The Policyholder shall notify the Company in writing of the existence and the successive stipulation of other insurance for the same risk, and in the case of an accident, give notice to all the insurers and indicate to each the name of the other, as provided by art. 1910 Civil Code.

The Policyholder shall notify the Company if any kind of accident which occurs as envisaged under these General Conditions of Insurance is also covered by other insurance, guarantees or other legal rights. The Policyholder shall provide the Company with any other manufacturer's details and we will pay our fair share of the claim.

Art. 18 – Date of concluding the contract and date on which the insurance starts

This contract is deemed to be concluded at the time the premium is paid by the Policyholder.

Without prejudice to what is established in the respective sections for individual guarantees, the insurance begins on the date indicated in the "Certificate of Insurance" to item "Validity Date of the cover", provided that the contract has been duly concluded pursuant to the previous paragraph.

Art. 19 - Duration of the insurance

Based on the dates specified under item "Insurance Validity" specified in the "Certificate of Insurance", this insurance is valid for one year in the case of Multi-Trip annual policies; in the case of single trip policies, coverage ends on the due date specified in the Certificate of Insurance, or ceases prior to the expiration date specified in the Certificate where journey ends beforehand. Coverage is extended beyond the period specified by the Certificate of Insurance only where the journey - the duration of which is supposed to reflect the dates indicated on the certificate - lasts longer than expected, for reasons insured under this contract which are outside the control of the insured person.

Under no circumstances may this policy be tacitly renewed.

All trips must start and finish in Italy. The full duration of the Policholder's trip must be insured prior to the Policyholder starting their trip; otherwise a claim may not be covered.

Art. 20 - Change to the insurance

Any changes to the Insurance must be made in writing.

Art. 21 — Aggravation to the risk

The Policyholder/Insured shall give written notice to the Insurer regarding any aggravation to the risk. Aggravation to the risk which are not known or not accepted by the Insurer may result in the total or partial loss of the right to indemnity and to the termination of the Insurance pursuant to art. 1898 Civil Code.

Art. 22 — Decrease to the risk

Where the risk decreases, the Company is bound to reduce the premium and the subsequent premium instalments upon the notice by the Policyholder/Insured (art. 1897 C.C.) and waiver of the related right of withdrawal.

Art. 23 — Cooling off period

In accordance with the legislation on the remote marketing of insurance products, the Policyholder is entitled to exercise the right of withdrawal within 14 days following the concluding of the contract or, if later, on the date of receipt of the contract documents;

In this case the Company will proceed to a refund of any premium already paid, net of statutory taxes. However, pursuant to art. 67-ter decies of legislative decree 206/2005, the policyholder requires that the insurance services covered by this policy begin to be provided according to the provisions relating to the commencement and duration of the guarantees, even before the expiry of the withdrawal period. Where this happens, the return of the premium will be pro rata, on the basis of the actual service provided.

The cooling off period pursuant to this clause shall not apply for trips whose duration is less than one month.

In accordance with the legislation on the remote marketing of insurance products, the Policyholder is entitled to exercise the right of withdrawal within 14 days following the concluding of the contract or, if later, on the date of receipt of the contract documents; in which case the Company will proceed to a refund of any premium already paid, net of statutory taxes. In this regard, please consult art. 23 of the General Insurance Conditions.

The right of withdrawal does not apply to policies where the services have been performed at the request of the consumer before the exercise of the right of withdrawal.

Warning: there are no other contractual withdrawal clauses.

Art. 24 – Territorial competence

For any dispute relating to this contract, the Court of the place where the Insured resides shall be competent

Art. 25 – Taxes

Taxes relating to the Insurance shall be paid by the Policyholder/Insured.

Art. 26 - Law applicable to the contract

This contract is governed by the law of the Italian Republic.

Art. 27 – Proof of contract and referral to law

The contractual relations shall be determined solely by the Certificate of Insurance, the General Conditions of the Policy and its Appendices and Attachments. The legal provisions shall apply to anything not governed by the contract.

Art. 28 – Prescription Period

The rights resulting from the insurance contract shall be barred two years from the day on which the fact on which the right is based occurs, in accordance with art. 2952 of the Civil Code. In third party personal liability insurance, the period runs from the day when the third party requested compensation from the Insured or brought the legal proceedings against the latter.

In the event of a claim, where there is a breach of the obligation to give notice pursuant to the terms in the contract of insurance, the insured may forfeit, in whole or in part, the right to compensation pursuant to art. 1915 Civil Code.

Art. 29 – Payment Currency

The indemnities and reimbursements are paid in Italy and in Euro.

In the case of costs incurred in countries outside the European Union or belonging to the same but which have not adopted the euro as their currency, the refund will be calculated at the exchange rate set by the European Central Bank for the day on which the Insured has incurred expenses.

INSTRUCTIONS IN THE EVENT OF A CLAIM

The Insured must contact the Company as soon as it becomes aware of any event covered by this policy that may involve physical or material damage to by other persons. In the event that, due to a late declaration, the interests of the Company are adversely affected, any right to compensation shall be lost.

Art. 30 – Obligations in the event of a claim

Any claim must be promptly reported to the Claims management centre in writing no later than 31 days from the conclusion of the trip.

The compensation request can be submitted to the Claims management Centre by sending a written letter containing a brief description of the claim to e-mail address:

E-mail: ufficiosinistri@columbusassicurazioni.it

Upon reporting a claim, the insured will be sent a claim form to be returned filled in, together with all the necessary documentation to prove the claim and the right to compensation, documentation that the insured must provide at his or her own expense. Please also respect the obligations on the reporting and proving of claims that are contained in the sections that

describe the policy covers you wish to activate. In order to prevent fraudulent claims for compensation, the insured's personal data shall be stored on computer and may be transferred to a centralised system. This data is treated in accordance with the data protections laws as elsewhere provided for in this Policy.

In the event of a claim relating to Section G - Legal Expenses, the indemnity request will be forwarded to the Columbus Assicurazioni claims office Nevertheless, this type of claim will be managed by the following law firm:

BTG LEGAL

Batini Traverso Grasso & Associati
99 BISHOPSGATE LONDON EC2M 3XD
20123 MILAN - Via Camperio, 9
16122 GENOVA - Via Assarotti, 11/9
57123 LIVORNO - Via Borra, 35
48121 RAVENNA - Via Salara, 31

In any case, the insured must contact the claims management centre as specified in Section C INFORMATION ON PAYMENT PROCEDURES AND CLAIMS

Art. 31 - Compensation requests for damage to baggage

With reference to sections C1, C2 and M, the Insured must:

- in the event of theft
 - (i) make a report to the Competent Police Authority within 24 hours of the event happening
 - (ii) if the items stolen are being kept by a third party (i.e. the hotel), immediately send a written claim to the third party responsible and ask the latter to provide compensation for the loss;
- In the case of a failure to deliver, loss or damage incumbent upon the Carrier
 - (i) upon discovering damage immediately notify the Airline or the relevant transport company, obtaining a certified copy of the insurance claim related to the event reported (Property Irregularity Report for the Airlines or equivalent document for any other type of Carrier); and
 - (ii) request compensation from the Airline or transport company in writing, attaching the original of the complaint
 - (iii) In the case of baggage which is deemed to be permanently lost, product the final statement of loss issued by the Airline with an indication of the amount paid by way of compensation.

In any case, the insured must send the Company the theft report (in the original, unless the same has been transmitted to the carrier responsible, and in this case just one copy) and provide reasonable evidence (e.g. Receipts or purchase receipts) of possession of the stolen goods.

The Assured will not be entitled to compensation or should be obliged to return any compensation received in connection with any amount indemnified by the Airline Company.

Art. 32 – General conditions applied to the management of the claim report

- a. The Insurer is not responsible for the losses or damages cause by the failure of the Insurer to adopt reasonable measures suitable for safeguarding his own property.
- b. The Insured must make all reasonable efforts to recover any items lost or stolen and collaborate with the authorities to allow them to identify and prosecute the persons responsible.
- c. The Insured must make all reasonable efforts to avoid or reduce any damage which may lead to a compensation request under this policy.
- d. The Insured must keep the policy documents for the purpose of proving cover. In the event of a claim, these document may be requested by the Company to obtain the execution of the guaranteed service.
- e. The Insured must cooperate with the company to enable it to approach other individuals or other insurers to recover any amounts which may have been paid. To this end, the Insured must supply the Company with all the information requested and compile any forms necessary.

- f. If any claim under this Policy is in any respect fraudulent or unfounded, all benefit paid and/or payable in relation to that fraudulent claim shall be forfeited and (if appropriate) recoverable. We shall not be liable to you in respect of a relevant claim occurring after the time of the fraudulent act. For the avoidance of doubt, the rights and obligations of the parties to the contract with respect to claims occurring before the time of the fraudulent act are unaffected; and
- We need not return any Premiums paid
 - We may share information about the circumstances with other organisations, public bodies, authorities and law enforcement agencies for criminal investigation
- g. The Insured must provide all the documents necessary for managing the claim. He or she is responsible for any costs associated with these documents.
- h. The insured must keep all damaged articles and send them, upon request. Any associated costs shall be covered by him/her.
- i. Upon the request by the Company, the Insured must accept to undergo a medical examination. In the event of the Insured's death, the Company has the option to request a port mortem examination.
- j. The Insured must reimburse the Company, within a month from the related request, of any amount paid but not covered under this policy.
- k. The Insured or, in the case of death, the beneficiary, must allow for the investigations and enquiries deemed necessary by the Company to be carried out, and for this purpose to discharge the doctors who visited and cared for the Insured from the obligations of professional secrecy.

How we use the information about you

As a data controller, we (Collinson Insurance Europe Limited, collect and process information about you so that we can provide you with the products and services you have requested. We also receive personal information from your agent on a regular basis while your policy is still live. This will include your name, address, health information, risk details and other information which is necessary for us to:

- meet our contractual obligations to you;
- issue you this insurance policy;
- deal with any claims or requests for assistance that you may have
- service your policy (including claims and policy administration, payments and other transactions); and
- detect, investigate and prevent activities which may be illegal or could result in your policy being cancelled or treated as if it never existed.

Some of the personal information that you provide may be sensitive information. This includes details about your health or medical records. Where we need your consent to collect and process your sensitive information, this will be obtained from you at the relevant time. Please note that, in these cases, we may not be able to deal with a claim if you do not agree to us processing relevant sensitive information.

In order to administer your policy and deal with any claims, your information may be shared with trusted third parties. This will include members of The Collinson Group, International Care Company Srl, Batini Traverso Grasso & Associati, contractors, investigators and claims management organisations where they provide administration and management support on our behalf. Some of these companies are based outside of the European Union where different data privacy laws apply. Wherever possible, we will have strict contractual terms in place to make sure that your information remains safe and secure.

We will not share your information with anyone else unless you agree to this, or we are required to do this by our regulators e.g The Maltese Financial Services Authority, IVASS or other authorities.

Processing your data

Your data will generally be processed on the basis that it is:

- necessary for the performance of the contract that we have with you;
- is in the public or your vital interest: or
- for our legitimate business interests.

If we are not able to rely on the above, we will ask for your consent to process your data.

How we store and protect your information

All personal information collected by us is stored on secure servers which are either in the United Kingdom or European Union.

We will need to keep and process your personal information during the period of insurance and after this time so that we can meet our regulatory obligations or to deal with any reasonable requests from our regulators and other authorities.

We also have security measures in place in our offices to protect the information that you have given us.

How you can access your information and correct anything which is wrong

You have the right to request a copy of the information that we hold about you. If you would like a copy of some or all of your personal information please contact our Data Protection Officer by e-mail or letter as shown below:

Collinson Insurance Europe Limited



E-mail address: data.protection@collinsongroup.com

Postal address: Data Protection Officer, Collinson Insurance Europe Ltd, Cutlers Exchange, 123 Houndsditch, London, UK, EC3A 7BU

This will normally be provided free of charge, but in some circumstances, we may either make a reasonable charge for this service, or refuse to give you this information if your request is clearly unjustified or excessive.

We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information you think is inaccurate.

If you wish to make a complaint about the use of your personal information, please contact our Data Protection Officer using the details above. You can also complain directly to the Autorita' Garante della Privacy. Further information can be found at www.garanteprivacy.it. You may also complain directly to the Information and Data Protection Commissioner in Malta who can be contacted in the following ways:

Information and Data Protection Commissioner
Level 2, Airways House
High Street
Sliema SLM 1549
Malta

Tel: (+356) 2328 7100

Email: idpc.info@idpc.org.mt

APPEX 1: TABLE OF GUARANTEES

Single Trip Products

The reimbursement limits indicated for individual services are deemed to apply per person and per insurance period.

COVERAGE TABLES FOR ONE-OFF TRIP PRODUCTS (Assistance - Assistance and baggage - Assistance, baggage and cancellation)

Section	Cover	Cover limit abroad	Cover limit in Italy
A – ASSISTANCE, REPATRIATION AND MEDICAL EXPENSES 24-hour health care (same cover for all products)	Medical consultation by telephone	Actual expense	Actual expense
	Dispatch of urgently needed medicines that cannot be obtained locally	Actual shipping costs	Actual shipping costs
	Foreign travel of a doctor to the place where insured is staying	Actual expense	N.A.
	Transporting the insured to hospital	Actual expense	Actual expense
	Repatriation of the insured to his home	Actual expense	Actual expense
	Repatriation of the body in case of death	Actual expense	Actual expense
	Funeral expenses	€ 3,000	€ 1,500
	Paying the cost of a ticket and living expenses of an insured Family member	Return ticket	Actual expense
	Paying for additional living expenses if the insured extends his stay	€ 75 per person per day, up to a maximum of € 750	€ 50 per person per day, up to a Maximum of € 500
	Cost of continuing the trip (insured and companions)	€ 75 per person per day, up to a maximum of € 750	€ 50 per person per day, up to a Maximum of € 500
	Return of companions and paying the additional costs and/or for an extended stay	Actual expense	Actual expense
	Return of children younger than 15 travelling with the insured	Return ticket	Return ticket
	Early return of the insured	€ 75 per person per day, up to a maximum of € 750	€ 50 per person per day, up to a maximum of € 500
	Assistance to the insured's children younger than 15 who remained at home	€ 75 per person per day, up to a maximum of € 750	€ 50 per person per day, up to a maximum of € 500
	Telephone interpreting	Actual expense	N.A.
	Legal assistance abroad	€ 3,000	N.A.
	Advance of funds	€ 3,000	€ 1,500
	Conveying urgent messages	Actual expense	Actual expense
	Search and rescue costs	€ 2,000 per insured, € 7,000 per claim	€ 1,000 per insured, € 3,000 per claim
	Credit card protection	Actual expense	Actual expense

		A - ASSISTANCE		AB – ASSISTANCE AND BAGGAGE		ABSOLUTE - ASSISTANCE, BAGGAGE AND CANCELLATION	
		Cover limit	Excess	Cover limit	Excess	Cover limit	Excess
A – ASSISTANCE, REPATRIATION AND MEDICAL EXPENSES	Medical expenses abroad	UNLIMITED*	€ 100	UNLIMITED*	€ 100	UNLIMITED*	€ 100
	Medical expenses in Italy	€ 10,000.00	€ 100	€ 10,000.00	€ 100	€ 10,000.00	€ 100
B - ACCIDENTS		X	N.A.	€ 10,000.00	none	€ 25,000.00	none
C – BAGGAGE AND PERSONAL BELONGINGS		X	N.A.	€ 1,500.00	€ 100.00	€ 2,000.00	€ 75.00
C1 – SUBLIMIT FOR EACH ITEM				€ 250.00		€ 250.00	
C2 – CUMULATIVE SUBLIMIT FOR VALUABLES				€ 250.00		€ 250.00	
C3 – BAGGAGE DELAYES FOR AT LEAST 12 H				€ 150.00		€ 150.00	
C4 – BAGGAGE DELAYES FOR AT LEAST 24 H				€ 300.00		€ 300.00	
D – CANCELLING AND BREAKING OFF TRIP		X	N.A.	X	N.A.	€ 2,000.00	€ 75.00
E – LIABILITY		X	N.A.	€ 250,000.00	none	€ 500,000.00	none
F – DELAYED FLIGHT		X	N.A.	X	N.A.	€ 20 for each 10-hour period, maximum € 200	none
G – LEGAL EXPENSES		X	N.A.	X	N.A.	€ 10,000.00	none

* Up to 120 days of hospitalisation

Multi-Trip annual insurance

The reimbursement limits indicated for individual services are deemed to apply per person and per insurance period.

Section	Cover	Cover limit abroad	Cover limit in Italy
A – ASSISTANCE, REPATRIATION AND MEDICAL EXPENSES 24-hour health care (same cover for all products)	Medical consultation by telephone	Actual expense	Actual expense
	Dispatch of urgently needed medicines that cannot be obtained locally	Actual shipping costs	Actual shipping costs
	Foreign travel of a doctor to the place where insured is staying	Actual expense	N.A.
	Transporting the insured to hospital	Actual expense	Actual expense
	Repatriation of the insured to his home	Actual expense	Actual expense
	Repatriation of the body in case of death	Actual expense	Actual expense
	Funeral expenses	€ 3,000	€ 1,500
	Paying the cost of a ticket and living expenses of an insured Family member	Return ticket	Actual expense
	Paying for additional living expenses if the insured extends his stay	€ 75 per person per day, up to a maximum of € 750	€ 50 per person per day, up to a Maximum of € 500
	Cost of continuing the trip (insured and companions)	€ 75 per person per day, up to a maximum of € 750	€ 50 per person per day, up to a Maximum of € 500
	Return of companions and paying the additional costs and/or for an extended stay	Actual expense	Actual expense
	Return of children younger than 15 travelling with the insured	Return ticket	Return ticket
	Early return of the insured	€ 75 per person per day, up to a maximum of € 750	€ 50 per person per day, up to a maximum of € 500
	Assistance to the insured's children younger than 15 who remained at home	€ 75 per person per day, up to a maximum of € 750	€ 50 per person per day, up to a maximum of € 500
	Telephone interpreting	Actual expense	N.A.
	Legal assistance abroad	€ 3,000	N.A.
	Advance of funds	€ 3,000	€ 1,500
	Conveying urgent messages	Actual expense	Actual expense
	Search and rescue costs	€ 2,000 per insured, € 7,000 per claim	€ 1,000 per insured, € 3,000 per claim
Credit card protection	Actual expense	Actual expense	

		YEARLONG MULTI-TRIP	
		Cover limit	Excess
A – ASSISTANCE, REPATRIATION AND MEDICAL EXPENSES	Medical expenses		
	abroad	UNLIMITED*	€ 100
	in Italy	€ 10,000	€ 100
B - ACCIDENTS		€ 25,000	none
C – BAGGAGE AND PERSONAL BELONGINGS		€ 2,000	€ 75
C1 – SUBLIMIT FOR EACH ITEM		€ 250	
C2 – CUMULATIVE SUBLIMIT FOR VALUABLES		€ 250	
C3 – BAGGAGE DELAYES FOR AT LEAST 12 H		€ 150	
C4 – BAGGAGE DELAYES FOR AT LEAST 24 H		€ 300	
D – CANCELLING AND BREAKING OFF TRIP		€ 2,000	€ 75
E – LIABILITY		€ 500,000	none
F – DELAYED FLIGHT		€ 20 for each 10-hour period, maximum € 200	none
G – LEGAL EXPENSES		€ 10,000	none

* Up to 120 days of hospitalisation

Optional products WINTER SPORTS/ZERO PREMIUM/SMARTPHONE/TABLET PROTECTION

The guarantee is only provided after payment of the related additional premium

WINTER SPORTS - Section H (optional, applicable to Single Trip and Annual Multi-Trip)

	ASSISTANCE		ASSISTANCE AND BAGGAGE	
	Cover limit	Excess	Cover limit	Excess
H1 - Assistance, repatriation and medical expenses	as in Section A	as in Section A	as in Section A	as in Section A
H2 - Rental of skis	€ 500	€ 75	€ 500	€ 75
H3 - Ski pack	€ 1,500	€ 75	€ 1,500	€ 75

	ASSISTANCE, BAGGAGE AND CANCELLATION		YEAR LONG MULTI-TRIP	
	Cover limit	Excess	Cover limit	Excess
H1 - Assistance, repatriation and medical expenses	as in Section A	as in Section A	as in Section A	as in Section A
H2 - Rental of skis	€ 500	€ 75	€ 500	€ 75
H3 - Ski pack	€ 1,500	€ 75	€ 1,500	€ 75

ZERO EXCESS – Section I (optional, applies to Single Trips and year long Multi-Trip)

Summary of excess amounts that no longer apply	ASSISTANCE	ASSISTANCE AND BAGGAGE	ASSISTANCE, BAGGAGE AND CANCELLATION
A - Medical expenses	€ 100	€ 100	€ 100
C - Baggage	N.A.	€ 100	€ 100
D - Cancelling and breaking off trip	N.A.	N.A.	€ 75
H2 - Rental of skis (if expressly bought)	€ 75	€ 75	€ 75
H3 - Ski pack (if expressly bought)	€ 75	€ 75	€ 75

SMARTPHONE/TABLET PROTECTION – Section M (optional, applies to Single Trips and year long Multi-Trip)

Cover	Cover limit per policy	Excess
M - Smartphone/tablet	€ 1,000	€ 150