

Multi-risks travel insurance policy
Youth Exchange Program (YEP)
Extra UE vs Italy

CHUBB®

CHUBB

RYE Italian Multidistrict Youth Exchange Program (YEP) Extra UE vs Italy

**Insurance Terms and Conditions ITBOTY05334
Form ITBOTY05334_RY0001**

Last update: v. 03/2017

ACE ha acquisito Chubb, dando vita così a una compagnia leader a livello globale nel settore assicurativo, che opera sotto il rinnovato marchio Chubb.

ACE European Group Limited. Sede legale: 100 Leadenhall St., London, EC3A 3BP (UK) - Capitale sociale Lst. 544.741.144,00 i.v.- Rappresentanza generale per l'Italia: Viale Monza 258 - 20128 Milano - Tel. 02 27095.1 - Fax 02 27095.333 - P.I. e C.F. 04124720964 - R.E.A. n. 1728396 - Abilitata ad operare in Italia in regime di stabilimento con numero di iscrizione all'albo IVASS I.00043. L'attività in Italia è regolamentata dall'IVASS, con regimi normativi che potrebbero discostarsi da quelli del Regno Unito. Autorizzata e soggetta alla vigilanza del Prudential Regulation Authority, 20 Moorgate, London EC2R 6DA UK. info.italy@chubb.com.

Information Provided To The Consumer In Relation To The Stipulation Of A Distance Contract

Dear customer,

the insurance contract you have undersigned is defined, in accordance with Legislative Decree 206/05, as a distance contract, i.e. "a contract which is stipulated between the consumer and the supplier, ACE European Group Ltd., by utilizing one or more techniques of remote communication until the time of stipulation of the contract, including the stipulation of the contract itself".

In accordance with Article 67 *quater* of Legislative Decree 206/05, the following should be noted in relation to the Consumer Code:

- a consumer is any natural person who acts for reasons which do not fall within the framework of his/her entrepreneurial or professional activities;

- ACE European Group Ltd. with its registered office in London (UK) EC3A 3BP, 100 Leadenhall Street and controlled by the group Chubb Limited, is authorized and subject to the supervision of the Prudential Regulation Authority, 20 Moorgate, London EC2R 6DA UK (the Supervision Authority of insurance services in the UK) and is recorded at the Registry no. 202803

(https://register.fca.org.uk/ShPo_FirmDetailsPage?id=001b000000MfKotAAF). The contract is concluded with the General Agent for Italy - with registered office in Milan, Viale Monza, 258-20128 Milan - CF - P.I. -R.I. 04124720964 - R.E.A. n. 1728396, website <https://www.chubb.com/it>. The regulatory systems in other countries in which it operates ACE European Group Limited - General Agent for Italy may differ in whole or in part from the existing one in the United Kingdom. The activity of ACE European Group Limited-General Agent for Italy on the Italian market is regulated dall'IVASS that has authorized to transact insurance business under the freedom of establishment, with registration number to list of insurance companies No I.00043;

- the proposed insurance contract is regulated by the following Insurance Terms and Conditions pursuant to the Master policy no. ITBOTY05334, Form ITBOTY05334_RY0001 if these Terms and Conditions correspond to your expectations. The premium which is payable for the subscription of the contract is equal to that reported in the Subscription Certificate.

- the Insured will retain the right to unilaterally withdraw from the policy without having to specify a reason:

- o within 48 (forty eight) hours prior to the date of arrival in Italy;
- o only in those cases in which the policy was bought within the 14 (fourteen) days prior to the date of arrival in Italy, the right described above can also be exercised after the date of arrival in Italy. In this case, the withdrawal rights must be exercised within 14 (fourteen) days from the date of purchase/subscription to the Master policy.

In case of withdrawal, the policy premium will be reimbursed, net of any taxes that are due if already paid by the Company, and without the application of any penalty.

Complaints

We aim to provide a high quality service at all times, but occasionally mistakes do happen. If for any reason you are unhappy with our service, we would like you to tell us, so that we can try to put things right. We can usually resolve most issues quickly.

Any complaints regarding the contractual relationship or claims management should be sent by writing to following addresses:

ACE European Group - Ufficio Reclami, Viale Monza, 258 – 20128 Milan

Email: ufficio.reclami@chubb.com

Fax: +39 02.27095.430

In order to allow a better assessment of your complaint, please:

- indicate the policy number and / or the number of claim, when possible;
- provide all the details about your case;
- specify what type of solution you would like to be adopted.

If the party concerned is unsatisfied with the result of the complaint or if no reply is received within a maximum of 45 days of the date of receipt by the Company, it is possible to contact IVASS - User Protection Service - Via del Quirinale, 21 - 00187 Rome, enclosing with the report the documentation relating to the complaint processed by the Company using the form that may be viewed at the following address:

http://www.ivass.it/ivass_cms/docs/F2180/Allegato2_Guida%20ai%20reclami.pdf.

In relation to disputes concerning the quantification of damages and the attribution of liability, please recall that exclusive responsibility remains with the Judicial Authority, in addition to the right to make recourse to reconciliation systems, if any. Complaints may also be addressed to the Financial Ombudsman Service (FOS), of which ACE is a member, at: FOS, South Quay, 183 Marsh Wall, London, E14 9SR, Tel. 0044.845.080.1800, email: enquiries@financial-ombudsman.org.uk.

To resolve cross-border disputes, it is possible to submit a complaint to IVASS or directly to the competent foreign system, by requesting the activation of the FIN-NET procedure.

European online dispute resolution platform

If the insurance policy was acquired online or by means of electronic communications instruments (i.e., phone, SMS, fax or any other mobile device) and the policyholder or the insured cannot contact us directly through the Financial Ombudsman Service (FOS), it is possible to submit a complaint through the European online dispute resolution platform - available at <http://ec.europa.eu/consumers/odr/>.

In that case, the complaint will then be brought to the attention of the Financial Ombudsman Service as well as the Company in order to obtain a reply. The Policyholder is advised to take into account that in that case the complaint may not be transmitted immediately and that therefore there may be a brief delay before the Company receives it. In any event, if you would like to rely on the services of reconciliation bodies to access alternative out-of-court instruments for the resolution of disputes which do not envisage access to the ordinary judicial authority, the policyholder and the insured may consult the Register of those bodies held by the Ministry of Justice and available online at:

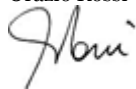
<https://mediazione.giustizia.it/ROM/ALBOORGANISMIMEDIAZIONE.ASPX>

ACE European Group Limited, a Chubb Company

General Representation for Italy

The Legal Representative

Orazio Rossi



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info.italy@chubb.com

Chapter 1 - Definitions

In the text which follows, terms are defined as follows:

- **Abroad or foreign Country:** All Countries of the world excluding Italy.
- **Accident:** an event due to violent, accidental and external cause which results in physical injuries that can objectively be ascertained.
- **Assistance:** prompt aid, in cash or in kind, provided through Chubb Assistance to the Insured who is in difficulty due to the occurrence of a claim.
- **Associated District:** this wording refers to all Italian districts which participate in the “Association for the Rotary International Youth Exchange Program”, in accordance with the relative Articles of Association that have been approved and are in force.
- **Baggage:** clothing items, personal hygiene items, photo/video equipment and the bag, suitcase or backpack which contain these items and which the Insured is bringing with him on the trip.
- **Benefit:** the Assistance provided in kind, i.e. the aid which must be provided to the Insured in the case of occurrence of a claim falling under the realm of the Assistance coverage or in times of need, and provided by the Company through the Assistance Centre.
- **Breakdown:** the damages sustained by baggage due to its breaking, a collision or clashing against fixed or mobile objects.
- **Broker:** the intermediary who is regularly registered within the Sole Registry of Insurance Brokers and recognized by the parties and to whom the Policyholder has delegated the management of the Master policy through a specific mandate.
- **Carrier:** a party which undertakes, in exchange for compensation, to transfer persons or items from one location to another.
- **Chubb:** the insurance Company, i.e. ACE European Group Ltd.
- **Chubb Assistance:** IMA Servizi S.c.a.r.l – Piazza Indro Montanelli 20, 20099 Sesto San Giovanni (MI). It is provided with doctors, technicians and operators and operating 24 hours a day, all year round, the organisation ensures phone contact with the Insured, organises action on the spot and provides the assistance services under this Insurance Contract with costs charged to Chubb.
- **Claim:** the occurrence of the damaging event for which the insurance is provided.
- **Company:** the insurance Company, i.e. ACE European Group Ltd.
- **Compensation:** the sum paid by the Company in the case of a claim.
- **Country of origin:** the nation specified in the passport of the Insured student.
- **Cover:** the insurance which does not fall under the Assistance insurance and for which the relative premium was paid and for which, in the case of a claim, the Company will reimburse any sustained damages.
- **Damages:** any damages sustained by the baggage during the trip.
- **Date of effectiveness/subscription:** the day in which the premium was paid.
- **Day Hospital:** hospital stay not involving overnight accommodations, but documented by medical records from an authorized healthcare facility with beds for hospital stays.
- **Deductible:** the part of the indemnifiable damages, expressed as a fixed amount, which is always charged to the Insured.
- **Disease:** any alteration in the state of health of an individual which does not derive from accidents i.e., for the purposes of this contract, any involuntary deterioration in health which can be ascertained by professional medical personnel.
- **District:** all districts which are part of the Rotary International and participate in the Youth Exchange program.
- **Event:** the occurrence which generated, either directly or indirectly, one or more claims.
- **Excess:** percentage of the amount which is payable through the policy and which, in the case of a claim, will remain charged to the Insured.
- **Family member:** a relative of the Insured (spouse, children, father, mother, brothers, sisters, grandparents, father/mothers in law, sons in law, daughters in law, brothers/sisters in law, uncles, cousins, nephews) and the people which habitually live with him/her, as reported in family status certificate.
- **Force majeure:** any external, extraordinary and unpredictable energy, that prevents the Insured to be compliant with the obligations relating to the procedure to be followed in the event of claims.
- **Foreign countries:** all countries of the world except Italy.
- **Fracture:** a breaking in the bone, either partial or total, and with or without movement.
- **Healthcare institution:** a university institution, hospital, nursing home, day hospital, diagnostic and/or therapeutic group practices which are regularly authorized to conduct diagnoses and cures. The following are not typically considered healthcare facilities licensed to diagnose and prescribe: thermal spas, institutions that primarily provide dietary recommendations and those offering wellness, rehabilitation, convalescence, longer stays and elderly facilities.
- **Hospitalization:** any stay in healthcare institutions which are regularly authorized to provide hospital services and which involves at least an overnight stay.
- **Host family:** the family nucleus residing in Italy and to which the Insured has been assigned during his/her stay.
- **Insurance:** the insurance contract.
- **Insurance limit:** the maximum amount contractually stipulated in the policy for which the Company undertakes to pay the provided benefits and coverage.
- **Insured:** the student which subscribed the Master policy and whose candidacy has been accepted by the Districts 2041 or 2042 in order to participate in the young exchange program of Rotary International as a host in Italy.
- **Italy:** the territory of the Italian Republic, the Republic of San Marino and the Vatican City State.

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- **Lock picking:** the forcing, removal or breakage of locks or means of protection of facilities or safes or furniture containing insured goods and which could cause a subsequent impossibility of regular use.
- **Master policy:** document which proves the existence of the insurance stipulated, in accordance with Article 1891 of the Italian Civil Code, by a Policyholder on behalf and in the interest of a group of insured parties.
- **Object theft:** theft of consumer items by pulling them away from the person.
- **Permanent disability:** the loss or definitive and irremediable decrease in one's capacity to conduct any type of profitable work, regardless of the profession.
- **Policy:** the document which overall proves the existence of the insurance and which regulates relations between the Company, the policyholder and the Insured.
- **Policyholder** the party which undersigns the insurance policy for him(her)self or on behalf of third parties and assumes its relative charges. In the case of this policy:
 - the "Associazione scambio giovani distretti 2041 e 2042 Rotary International", with a registered office in Via A. Cimarosa no. 4, 20144 Milano, tax ID no. 97662850151.
- **Pre-existing disease:** a disease which is the expression or direct consequence of chronic pathological conditions or which existed prior to the date of effectiveness of the insurance policy and which were not known to the Insured prior to the subscription of the policy.
- **Premium:** the amount due to the Company for the subscription of the insurance policy.
- **Prior disease:** a pre-existing disease which was known to the Insured prior to the subscription of the policy.
- **Residence:** the country where the Insured has a stable home, as reported in documentation pertaining to a personal data certification.
- **Redress:** the sum paid by the Company in the case of a claim related to the Personal liability cover.
- **Robbery:** removal of a moveable good from its owner by means of violence or threats to the person.
- **Subscription Certificate:** the document drafted and issued by the Company which confirms the activation of the insurance coverage, in accordance with the request for application for the Master policy sent from the Insured through the entrusted broker which specifies the Insured, the travel details and the relative premium.
- **Sudden disease:** acute illness which the Insured was not aware of and which, in any case, is not an expression, even sudden, of a previous pathology that was known to the Insured.
- **Theft:** crime committed by a party who takes a moveable good of another party, removing it from the latter, in order to gain personal profit or profit for others, as regulated by Articles 624 and 624 bis of the Italian Criminal Code.
- **Things:** both material objects and animals.
- **Third parties:** any party, with the exception of the spouse/live-in partner, or legitimate ascendants or descendants, either natural or adoptive, of the Insured as well as other relatives or close persons living with the Insured.
- **Trip:** the period of stay in Italy of the Insured so long as this stay is duly authorized in advance by the relative hosting District, in accordance with currently effective rules for the travels of exchange students of Rotary International. The period of stay in Italy also includes leisure trips abroad, if authorized in advance by the hosting District and organized by the latter or by the hosting family or by the school, and within a limit of 30 (thirty) total days, even non-continual. Travel on the part of the Insured within his/her country of origin is, in any case, excluded.

Chapter 2 – Purpose Of The Insurance

Art. 1) Area of effectiveness

The insurance coverage of this policy, which is detailed below within the Chapter “Insurance cover benefits and relative limitations” covers:

1. the period of Insured stay in Italy, seat of Rotary Youth Exchange Program (YEP), so long as the stay is duly authorized in advance by MD Italia or by the relative Associated District, in accordance with currently effective rules for the travels of exchange students of Rotary International.

The period of stay in Italy also includes leisure trips abroad, if authorized in advance by the hosting Associated District and organized by the latter or by the hosting family or by the school, and within a limit of 30 (thirty) total days, even non-continual.

Travel on the part of the Insured within his/her country of origin is, in any case, excluded.

2. *the journey of the Insured from the moment he leaves his home / residence to go to the host Country and from the moment he leaves the host Country to return to his residence, as stated in the related travel documents.*

This additional coverage period may not exceed a maximum of 48 h before the Insured arrival in Italy and 48 h after the Insured departure from Italy, with the exception of objective and external impediments that occurred during the journey, which can be duly documented and not attributable to the Insured’s will, which prevent journey fulfillment within 48h.

This insurance contract is not a healthcare policy.

Art. 2) Insurable parties

The Company insures natural persons *whose age is less than 30 and which participate in the youth exchange program of Rotary International as hosts and for whom the relative insurance premium has been paid.*

The list of insured parties is communicated from the Policyholder to the Company by means of brokers and the name of the Insured student is entered within the Subscription Certificate.

Art. 3) Criteria for subscribing the insurance

The insurance must be subscribed:

- by means of a broker (website: www.larizzaconsulting.com - section Rotary YEP);
- by a natural person that is capable of acting or by a legal person;
- within 24 (twenty-four) hours prior to the coverage effective date, as stated on Subscription Certificate.

Chapter 3 – Insurance Cover Benefits And Relative Limitations

Art. 4) Travel assistance

In case of accident or sudden disease the Insured must contact **Chubb Assistance** immediately for travel assistance services, hospital in-patient treatment, specialist treatment, medical tests, scans or Medical Repatriation.

If **Insured** cannot do this himself, Insured must arrange for a personal representative (for example a parent) to do this for him. If this is not possible due to any force majeure or because Insured condition is serious, Insured or his personal representative must contact **Chubb Assistance** as soon as possible.

If **Chubb Assistance** is not contacted, **Chubb** may reject the Claim or reduce the payment.

Insured should have details of this Policy, including the Certificate of Insurance number, which should be provided to **Chubb Assistance**.

Chubb Assistance is available 24 hours a day, 365 days a year at following contacts:

- ☎: 800 658658 (from Italy)
- ☎: +39 02 24128 371 (from abroad)
- ✉: centrale.operativa@imaitalia.it

PURPOSE

Chubb organizes and supplies *the following services* 24 hours per day through **Chubb Assistance**.

In the case of consulting services or information, if it is not possible to provide the Assistance immediately, the Insured Parties will be called back within the next four working hours.

	Insurance limit	Deductible
<p>1. Medical/telephone consultation</p> <p>The Assistance Centre is available to the Insured for medical/telephone consultations in the case of sudden urgent needs during the trip.</p>	No limit to access	No
<p>2. Physician visit following a medical telephone consultation (only in Italy)</p> <p>If the medical service of the Assistance Centre deems it necessary, and it is not possible to postpone, a medical visit for the Insured, the Assistance Centre will a certified general practitioner to the location or, if a physician is not immediately available, will organize the transfer of the Insured to the nearest emergency room by ambulance.</p> <p>This service will be charged to the Company.</p> <p><i>Note: It remains agreed that, in the case of emergency, the Assistance Centre may not, in any case, take the place of Official Rescue Entities (Italian 118 Rescue services) or burn possible expenses.</i></p> <p><i>The service is provided 20 pm to 8 am Monday to Friday and 24 hours on 24 on Saturday, Sunday and public holidays.</i></p>	3 times per Insured	No
<p>3. Healthcare transfers</p> <p>In the event the Insured, hospitalized in healthcare institutions as a result of an illness or an accident, has to be transferred in a more suitable healthcare facility in accordance between local primary care physician and the Assistance Centre's physicians, the Assistance Centre will organize and implement the healthcare transfer to the healthcare institution with the most suitable means:</p> <ul style="list-style-type: none"> - medical flight specifically equipped - airliner (even stretcher) - ambulance - train <p>healthcare transfer can be organized with a team of physicians and nurses.</p> <p>Ima sustains the cost of patient healthcare transfer, including the costs of the physician and/or nurse .</p> <p>Healthcare transfers is not covered in case of:</p> <ul style="list-style-type: none"> - infectious diseases, in the event that the transport implies violation of health standards; - Illnesses or injuries which, in any case, do not prevent the continuation of the trip or at the judgment of physicians do not need healthcare transfers and which can be cured on location; - due to voluntary discharges of the Insured against the advice of the Assistance Centre or of the healthcare personnel of the facility where the Insured is hospitalized. 	€ 4,000.00 per Insured	€ 200.00 per claim

4. Medical repatriation

In the event the Insured suffer an accident or an illness and his conditions were considering from the physicians of the Assistance Centre, in accordance with the local primary care physician or, if there is no local primary care physician, with the physician sent by the Assistance Centre, that it is necessary a transfer to a more suitable healthcare facility close to the Insured residence in Italy to assure him an adequate care of his condition, the Assistance Centre will organize and implement the medical repatriation of the patient with the suitable means:

€ 80,000.00 per Insured € 200.00 per claim

- medical flight
- airliner (even stretcher)
- ambulance
- train/wagon lit

In accordance with the clinics conditions of the patient and judgement of the physician of the Assistance Centre, the medical repatriation can be organized with a team of physicians and nurses or with a family member.

The Assistance Centre sustains the cost of patient healthcare transfer, including the costs of the physicians and/or nurses' team or the family member.

Healthcare transfers is not covered in case of:

- infectious diseases, in the event that the transport implies violation of health standards;
- Illnesses or injuries which, in any case, do not prevent the continuation of the trip or at the judgment of physicians do not need healthcare transfers and which can be cured on location;
- due to voluntary discharges of the Insured against the advice of the Assistance Centre or of the healthcare personnel of the facility where the Insured is hospitalized.

5. Repatriation of body

In the case of death of the Insured during the course of the trip, the Assistance Centre will organize the transportation of the body to the international airport that is nearest to the location of burial within the country of residence of the Insured.

€ 40,000.00 per Insured € 200.00 per claim

The transportation will be done according to international standards and after fulfilling all the formalities at the place of death.

The Company will sustain – *within the stipulated insurance limit* – costs for transportation, the coffin (base model) and burial.

6. Evacuation for safety reasons

In the case that the Insured is not capable of independently returning to his/her country of residence/origin or to reach a safer nearby area following:

€ 80,000.00 per Insured € 200.00 per claim

- political and military events;
- expulsion of the Insured as an “unwelcome person”;
- a state of emergency declared by local authorities which requires immediate evacuation;
- seizure, expropriation or occupation of a property, building or facility which is utilized by or belongs to the Insured or the Policyholder;

the Assistance Centre will organize the transportation and will sustain any related costs *within the stipulated insurance limit*.

7. Travel costs of a family member in the case of hospitalization of the

Insured

If the Insured is hospitalized with a *prognosis of more than seven days*, the Assistance Centre will supply - with all expenses charged to the Company *within the stipulated insurance limit* - a first class train ticket or an economy class airline ticket (roundtrip) in order to allow a live-in family member to reach the hospitalized relative.

The specified limit also includes overnight accommodations for the relative.

€ 4,000.00 per Insured (unlimited for transportation costs and a maximum of € 75 per day for overnight stays) € 200.00 per claim

Assistance services are provided within the limits of the insured capital and of potential sublimits as well as in compliance with specific conditions for effectiveness; in addition, they are implemented with the means and structures that the Company and Assistance Centre deem, upon their unquestionable judgement, to be most adequate for the state of health of the Insured and the requirements of the time.

No liability can be ascribed to the Company and the Assistance Centre for delays or hindrances in the execution of the stipulated services if these occur as a result of force majeure or specific provisions of the local authorities or if due to errors arising from inaccurate communications received from the Insured.

The Company and Assistance Centre are not required to pay compensation in the place of any due assistance guarantees.

The Company and/or the Assistance Centre retain the right to request, even for advance review, any travel tickets that are not utilized by individuals for which it had paid for a return.

INSURANCE LIMIT

Insurance benefits will be provided within the insurance limits specified in the table.

EFFECT AND DURATION OF THE BENEFITS

The coverage pursuant to this article will be effective from 00:00 h on Coverage effective date until 24:00 h on Coverage end date, as stated on Subscription Certificate and in any case, for a maximum period of 365 days from Coverage effective date.

The coverage is not effective when the Insured is abroad, with the exception of leisure travel that is *duly authorized in advance by the hosting Associated District and organized by the latter or by the hosting family or by the school, and within a limit of 30 (thirty) total days, even non-continual.*

The coverage is not applicable when the Insured is located within his/her country of residence/origin, except for the period in point 2 of art. 1) "Area of effectiveness" here above.

EXCLUSIONS

All insurance benefits are excluded if the Insured has not contacted the Assistance Centre in advance. Besides the exclusions applicable to all covers, any indemnities, benefits, consequences and/or events deriving directly or indirectly from one of the following are also excluded:

- *cases in which the Insured (or a party acting on behalf of the latter) disregards the instructions of the Assistance Centre, or requests to be discharged from a healthcare facility in which he/she is hospitalized against the advice of the healthcare staff of this facility; or refuses a healthcare transportation/transfer. In the latter case, the Company will immediately suspend the Assistance as well as the coverage of additional medical expenses that accrue as of the day following the refusal to accept transportation/medical transfer in Italy;*
- *requests for assistance in the country of residence/origin of the Insured.*

The Company is not required to pay:

- *costs sustained during the trip, of any nature, if the Insured refuses repatriation when he/she has already been declared suitable to travel from a medical perspective (Fit to fly);*
- *costs for therapies which, on the basis of the judgement of the physicians of the Assistance Centre, are deemed unnecessary or which can be deferred given that they do not prevent the Insured from continuing the trip;*
- *expenses sustained after the return to one's domicile/residence due to situations resulting from illnesses that began during the travels.*

INDEMNIFIABILITY CRITERIA

Assistance services are only supplied following a contact made with the Assistance Centre and the relative authorization of the latter. The Company is not required to pay compensation in the place of any due assistance guarantees.

Art. 5) Medical expenses

In case of accident or sudden disease the Insured must contact **Chubb Assistance** immediately for travel assistance services, hospital in-patient treatment, specialist treatment, medical tests, scans or Medical Repatriation.

If **Insured** cannot do this himself, Insured must arrange for a personal representative (for example a parent) to do this for him. If this is not possible due to any force majeure or because Insured condition is serious, Insured or his personal representative must contact **Chubb Assistance** as soon as possible.

If **Chubb Assistance** is not contacted, **Chubb** may reject the Claim or reduce the payment.

Insured should have details of this Policy, including the Certificate of Insurance number, which should be provided to **Chubb Assistance**.

Chubb Assistance is available 24 hours a day, 365 days a year at following contacts:

☎: 800 658658 (from Italy)

☎: +39 02 24128 371 (from abroad)

✉: centrale.operativa@imaitalia.it

PURPOSE

If the **Insured** must sustain, **during the trip**, any medical expenses due to:

1. accident; or
2. sudden disease;

Chubb Assistance will pay directly onsite medical expenses specified below up to the amounts stated below.

Only in cases where **Chubb Assistance** cannot provide for direct payment, the expenses will be reimbursed so long as they have been authorized by **Chubb Assistance** itself and which must, even in this case, be contacted in advance.

The costs incurred will be reimbursed on submission of appropriate documentation both medical and tax and up to the related limits.

In cases of medical expenses reimbursement:

- the claim will be raised with the assistance of LC Larizza Consulting (the Broker);
- using also the certified e-mail to send the documentation to **Chubb**.

IMPORTANT: The Insured must not take any initiative without having first telephoned Chubb Assistance, except any force majeure cases duly documented. In the event that the insured is unable to contact Chubb Assistance in advance, even through third parties, it will be charge of the Insured to prove the urgency of the incurred costs and the inability to contact Chubb Assistance.

INSURANCE LIMIT

This coverage is applicable in accordance with the insurance limits specified below and valid per Insured or per event and insurance period:

Coverage	Insurance limit	Deductible
1. Expenses for medical fees, hospitalizations, surgeries, hospital therapies and/or initial hospital admission (including day hospital), medical visits and pharmaceutical expenses <i>so long as these are used with a medical prescription.</i>	Overall up to € 944,500.00 per Insured	No
2. Expenses for medical fees, hospitalizations, surgeries, hospital therapies and/or initial hospital admission (including day hospital), medical visits and pharmaceutical expenses <i>so long as these are used with a medical prescription due to accidents which occurred during amateur sports activities.</i>	Overall up to € 20,000.00 per Insured	€ 40 per claim
3. expenses for chiropractic therapies <i>so long as these are used with a medical prescription.</i>	Up to € 400.00 per claim (up to 10 visits with a maximum of € 40 per claim)	No
4. expenses for urgent dental treatment.	Up to € 300.00 per tooth, up to max € 2,000.00	No

Effect And Duration Of The Coverage

The coverage pursuant to this article will be effective from 00:00 h on Coverage effective date until 24:00 h on Coverage end date, as stated on Subscription Certificate and in any case, for a maximum period of 365 days from Coverage effective date.

The coverage is not effective when the Insured is abroad, with the exception of leisure travel that is *duly authorized in advance by the hosting Associated District and organized by the latter or by the hosting family or by the school, and within a limit of 30 (thirty) total days, even non-continual.*

The coverage is not applicable when the Insured is located within his/her country of residence/origin, except for the period in point 2 of art. 1) " Area of effectiveness" here above.

Exclusions

Besides the exclusions applicable to all covers, the insurance coverage does not cover all those cases where the Insured did not contact the Assistance Centre in advance (and, in any case, any independent initiative without the prior authorization of the latter) or if the Insured disregards instructions received from the Assistance Centre.

The Company will not sustain expenses deriving from:

- *rehabilitation therapies;*
- *the acquisition, application, maintenance and repair of prosthodontic and therapeutic devices;*
- *the cure or elimination of physical defects or innate deformities, applications of aesthetic nature, thermal and weight-loss therapies and dental care not resulting from accidents;*
- *acquisition and repair of glasses, contact lenses;*
- *any sport which is exercised professionally or which, in any case, involves direct or indirect remuneration.*

Coverage is also not due for accidents that are caused or which depend upon:

- *diseases which are the expression or direct consequence of chronic pathologies or which began prior to the start of the trip and which were known to the Insured;*
- *natural childbirth or with a caesarean section;*
- *voluntary abortion;*
- *pathological states which derive from pregnancy after the 26th week of gestation and from the puerperium;*
- *voluntary discharge of the Insured against the advice of the healthcare personnel of the facility where the Insured is hospitalized.*

The Company is also not required to pay:

- *costs sustained during the trip, of any nature, if the Insured refuses repatriation when he/she has already been declared suitable to travel from a medical perspective (Fit to fly);*
- *costs for therapies which, on the basis of the judgement of the physicians of the Assistance Centre, are deemed unnecessary or which can be deferred given that they do not prevent the Insured from continuing the trip;*
- *expenses sustained after the return to one's domicile/residence due to situations resulting from illnesses that began during the travels.*

Indemnifiability Criteria

The Company will sustain any costs, with direct onsite payment by the Assistance Centre.

In the case of hospitalization, the coverage will be provided until the date of discharge or until the time when the Insured will be considered – at the unquestionable judgement of the Company's physicians – to be repatriated.

In cases where the Company cannot provide for direct payment, the expenses will be reimbursed so long as they are authorized by the Assistance Centre itself and which must, even in this case, be contacted in advance.

Following an evaluation of received documentation, the Company will proceed with the liquidation of the damages and the relative payment while applying a potential deductible, as specified in the table above.

Art. 6) Travel accidents

Purpose

The Company will pay compensation for any direct, exclusive and objectively determinable consequences to the Insured resulting from a travel accident.

The insurance extends to accidents sustained by the Insured during airline trips as a passenger (but not as a pilot or another member of the crew) on airplanes and helicopters offering public service and operated by regular airlines which possess the required valid certifications, including charter flights, extraordinary flights managed by regular traffic companies as well as flights on military planes during regular civilian traffic and transfers flights on airplanes of private companies with professional pilots but excluding, for the latter, transoceanic flights.

Insurance Limit

The insurance limit in the case of death is equal to € 80.000,00 per Insured. This sum is decreased to € 20.000,00 per Insured if the accident occurs when the Insured is participating in amateur sports activities.

If, on the other hand, the accident results in one or more of the following injuries and these occur within 365 (three hundred sixty five) days from the day in which the accident occurred, the Company will pay an indemnity to the Insured which is equal to the following percentages applied to the sum insured in the abovementioned case of death:

Loss of two or more limbs	100%
Loss of one limb	50%
Loss of a thumb and index finger of the same hand	50%
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%

The loss of a limb (or even just a foot or a hand) is defined as the loss at the height or above the wrist or ankle.

In the case of any event which involves multiple Insured Parties, the maximum disbursement on the part of the Company may not overall exceed the amount of € 400,000.

In addition, the sum of the capital amounts of this policy and other travel policies undersigned by the Insured - or third parties on behalf of the Insured - with ACE European Group Ltd for the same risk will not exceed the limit of € 80,000.00 for death and € 80,000.00 for permanent disability.

In the case that the overall insured capital amounts exceed the abovementioned amounts, the compensation which will be due in the case of a loss will be adjusted with a decrease and with a proportional allocation to the individual contracts.

EFFECT AND DURATION OF THE COVERAGE

The coverage pursuant to this article will be effective from 00:00 h on Coverage effective date until 24:00 h on Coverage end date, as stated on Subscription Certificate and in any case, for a maximum period of 365 days from Coverage effective date.

The coverage is not effective when the Insured is abroad, with the exception of leisure travel that is *duly authorized in advance by the hosting Associated District and organized by the latter or by the hosting family or by the school, and within a limit of 30 (thirty) total days, even non-continual.*

The coverage is not applicable when the Insured is located within his/her country of residence/origin, except for the period in point 2 of art. 1) "Area of effectiveness" here above.

EXCLUSIONS

Besides the exclusions applicable to all covers, accidents which occur on flying devices used for entertainment/sports purposes (hang glider, gliders, paragliders) are excluded.

Flights on airplanes and helicopters of flight clubs as well as air travel in which the Insured participates as a pilot or member of the crew remain explicitly excluded.

Accidents deriving from the implementation of specific activities for military service during recruitment for mobilization or for reasons of exceptional nature are always excluded.

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INDEMNIFIABILITY CRITERIA

The Company will pay compensation for any direct, exclusive and objectively determinable consequences to the Insured resulting from an accident If, at the time of the accident, the Insured is not physically healthy and whole, *only the consequences which would have occurred if the accident had affected a physically healthy and whole person will be applicable.*

The Company will liquidate the compensation due for permanent disability after deducting a straight deductible of € 200.00 per claim.

The Company will disburse the insured sum even when the body of the Insured – following one year from his/her disappearance - is not found so long as the cause of death is presumably ascribable to an accident eligible for compensation on the basis of this policy.

If the Insured is subsequently proven to be alive, the Company retains the right to be reimbursed for the paid sum.

Compensation in the case of death is not accumulable with that for permanent disability. However, if – after the payment of an indemnity for permanent disability and within two years from the date of the accident and as a result of the latter – the Insured dies, the Company will pay the difference between the disbursed indemnity and the amount insured in case of death if the latter is greater, and will not request a reimbursement if it is not.

Art. 7) Travel interruption

PURPOSE

The Company – in the case of use of the benefits “Medical repatriation” or “Evacuation for safety reasons” - reimburses the Insured, *within the stipulated insurance limit* - an amount equal to the pro-rate value of the interrupted trip that was not completed by the Insured.

INSURANCE LIMIT

The insurance limit is equal to € 2,400.00 per Insured.

EFFECT AND DURATION OF THE COVERAGE

The coverage pursuant to this article will be effective from 00:00 h on Coverage effective date until 24:00 h on Coverage end date, as stated on Subscription Certificate and in any case, for a maximum period of 365 days from Coverage effective date.

The coverage is not effective when the Insured is abroad, with the exception of leisure travel that is *duly authorized in advance by the hosting Associated District and organized by the latter or by the hosting family or by the school, and within a limit of 30 (thirty) total days, even non-continual.*

The coverage is not applicable when the Insured is located within his/her country of residence/origin, except for the period in point 2 of art. 1) " Area of effectiveness" here above.

EXCLUSIONS

The Company will reimburse the portion of the trip not utilized by the Insured on a pro-rate basis. Besides the exclusions applicable to all covers, travel tickets and management costs are always excluded.

INDEMNIFIABILITY CRITERIA

The pro-rata amount will be calculated with respect to 100% of the value of the trip, *net of the value of travel tickets and management costs. In addition, a deductible of € 200.00 per claim will be applied.*

Art. 8) Baggage protection and personal belongings

PURPOSE

The coverage is applicable for *losses which occur during trips that are more than 50 km from the municipality in which the hosting family resides* and if the Insured sustains direct and material damages as a result of theft, theft with lock picking, robbery, object theft, damages due to the failure of the carrier/hotelkeeper to return the baggage and/or personal items, including clothes one was wearing at the beginning of the trip. The Company in this case will proceed with the reimbursement on the basis of the value of these items and *within the insurance limits.*

INSURANCE LIMIT

The overall insurance limit per Insured and for the duration of the trip is equal to € 1,500.00.

Without prejudice to the aforementioned limit, the maximum compensation per item, including bags, suitcases and backpacks, may not exceed Euro 150.00.

Photo/video equipment (camera, video camera, binoculars, flash, lenses, batteries, bags, etc.) are considered a single item.

In the case of theft, robbery, or loss of an Identity Card, Passport and Driver's License, the expenses sustained to again produce these documents - with evidence of expense - will be reimbursed, up to a maximum of Euro 100.00, in addition to the insurance limit.

EFFECT AND DURATION OF THE COVERAGE

The coverage pursuant to this article will be effective from 00:00 h on Coverage effective date until 24:00 h on Coverage end date, as stated on Subscription Certificate and in any case, for a maximum period of 365 days from Coverage effective date.

The coverage is not effective when the Insured is abroad, with the exception of leisure travel that is *duly authorized in advance by the hosting Associated District and organized by the latter or by the hosting family or by the school, and within a limit of 30 (thirty) total days, even non-continual.*

The coverage is not applicable when the Insured is located within his/her country of residence/origin, except for the period in point 2 of art. 1) "Area of effectiveness" here above.

EXCLUSIONS

Besides the exclusions applicable to all covers, the following are excluded:

- *multimedia players, eyeglasses and sunglasses, battery chargers, watches, smartphones;*
- *cash, checks, stamps, travel tickets and documents, souvenirs, coins, art objects, collections, samples, catalogues, goods, helmets, professional equipment, documents other than ID cards, passports and driver's licenses;*
- *all losses which occur during trips on motorcycles of any type (even if the baggage is placed within a locked baggage holder);*
- *damages caused to sports equipment during their use;*
- *losses which occurred during camping trips;*
- *losses which occurred within a range of 50 km from the municipality in which the family hosting the Insured resides, with the exception of those which occur within the customs area of the airport;*
- *theft of baggage within a vehicle that was not regularly locked;*
- *theft or damages to goods covered by other insurance policies;*
- *theft of baggage contained within a vehicle if this baggage was visible from the exterior;*
- *theft of baggage onboard a vehicle which was not in a monitored garage between 8 pm and 7 am;*
- *fixed and service accessories of the vehicle itself (including radio and extractable music player);*
- *damages for which an authentic copy of the report - certified by the authorities of the location where the event occurred – is not produced;*
- *cases of forgetfulness, negligence or loss on the part of the Insured.*

INDEMNIFIABILITY CRITERIA

The damages are compensated – as a supplement to that reimbursed by the airline carrier or the liable hotelkeeper, and up to the limit of the insured sum – on the basis of the commercial value which the insured goods had at the time of the claim, and in accordance with the documentation supplied to the Company. In the case of objects that are acquired not more than three months prior to the occurrence of the claim, the reimbursement will be implemented on the basis of the purchase value, if proven by the relative documentation. In the case of damages, the cost of any repairs will be reimbursed following the presentation of an invoice. So-called objects of sentimental value will never be taken into account.

A deductible of € 150.00 will be applied to each claim.

Damages are also liquidated by applying the following limitations:

- *the following are cumulatively covered up to 50% of the specific insurance limit: damages to photo/video devices and photosensitive material, radio, TV's, recorders, any other electronic device, musical instruments, personal defence and/or hunting tools, SCUBA diving equipment.*
- *the following are cumulatively covered up to 30% of the specific insurance limit: damages to cosmetics, medicines, healthcare items, jewels, precious stones, pearls, objects with gold, silver and platinum, furs and other valuable items.*

The indemnifiable sum is also reduced by 50% for damages caused by the following:

- *theft of baggage contained within a vehicle that was regularly locked;*
- *theft of the entire vehicle.*

Art. 9) Unexpected expenses due to baggage delayed delivery

PURPOSE

If the Insured – following delivery of the baggage with a delay of more than 12 hours with respect to the official time schedule communicated by the carrier - is required to sustain unexpected expenses for the acquisition of strictly necessary toiletry and/or clothing items, the Company will reimburse these expenses within the stipulated limits.

INSURANCE LIMIT

The insurance limit for this coverage – per Insured and for the duration of the trip – is equal to Euro 200.00.

EFFECT AND DURATION OF THE COVERAGE

The coverage pursuant to this article will be effective from 00:00 h on Coverage effective date until 24:00 h on Coverage end date, as stated on Subscription Certificate and in any case, for a maximum period of 365 days from Coverage effective date.

The coverage is not effective when the Insured is abroad, with the exception of leisure travel that is *duly authorized in advance by the hosting Associated District and organized by the latter or by the hosting family or by the school, and within a limit of 30 (thirty) total days, even non-continual.*

The coverage is not applicable when the Insured is located within his/her country of residence/origin, except for the period in point 2 of art. 1) "Area of effectiveness" here above.

EXCLUSIONS

Besides the exclusions applicable to all covers, the following are excluded:

- *in the case of delayed delivery of the baggage within an airport that is within the range of 50 km from the municipality in which the host family of the Insured is located;*
- *all expenses sustained by the Insured after the receipt of the baggage.*

INDEMNIFIABILITY CRITERIA

Hours of delay will be calculated on the basis of the official arrivals timetable communicated by the carrier; the Insured will provide suitable documentation with regard to this timetable.

Art. 10) Personal liability

PURPOSE

The Company provides insurance coverage for civil liability of the insured person for the *facts of private life occurring during the period in which the insurance is in force.*

The Company is liable for the sums which the Insured must pay - when he/she is civilly liable in accordance with the law as compensation (capital, interest and expenses) of damages that were involuntarily caused to third parties as a result of death, personal injuries and damages to assets, persons and animals following the occurrence of an accidental event that occurred during the period of validity of the policy and pertaining to events of private life, *with the exclusion of any liability pertaining to professional activities.*

Damages to assets include only physic and/or chemical alteration occurred to them.

By way of non limiting example, the insurance coverage also includes damages caused by:

- ownership and use of bicycles;
- practice of camping, fishing, hobby modelling included motor modelling, and sport activities in general, including sport competitions that are not exercised at a professional level;
- explosion and burst of gas, appliances and equipment;
- ownership and / or use of domestic equipments and systems;
- damage to properties owned by the hotelier, even if caused by fire, during the stay in hotels, pensions and the like;
- use of toys of any type.

Dispute management - legal expenses

The Company shall have the right to take on, for as long as it is affected, the management of the claims either in Court or out of the Court, either civilly or criminally, in the name of the Insured, by designating, where necessary, lawyers or technicians and making use of all rights and actions which are due to the Insured itself.

Costs incurred for defending the action brought against the Insured will be borne by the Company, within the limit of an amount equal to one quarter of the maximum limit stated in the policy for the damage to which the claim refers.

Should the sum owed to the aggrieved party exceed the said threshold insurance amount, expenses are shared between the Company and the Insured in proportion to the respective interest.

The Company does not recognise expense met by the Insured for lawyers or technicians that are not designated by the Company itself and is not responsible for fines, penalties, or criminal justice expenses.

Persons not considered third parties

For the purposes of this insurance are not considered third parties:

- *employees or staff employed by the Insured;*
- *members of the Insured family: the spouse, forebears, descendants (legitimate, natural, and adopted), brothers and sisters, as well as any other relative or relative in-law, who are living with the Insured;*
- *persons whose names are indicated in the same Certificate of Insurance.*

INSURANCE LIMIT

The insurance limit is equal to € 400,000.00 per Insured.

This amount is reduced to € 4,000.00 per Insured in the case of damages caused to a home or to assets which belong to the hosting family with whom the Insured is domiciled in Italy.

"Limit per claim" means The Company's maximum exposure to each claim shall not exceed € 400,000.00 per Insured in all cases, whatever the number of people deceased or who have suffered personal injuries or have suffered damages to their properties.

EFFECT AND DURATION OF THE COVERAGE

The coverage pursuant to this article will be effective from 00:00 h on Coverage effective date until 24:00 h on Coverage end date, as stated on Subscription Certificate and in any case, for a maximum period of 365 days from Coverage effective date.

The coverage is not effective when the Insured is abroad, with the exception of leisure travel that is *duly authorized in advance by the hosting Associated District and organized by the latter or by the hosting family or by the school, and within a limit of 30 (thirty) total days, even non-continual.*

The coverage is not applicable when the Insured is located within his/her country of residence/origin, except for the period in point 2 of art. 1) "Area of effectiveness" here above.

EXCLUSIONS

Besides the exclusions applicable to all covers, the insurance coverage does not include damages:

- a) deriving from fraudulent actions completed or attempted by the Insured;
- b) caused by the exercise of any professional, commercial, agricultural, artisanal or industrial activity, or activity connected with business, leasing, rentals or providing services;
- c) deriving from the exercising of hunting activities;
- d) caused by possession of weapons and the relative munitions and ownership of the latter;
- e) caused by possession or use of explosives;
- f) to objects or animals that the insured person has in custody or is holding for delivery for any reason or to any destination;
- g) deriving from the ownership and possession of pit bull dogs or other race with strong aggressive inclinations as indicated by the Order of the Ministry of Health published in the Official Journal n. 212 of 12 September 2003 and followings amendments and / or additions and / or replacement;
- h) deriving from participation in sports activities of professional or semi-professional nature, including participation in equestrian activities meaning as use of horses and other saddled animals, even if performed with authorization from the owner;
- i) deriving from total or partial interruptions of industrial, commercial, handicraft, agricultural or service activities;
- j) in respect of bodily injury loss or damages arising directly or indirectly from:
 - ✓ the ownership, possession or occupation of land or buildings, immobile property or caravans other than buildings and their contents not belonging to but temporarily occupied by any Insured Person in the course of a journey; or
 - ✓ any wilful malicious or unlawful act or omission;
- k) resulting from transmission of infectious diseases by the Insured;
- l) arising from the possession and use of narcotics or drugs unless they are prescribed by a doctor;
- m) in respect of loss of or damage to property belonging to or held in trust by or in the custody or control of the Insured person;
- n) arising from the ownership, possession and use of craft, airplanes included drones and spacecraft, boats equipped with engines and any boats with a length of more than 6.5 meters;
- o) caused by works and installations generally after finalization of work or, in the case of maintenance, those not occurred during the execution of the work;
- p) caused by theft, however perpetrated, and damage to other person's objects;
- q) caused to the works under construction, the works on which or in which work is carried out;
- r) to transported, towed, lifted, loaded or unloaded items;
- s) arising out of the discharge dispersal release or escape of water or resurgence of sewers, unless they result in accidental breakage of pipes or pipeline, connected in a fixed and non-removable (thus excluding "mobile" interchange or better "removable"), as well as those arising only from moisture, dripping and generally unsanitary premises;
- t) from the circulation of any motor vehicle when the damage involves Automobile Civil Liability;
- u) caused to pipelines and underground plants generally; to buildings and things generally, due to settling, subsidence, landslides or ground vibration due to any cause;
- v) arising directly or indirectly from the Information & Communication Technology activities, in this case it means including activity via Internet, as well as the activities related to the provision of services and / or consultancy;
- w) resulting from pollution of air, water or soil; resulting from interruption, depletion or diversion of streams, alteration or depletion of aquifers, mineral deposits and in general all things can be exploited in the subsoil;
- x) arising from responsibility voluntarily assumed by the Insured and not directly arising from law;
- y) resulting from war and terrorism;
- z) arising from the property (also in participation) and / or conduct of platforms and rigs located at sea (offshore rigs and platforms);
- aa) from the possession or use of radioactive substances or equipment for the artificial acceleration of atomic particles, or which occurs in connection with transmutation of the nucleus of the atom or radiation caused by artificial acceleration of atomic particles;

bb) resulting, directly or indirectly:

- ✓ by silica, asbestos and / or asbestos-containing materials;
- ✓ exposure to "passive smoking";
- ✓ from the generation of electric fields and / or magnetic and / or electromagnetic radiation by any equipment or plants (EMF);

cc) sexual molestation, corporal punishment or physical or mental abuse by an Insured person.

This coverage does not include damage caused by activities in connection with the Trade Unions and Workers.

It is excluded any risk which falls into any of the following referral categories:

- those risks involving responsibility for the safety or supervision of others (except friends and family members) including but not limited to: au pairs, youth leaders, carers, school teachers/kindergartens/nurseries;

member Associations involving hazardous activities.

INDEMNIFIABILITY CRITERIA

Damages will be reimbursed by applying a deductible of € 200.00 per claim.

Except as mentioned in the exclusions, the Company reimburses the damage by applying the deductible and up to the maximum sum limit.

Chapter 4 – Extensions Of Coverage

Art. 11) Cases classified as accidents

In accordance with this policy, the following are also classified as accidents so long as they are not derived from explicitly excluded events:

- mechanical suffocation, including drowning;
- frostbite or freezing;
- sun or heat strokes;
- Injuries from physical stress (excluding heart attacks);
- Traumatic hernias or those caused by stress, including disk hernias.

The following accidents sustained by the Insured are also included:

- those caused by incompetence, imprudence, negligence;
- poisoning, intoxications, and injuries sustained from the accidental ingestion of foods or the absorption of foods or substances in general;
- Infections, including tetanic infections, resulting from accidents that can be compensated in accordance with the policy;
- Injuries sustained following sudden contact with caustic or corrosive substances.

Art. 12) Strokes

The insurance includes accidents sustained during an illness or loss of consciousness.

Art. 13) Risk of war

In partial derogation of the provisions of the Article "Exclusions applicable to all coverage guarantees and services", the insurance is extended to events caused by declared or undeclared war, civil war, and uprisings of general nature for a maximum period of 7 (seven) days from the start of the hostilities, if and to the extent that the Insured is surprised by the cited events while residing in a foreign country where none of these events occurred or were occurring at the time of his/her arrival in this country.

Art. 14) Leisure Activities and Sports

Insurance coverage is valid also when Insured participating in any of the leisure activities or sports listed in this section, on a recreational basis during the journey, subject to any provisions, limitations or exclusions noted by the relevant sport or activity and provided that:

1. Insured has not been advised by a Doctor against participating in such sport or activity;
2. Insured wears the recommended/ recognised safety equipment;
3. Insured follows safety procedures, rules and regulations as specified by the activity organisers/providers;
4. Insured is not racing or competing in or practising for speed or time trials of any kind;
5. It is not the main reason for the journey.

Important Note

If a leisure activity or sport is not listed then Chubb will not provide cover under this Policy.

- Archery (provided supervised by a qualified person)
- Arm wrestling
- Badminton
- Basketball

- Beach basketball
- Beach cricket
- Beach football
- Beach volleyball
- Bocce
- Body boarding
- Bowls
- Bowling
- Canoeing, kayaking and rafting on inland waters only (excluding white water)
- Carriage or hay or sleigh rides
- Clay-pigeon shooting (provided supervised by a qualified person)
- Cricket
- Croquet
- Curling
- Cycling (except BMX and/or mountain biking)
- Deep sea fishing (excluding competitions)
- Dry skiing
- Elephant riding (less than 2 days)
- Fell walking
- Fencing (provided supervised by a qualified person)
- Fishing, or angling (on inland waters only)
- Footbag (hacky sack)
- Football (Association)
- Go karting (provided **You** wear a crash helmet)
- Golf
- Handball
- Hiking or hill walking (up to 1,000m above sea level, only covered if no guides or ropes are required)
- Horse riding (provided no hunting, jumping or polo)
- Hot air ballooning (provided it is professionally organised, and **You** travel as a passenger only)
- Ice skating (excluding ice hockey and speed skating)
- In line skating
- Javelin
- Jet skiing
- Korfball
- Lacrosse
- Land sailing
- Laser games
- Long jump
- Maxi-basketball
- Mini-basketball
- Motorcycling up to 125cc provided **You** wear a crash helmet, and hold a full (and not provisional) Italian motorcycle licence if **You** are in control of the motorcycle
- Netball
- Paddleball
- Parascending (provided over water)
- Pony trekking
- Racquetball
- Rambling (up to 1,000m above sea level, only covered if no guides or ropes are required)
- Roller skating
- Roller blading
- Rounders
- Rowing (on inland waters only)
- Running (recreational)
- Safari (camera only and professionally organised)
- Sail boarding
- Sailing or yachting (inland and coastal waters only)
- Scuba diving (to a depth not exceeding 18m and provided that **You** are either accompanied by a qualified instruction, or **You** are qualified and not diving alone)
- Snorkelling
- Soccer
- Squash
- Softball
- Streetball
- Surfing
- Swimming
- Table tennis
- Tennis
- Trampolining
- Trekking (up to 1,000m above sea level, only covered if no guides or ropes are required)
- Triple jump
- Tug of war
- Twirling
- Volleyball
- Water polo
- Water skiing
- Wind surfing

Please refer to the relevant exclusions under each Section of Your Policy and to the General Exclusions, which continue to apply. Please specifically note the exclusion under Personal Liability coverage relating to the ownership, possession or use of vehicles, aircraft, hovercraft, watercraft, firearms or buildings. In particolare, occorre evidenziare l'esclusione relativa alla proprietà, possesso ed uso di veicoli a motore, di aeromobili, inclusi Droni (o APR), di veicoli spaziali, di natanti forniti di motore, come specificato per la garanzia Responsabilità Civile.

Chapter 5 – Insurance Premium

Art. 15) Payment of the premium

The premium of the policy is calculated on the basis of the duration of the trip in Italy of the Insured and is specified within the Subscription Certificate.

The insurance premium is paid by credit card through the website of the broker, www.larizzaconsulting.com - section Rotary YEP.

The Insurance is effective as of midnight of the date specified in the Subscription Certificate *if the premium has been paid, otherwise from midnight of the date of payment.*

Chapter 6 – Effect And Duration Of The Contract

Art. 16) Effect date and coverage duration for the insureds

The cover takes effect at midnight of the day of payment of the premium / subscription to the Master policy.

The coverage will be effective from 00:00 h on Coverage effective date until 24:00 h on Coverage end date, as stated on Subscription Certificate and in any case, for a maximum period of 365 days from Coverage effective date.

The coverage is not effective when the Insured is abroad, with the exception of leisure travel that is *duly authorized in advance by the hosting Associated District and organized by the latter or by the hosting family or by the school, and within a limit of 30 (thirty) total days, even non-continual.*

The coverage is not applicable when the Insured is located within his/her country of residence/origin, except for the period in point 2 of art. 1) "Area of effectiveness" here above.

Chapter 7 – Notification Of Claim

Art. 17) General obligations pertaining to the notification of a claim

Conditions that apply to all coverages and benefits of this Policy.

1. In case of accident or sudden disease during the trip, if the **Insured** needs to request "Travel Assistance" and "Medical Expenses": hospital inpatient treatment, specialist treatment, medical tests, scans or medical repatriation, **Insured** or his personal representative must contact immediately **Chubb Assistance** available 24 hours a day, 365 days a year at following contacts:
☎: 800 658658 (from Italy)
☎: +39 02 24128 371 (from abroad)
✉: centrale.operativa@imaitalia.it.
If **Chubb Assistance** is not contacted, **Chubb** may reject **the Claim** or reduce the payment.
2. All other **Claims**,
the notification of the claim - along with all documentation required to assess the loss - must be sent to one of the following addresses:
✉: travelclaims.italy@chubb.com
☎: 02 27095447
by writing:
ACE European Group Ltd - Ufficio Sinistri Travel (Claims Office), Viale Monza 258, 20128 Milano.

The Insured or the party acting on behalf of the latter must notify the claim to **Chubb** immediately or within 30 (thirty) days from the date of occurrence of the loss – 6 (six) days for claims related to Personal liability coverage - supplying **Chubb** with all documents that are useful for managing the loss and without prejudice to the right of **Chubb** to request, for the purposes of liquidation, any additional documentation with respect to that which is contractually required as well as the right to enforce, at any time and in any case, potential exceptions even if has begun the liquidation of the insurance guarantees.

Art. 18) Specific obligations pertaining to the notification of a claim

In the case of a trip abroad, the Company must be provided evidence of prior due authorization to travel obtained by the Insured from the relative hosting District.

NOTIFICATION OF CLAIM FOR TRAVEL ASSISTANCE

*The Insured must not take any initiative without having first telephoned **Chubb Assistance** and received their permit.*

*Specialist staff is available to intervene or to indicate the most appropriate procedure to solve any type of problem in the best way possible as well as authorising any expenses. In the event that the insured is unable to contact **Chubb Assistance** in advance, even through third parties, it will be charge of the Insured to prove the urgency of the incurred costs and the inability to contact **Chubb Assistance**.*

*In the case of request of travel Assistance, the Insured or the party acting on behalf of the latter must immediately contact **Chubb Assistance** available 24 hours a day, 365 days a year at following contacts:*

☎: 800 658658 (from Italy)

☎: +39 02 24128 371 (from abroad)

✉: centrale.operativa@imaitalia.it

providing:

- personal data of the Insured;
- Subscription Certificate number;
- type of requested assistance;
- temporary address;
- address of potential family members/acCompanying parties travelling with the Insured;
- hospital data (name and telephone number, hospitalization department, name of physician who has assumed care of the patient) in the case of hospitalization;
- potential justifying documentation requested from the Assistance Centre in order to proceed with the disbursement of the service.

*The Insured must not take any initiative before having contacted **Chubb Assistance**.*

A default with respect to this obligation will result in the loss of the right to the Assistance services.

NOTIFICATION OF CLAIM FOR MEDICAL EXPENSES

*The Insured must not take any initiative without having first telephoned **Chubb Assistance** and received their permit.*

*Specialist staff is available to intervene or to indicate the most appropriate procedure to solve any type of problem in the best way possible as well as authorising any expenses. In the event that the insured is unable to contact **Chubb Assistance** in advance, even through third parties, it will be charge of the Insured to prove the urgency of the incurred costs and the inability to contact **Chubb Assistance**.*

*In the case of request of travel Assistance, the Insured or the party acting on behalf of the latter must immediately contact **Chubb Assistance** available 24 hours a day, 365 days a year at following contacts:*

☎: 800 658658 (from Italy)

☎: +39 02 24128 371 (from abroad)

✉: centrale.operativa@imaitalia.it

In case of reimbursement of incurred costs, the claim will be raised with the assistance of LC Larizza Consulting (the Broker), providing to Chubb the following informations and documents using also the the certified e-mail:

- personal data of the Insured and address;
- Subscription Certificate number;
- medical documentation drafted on site, minutes of the emergency room procedure, medical certificate reporting the pathology, date of occurrence and prognosis, and original copies of the relative receipts for any sustained medical expenses;
- name and address of the bank, IBAN code, SWIFT code and the name of the account holder if different from party associated with the claim;
- personal data and tax ID no. of the payment recipient (in accordance with law no. 248 of 4 August 2006);
- location, day and time of the event as well as the circumstances and the causes of the event.

NOTIFICATION OF CLAIM FOR TRAVEL ACCIDENTS

Notification of the claim must be sent to the Company *along with the following information and documents:*

- personal data of the Insured and address;
- *Subscription* Certificate number;
- name and address of the bank, IBAN code, SWIFT code and the name of the account holder if different from party associated with the claim;
- personal data and tax ID no. of the payment recipient (in accordance with law no. 248 of 4 August 2006);
- accurate description of the event, including location, date and time;
- original copies of medical documentation of the accident and subsequent course of events;
- original copies of medical documentation certifying the potential degree of permanent disability;
- in the case of an airplane accident, official documentation certifying the presence of the Insured.

In the case of death of the Insured, the Company must immediately be notified.

NOTIFICATION OF CLAIM FOR TRAVEL INTERRUPTION

Notification of the claim must be sent to the Company *along with the following information and documents*:

- personal data of the Insured and address;
- Subscription Certificate number;
- receipt of payment of the trip with itinerary;
- documentation which objectively proves the cause of interruption of the trip, in original copy;
- catalogue and/or travel program certifying the cost of services or a declaration of the Tour Operator who organized the trip;
- name and address of the bank, IBAN code, SWIFT code and the name of the account holder if different from party associated with the claim;
- personal data and tax ID no. of the payment recipient (in accordance with law no. 248 of 4 August 2006);
- location, day and time of the event as well as the circumstances and the causes of the event.

NOTIFICATION OF CLAIM FOR baggage PROTECTION and personal BELONGINGS

Notification of the claim must be sent to the Company *along with the following information and documents*:

- personal data of the Insured and address;
- Subscription Certificate number;
- a copy of the Property Irregularity Report;
- copies of a ticket with a complete travel itinerary as well a baggage ticket;
- original report presented to the competent authorities of the location where the event occurred along with a detailed list of stolen or damaged items as well as documentation/proof certifying their value at the time of the event in addition to their brand, model and approximate purchase date;
- copy of the claim letter sent to the carrier/hotelkeeper with request for compensation;
- official documentation of the carrier certifying the date and time of return of the baggage;
- official documentation of the carrier certifying the definitive loss of the baggage;
- copy of the documentation of the carrier certifying the date and time of tampering/damaging or definitive failure to find the baggage/items, as well as the liquidated amount falling under its competence;
- receipts pertaining to the acquisition of emergency goods and a detailed list of completed purchases, in original copy;
- name and address of the bank, IBAN code, SWIFT code and the name of the account holder if different from party associated with the claim;
- personal data and tax ID no. of the payment recipient (in accordance with law no. 248 of 4 August 2006).

NOTIFICATION OF CLAIM FOR unexpected expenses due to baggage delayed delivery

Notification of the claim must be sent to the Company *along with the following information and documents*:

- personal data of the Insured and address;
- Subscription Certificate number;
- official documentation of the airline carrier certifying the date and time of the delayed delivery of the baggage;
- receipts pertaining to the acquisition of emergency goods and a detailed list of completed purchases, in original copy;
- name and address of the bank, IBAN code, SWIFT code and the name of the account holder if different from party associated with the claim;
- personal data and tax ID no. of the payment recipient (in accordance with law no. 248 of 4 August 2006).

NOTIFICATION OF CLAIM FOR PERSONAL LIABILITY

Notification of the claim must be sent to the Company *along with the following information and documents*:

- personal data of the Insured and address;
- Subscription Certificate number;
- name and address of the bank, IBAN code, SWIFT code and the name of the account holder if different from party associated with the claim;
- personal data and tax ID no. of the payment recipient (in accordance with law no. 248 of 4 August 2006);
- location, day and time of the event as well as the circumstances and the causes of the event;
- written request of the counterparty quantifying the damages.

Art. 19) Payment currency

Indemnities are paid in Italy and in Euro, with the exception of specific authorized derogations at the unquestionable judgement of the Company. In the case of expenses sustained outside of countries that are part of the Eurozone, the amounts will be calculated by using the exchange rate reported by the European Central Bank on the day in which the Insured sustained the expenses.

Art. 20) Burden of proof

The party requesting compensation must prove the existence of all the elements of his/her right to compensation and must also allow for any investigations and verifications that are deemed necessary by the Company, including the suspension of medical privilege with respect to the physicians that visited and cured the Insured.

Chapter 8 – General Conditions

Art. 21) Exclusions applicable to all covers

The following cases are always excluded:

- cases known or predicted prior to the conclusion of the policy;
- diseases that are the expression or direct consequence of chronic pathological conditions or past the beginning of the trip and known to the Insured at the inception of the policy;
- travels within a territory where, at the time of departure, a prohibition or limitation (even temporary) - issued by a public authority of competence - was applicable;
- extreme trips in remote areas that are only reachable with the use of special vehicles;
- trips taken for the purpose of undergoing medical/surgical treatment;
- causes or events which cannot be objectively documented;
- fraud, voluntary and premeditated acts on the part of the Insured;
- illegal actions on the part of the Insured or violation, on the part of the latter, of norms or prohibitions of any government;
- unauthorized driving of motorbikes or motor vehicles, or without driving licenses;
- the driving of vehicles for which a license of category higher than B is prescribed, as well as of motorboats;
- solitary sailing or with boats not suitable or not equipped for use at sea;
- the practicing of aerial sports in general, extreme sports, any winter sports, acts of recklessness as well as any sport which is exercised professionally or which, in any case, involves direct or indirect remuneration;
- participation, even as a passenger, in sports competitions and related tests with or without the use of vehicles with engines unless these are conducted for recreational purposes;
- mountain hikes, except as taking place on roads and places that are accessible without difficulties to non-expert hikers;
- Consequences resulting from the abuse of alcoholic beverages or the non-therapeutic use of psychotropic drugs or narcotics;
- losses occurring as a result of risky manual working activities and/or work activities conducted at sea far from shore;
- losses which occurred during paid working hours;
- attempted suicide or suicide;
- strikes, riots, civil commotion, unrest of workers;
- denial of consular visas;
- situations of armed conflict, invasion, acts of foreign enemies, hostilities, war, civil war, rebellion, uprisings, acts of vandalism, popular movements, insurrections, martial law, military or usurped power, or attempts to usurp power, the blocking of borders, sabotage, embargoes, plundering;
- acts of terrorism in general, including the use of any type of nuclear or chemical device;
- ionizing radiation or radioactive contamination created by nuclear fuel or resulting from phenomena pertaining to the transmutation of the nucleus of atoms or by radioactive, toxic, explosive or other dangerous properties/characteristics of nuclear devices and their components as well as radiation caused by the artificial acceleration of atomic particles;
- tornadoes, hurricanes, earthquakes, volcanic eruptions, floods, inundations, nuclear explosions, atmospheric phenomena with characteristics of natural calamities and other natural disasters. This exclusion is not operative for a maximum period of 7 (seven) days from the occurrence of the calamities if and to the extent that the Insured is surprised by the cited events during the "trip", in case none of these events occurred or were occurring at the time of departure;
- air, water, soil, and subsoil pollution or any other environmental damages;
- pathologies attributable to epidemics with pandemic features, as declared by the WHO, and whose severity and virulence require restrictive measures in order to reduce the risk of transmission to the civilian population;
- activities involving the use of explosives and / or firearms;
- quarantines.

“OFAC” LIMITATION FOR COUNTRIES EXPOSED TO INTERNATIONAL SANCTIONS

The Insurer shall not be required to provide coverage or will be obliged to pay any compensation or pay any benefit under this policy if the provision of such coverage, the payment of such compensation or recognition of such benefit would expose the Insurer to penalties, prohibitions or restrictions provided for by the United Nations resolutions or trade and economic sanctions provided for by the laws or regulations of the European Union and individual countries that are part, of the United States of America or conventions international.

ACE European Group Limited is a subsidiary of Chubb Limited, a U.S. company listed on the NYSE. Consequently, ACE European Group Limited is subject to certain U.S. laws and regulations regulations in addition to EU, UN and national sanctions restrictions which may prohibit it from providing cover or paying claims to certain individuals or entities or insuring certain types of activities related to following countries and territories: Iran, Syria, North Korea, North Sudan, Cuba and Crimea.

Art. 22) Policy subscribing limits

The subscription of multiple policies of the Company for the same risk – in order to increase the amount of insured capital and/or extend the duration of coverage – is not allowed.

Art. 23) Decrease in insured sums in the case of a claim

In the case of an indemnified claim, the sums insured for the individual policy coverage guarantees and the relative limits of compensation must be considered reduced - with immediate effect and until the end of the current insurance period – by an amount equal to that of the respectively indemnifiable damages, net of any potential deductibles or overdues and without a corresponding return of the premium.

Art. 24) Exclusion of alternative compensation

If the Insured does not utilize one or more Services/Coverage, the Company is not required to provide alternative services/indemnities of any type as compensation.

Art. 25) Uninsurable parties

The insurance coverage is not valid for individuals affected by alcoholism, drug addiction and AIDS.

It therefore remains agreed that, if one or more of these diseases or pathologies arise during the course of the agreement, the provisions of Article 1898 of the Italian Civil Code will become applicable, regardless of the effective evaluation of the state of health of the Insured.

In the case of inaccurate or incomplete statements, the provisions of Articles 1892, 1893, 1894 of the Italian Civil Code will become applicable.

Art. 26) Age limits

The insurance cover provided by this policy is only for individuals under 30 (thirty) years of age.

Art. 27) Declarations relative to the circumstances of risk

The Company provides coverage guarantees and determines the policy premium on the basis of the declarations supplied by the Insured/Policyholder who must therefore describe all circumstances which could influence the risk assessment. Inaccurate or incomplete statements may result in both a failure to compensate damages or reduced compensation as well as the potential withdrawal from, or cancellation of, the contract, in accordance with Articles 1892, 1893 and 1894 of the Italian Civil Code.

Art. 28) Communications and validity of changes

All communications under which the Policyholder and the Insured shall be required, shall be made, because they are valid, by registered letter, telex or fax addressed to the General Management offices in Italy or to the Branch offices, intermediary, Agent or Broker, to which the policy is assigned. Any modification of the contract is not valid if it is not by deed of variation signed by the parties.

Art. 29) Procedure to provide the insurance Terms and Conditions to the Insured

The policyholder is obliged to promptly provide, in digital or printed format, the Insurance Terms and Conditions and the Subscription Certificate to the Insured at the moment of the subscription to the Master policy, in a durable medium in accordance with by current legislation.

Art. 30) Other insurances

If multiple insurance policies are stipulated with different insurers for the same risk, *the Insured must notify each insurer of all insurance policies. If the Insured fraudulently omits to notify this information, the insurers are not required to pay the indemnities.* In the case of a claim, *the Insured must notify all insurers, in accordance with Article 1913 of the Italian Civil Code, specifying the name of the others to each insurer.*

The Insured may request – from each insurer – the indemnity that is due in accordance with the relative contract *so long as the overall collected sums do not exceed the amount of the damages.* The insurer which paid the compensation retains the right of recourse with respect to all the other insurers for a proportional allocation of indemnities due on the basis of the respective contracts. If the insurer is insolvent, its quota is subdivided amongst the other insurers. *The Insured must also provide the Company with all documentation that may be useful for investigations and any verifications.*

Art. 31) Recovery rights

The Company is replaced, up to the paid sum, in all the rights and actions that the Insured and / or the Policyholder may have against those liable for any damages.

Pursuant to Article 1916 of the Italian Civil Code, except in case of fraud, replacement does not occur if the damage is caused by the Insured children, ascending, other relatives or related persons permanently living with him or servants.

Also excluded cases where the damage is caused by the Policyholder, his associates and / or by a hosting family member.

The insured is liable to the Insurer for any prejudice to the recovery right.

Art. 32) References to law

The insurance policy is regulated by Italian law. For all that not regulated herein, currently effective legal norms are applicable.

Art. 33) Disputes

In the case of disputes with respect to the nature and consequences of the accident (or disease), the Parties undertake to grant a mandate, by means of a private deed, to a board of three certified physicians within the limits of the Insurance Terms and Conditions. The decisions of this board will be taken with a majority of votes, with dispensation from all legal formalities. *The proposal to convene the Medical Board must be initiated by the Insured or by other entitled parties and must be drafted in writing with a specification of the appointed physicians;* subsequently, the Company will notify the Insured of the name of the physician which in turn it appoints. The third physician is selected by the Parties from a triad of physicians proposed by the first two; in the case of disagreement, the Secretary of the Order of Physicians with jurisdiction in the location where the Medical Board will meet will appoint the physician. After the third physician is appointed, the Company will convene the Board and will call upon the Insured to attend. The Medical Board will reside in the municipality with a legal medicine institute that is closest to the location of residence of the Insured. *Each of the Parties will sustain its own expenses and will contribute towards half of the expenses and fees of the third physician.* The decision of the Medical Board is binding for the Parties even if one of the physicians refuses to sign the relative minutes.

Art. 34) Court with jurisdiction

With regard to any dispute deriving from the application or interpretation of this policy, the court with jurisdiction will be that of the Policyholder.

Art. 35) Taxes

Fiscal charges pertaining to the insurance are charged to the Policyholder.

Art. 36) Prescription deadlines

Any right with respect to the Company is prescribed *within the deadline of two years from the date of the claim which generated the right to a Service/Coverage*, in compliance with the provisions of Article 2952 of the Italian Civil Code.

With regard to the insurance of Personal Liability, the deadline is effective as of the day in which the third party requested compensation to the Insured or initiated legal action against the latter. In accordance with Article 1915 of the Italian Civil Code, fraudulent default with respect to this obligation on the part of the Insured will result in the loss of the right to compensation. In the case of negligent omission of this obligation, the Insurer retains the right to reduce the indemnity in accordance with the sustained damages.

Art. 37) Right of withdrawal for the Insured

The Insured will retain the right to unilaterally withdraw from the policy without having to specify a reason:

- within 48 (forty eight) hours prior to the date of arrival in Italy;
- only in those cases in which the policy was bought within the 14 (fourteen) days prior to the date of arrival in Italy; the right described above can also be exercised after the date of arrival in Italy. In this case, the withdrawal rights must be exercised within 14 (fourteen) days from the date of purchase/subscription to the Master policy.

In case of withdrawal, the policy premium will be reimbursed, net of any taxes that are due if already paid by the Company, and without the application of any penalty.

In order to exercise the right to withdrawal, the Insured is required to communicate his/her intention of withdrawal to the qualified broker by email sent to rye@larizzaconsulting.it or by fax to no. +39.02.34.53.76.95 or by registered letter sent to LC Larizza Consulting srl, Via Monte Rosa 19, 20149 Milan. The broker will notify the Company of the withdrawal.

Art. 38) Insurance Terms and Conditions language

In the places where, for this insurance, the conditions or an extract thereof are communicated in another language than the Italian language, the Italian version shall prevail

ACE European Group Limited, a Chubb Company

General Representation for Italy

The Legal Representative

Orazio Rossi



Contacts

Chubb Assistance

To request **Travel** and **Medical Assistance** in Italy and abroad please contact Chubb Assistance on:

☎: **800 658658** (from Italy)
☎: **+39 02 24128 371** (from abroad)
✉: centrale.operativa@imaitalia.it
(24 hours a day, 365 days a year)

IMPORTANT: the Insured must not take any initiative without having first contacted Chubb Assistance.

Chubb Claims

To make **other claims** the notification of the claim must be sent to:

✉: travelclaims.italy@chubb.com
☎: 02 27095447
By writing:
ACE European Group Ltd - Ufficio Sinistri (Claims Office)
Travel, Viale Monza 258, 20128 Milan

LC srl - LARIZZA CONSULTING INSURANCE BROKER

To return the Insurance Subscription Certificate signed or to exercise withdrawal rights:

✉: rye@larizzaconsulting.it
☎: +39 02 34 53 76 95
By writing:
LC srl - LARIZZA CONSULTING INSURANCE BROKER
Via Monte Rosa 19, 20149 Milan

Chubb Customer Service

If you have any questions about the insurance cover please contact Chubb Customer Service on:

☎: **800 185 498** (from Italy)
☎: **+39 02 91979735** (from abroad)
✉: ace.italy.travel@chubb.com
(Monday – Friday 9.00-18.00 & Saturday 9.00-13.00,
public holidays excluded)

Complaints

In case of Any complaints regarding the contractual relationship or claims management:

✉: ufficio.reclami@chubb.com
☎: 02.27095.430
By writing:
ACE European Group Ltd - Ufficio Reclami
Viale Monza, 258, 20128 Milan.

Informational Disclosure On Personal Data Handling

(Informational disclosure pursuant to Article 13 of Legislative Decree 196/03 – Personal Data Protection Code)

For Insured Parties of ACE EUROPEAN GROUP LTD

Personal data processing for insurance purposes: In order to provide you with the insurance services and/or products that you requested or which are stipulated in your favour, our Company must acquire your personal data – some data still to be acquired, some of which must be provided by you or by third parties by law, and/or previously acquired data from you or third parties – and must handle this data for insurance purposes. We hereby inform you that the data which is strictly necessary for the supply of the aforementioned insurance services and/or products will be handled by our Company as well as by third parties to which they are communicated. In the case of handling of specifically sensitive data that is strictly related to the supply of the aforementioned insurance services and/or products – the handling of which is allowed by the general authorizations issued by the Italian Personal Data Protection Authority – specific consent will be requested from you. In addition, and exclusively for the purposes mentioned above and always within the limitations of that falling under the strict competence of the specific relationship between you and our Company, we hereby inform you that the data, depending on the case, may or must be communicated to other entities within the insurance sector or to public entities which operate in Italy or abroad - as independent entities, i.e. those which constitute the so-called "insurance chain" and which handle personal data for purposes that are instrumental to the execution of the contract, partly even just for organizational purposes; it should be noted that, without your personal data, we would not be able to either totally or partially provide you with the aforementioned insurance services and/or products.

Modalities of use of personal data: The data are solely handled by our Company – the data controller – with modalities and procedures, even using IT and online modalities, that are strictly necessary in order to supply you with the insurance services and/or products that you requested or which are stipulated in your favour or, if you have provided consent, for market research studies, statistical studies and promotional activities; the same modalities and procedures are utilized even when the data are communicated for the aforementioned purposes to the parties already specified in this informational disclosure; these parties are in turn required to handle the data by only using the modalities and procedures which are strictly necessary for the specific purposes specified in this informational disclosure. Within our Company, personal data are handled by employees and collaborators within the realm of their respective roles and in compliance with the instructions they receive, always and exclusively for the attainment of the specific purposes specified in this informational disclosure; the same procedure is applied by the parties previously noted in this informational disclosure and to whom the data may be communicated. For certain activities, we utilized trusted parties – occasionally also operating abroad – which implement, on our behalf, tasks of technical or organizational nature; the same procedure is applied by the parties previously noted in this informational disclosure and to whom the data may be communicated.

Rights of the affected party: You retain the right to know, at any time, which of your personal data is being held by individual data controllers, i.e. by our companies or by the aforementioned parties to whom we communicate this data; you also retain the right to know how they are being utilized and have the right to have this data updated, integrated, adjusted or cancelled, or have them blocked or oppose their handling. In order to exercise your rights, as well as for more detailed information on the parties or categories of parties to which the data is communicated, or which acquire this data as managers or entrusted parties, you may contact our Manager who is responsible for responding to affected parties within ACE European Group Ltd. - General Representation for Italy – viale Monza 258 Milan (MI) – Tel. 02-270951– Fax: 02-27095333.