

EXTRACT FROM THE MULTI-RISK TRAVEL INSURANCE CONTRACT

HOTEL PLUS

DATE OF LAST UPDATE: MODEL 6007 EDITION 01.04.2020

THIS DOCUMENT IS AN EXTRACT OF THE INSURANCE CONDITIONS BUT FOR THE PURPOSE OF THE EXACT INSURANCE CONDITIONS THE CONTRACT OF NOBIS ASSICURAZIONI 6007000011/Z FILO DIRETTO HOTEL AND 2020-04 R1 POLICYHOLDER ASSITAAC S.R.L. ONLY IS VALID WITH ITALIAN TEXT THAT YOU FIND IN INTEGRAL FORM AT THE DOCUMENTS LINK.

POLICY CARD NR 6007000011/Z - ASSITAAC SRL

Below is a list of the guarantees operating in favour of the Insured and the sums insured. Please note that the details of each individual guarantee operating are contained in the Conditions of Insurance, of which this Form is an integral part and of which this document is exclusively an excerpt and for the purposes of validity only the document (policy) drawn up in Italian is authentic.

WARRANTIES	WARRANTIES OPERANTS		INSURED SUMS
	YES	NO	
CHAPTER 1 - MEDICAL EXPENSES	X		€ 5.000,00
CHAPTER 2 - DIARY TO BE RECOVERED (In case of infection with Covid-19)	X		€ 100,00 per day Max 10 days
CHAPTER 3 - CONVALESCENCE INDEMNITY (In case of Covid-19 infection)	X		€ 1500,00
CHAPTER 4 - PERSONAL ASSISTANCE	X		See Conditions of insurance
CHAPTER 5 - BAGGAGE	X		€ 1.000,00
CHAPTER 6 - CANCELLATION OF THE "ALL RISK" STAY	X		€ 20,000 MAX € 50,000
CHAPTER 7 - REPETITION OF STAY	X		Max € 5.000,00
CHAPTER 8 - VEHICLE ASSISTANCE	X		See Conditions of insurance
CHAPTER 9 - HOME CARE FOR FAMILY MEMBERS AT HOME	X		See Conditions of insurance
CHAPTER 10 - QUARANTINE INTERRUPTION	X		€ 1.500,00
CHAPTER 11 - HOME CARE	X		See Conditions of insurance

WHAT TO DO IN CASE OF AN ACCIDENT

OBLIGATIONS OF THE INSURED IN THE EVENT OF A CLAIM

Assistance to the person.

From Italy

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

800.894123

From abroad you can contact the Operations Centre by calling

+ 39/039/9890.702

by communicating the following information immediately:

- Name and Surname
- Policy number
- Reason for the call
- Telephone number and/or address where you can be contacted.

Other guarantees

All claims must be reported in one of the following ways:

- Via internet (on the website www.nobis.it section "On-Line Reporting"/Sinistri on line) following the relevant instructions.
- By post by sending correspondence and related documentation to the following address:

NOBIS INSURANCE COMPANY - Claims Office
Viale Gian Bartolomeo Colleoni, 21 - Centro Direzionale
Colleoni 20864 AGRATE BRIANZA (MB) – ITALY

SECTION I - GLOSSARY AND DEFINITIONS

In order to make this document easier to read and understand, the following is an explanation of some terms in the insurance glossary, as well as those terms that have a specific meaning within the policy. Where terms referred to in this section are included in the policy, they have the meanings set out below.

Accident: the event, suffered by the vehicle, due to chance, inexperience, negligence, non-compliance with rules or regulations, connected with road traffic, as defined by law, that causes damage to the vehicle such as to make it impossible to use it under normal conditions.

Acts of terrorism: an action in the public domain - including serious forms of unlawful violence against a community (or part of it) and its property - aimed at terrorizing the members of an organized community and/or destabilizing its established order and/or limiting individual freedoms (including religious freedom), through attacks, kidnappings, hijacking of aircraft, ships, etc., and similar acts, provided they are capable of endangering the lives of individuals.

Application: document certifying the administrative position of each Insured Party.

Assistance: the timely help, in cash or in kind, provided to the Insured who is in difficulty following the occurrence of an accident.

Baggage: clothing, sports and personal hygiene items, photo-cineoptic material, radio-television and electronic equipment and the suitcase, bag, backpack that can contain them and that the insured person takes with him/her during the stay in the Hotel.

Claim: the occurrence of the damaging event or event for which the insurance is provided.

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

Compensation or indemnity: the sum owed by the Company in the event of a claim covered by the policy guarantees.

Contract duration: the period of validity of the contract chosen by the insured.

Damage: the loss suffered by baggage due to breakage, collision, impact against fixed or mobile objects.

Day hospital: the hospitalization without overnight stay in a nursing home.

Deductible: the pre-established amount that remains in any case at the expense of the insured for each claim;

Domicile: the place of residence, even temporary, of the Policyholder.

Europe: all countries in Europe and the Mediterranean basin with the exception of the Russian Federation.

Family members: spouse/wife, parents, brothers, sisters, children, in-laws, sons-in-law, daughters-in-law, grandparents, uncles and nephews up to the 3rd degree of kinship, brothers-in-law.

Family Unit: the wife/husband and the children living with the Insured Party.

Fault: the damage suffered by the vehicle due to wear and tear, defect, breakage, failure of its parts (excluding any ordinary maintenance), such as to make it impossible for the insured to use it in normal conditions.

Fire: self-combustion with development of flame.

Hospitalization: the hospitalization, involving overnight stay, in a care institution - public or private - regularly authorized to provide hospital care;

Hotel: accommodation facility operating in the field of tourist services and, as far as this policy is concerned, providing board and lodging services to its customers: B&Bs, residences, rented houses, farmhouses, hostels are understood to be included, provided they have a "Cancellation Policy", i.e. a penalty regulation in case of cancellation of the stay.

Illness: any alteration of health not dependent on injury.

Insured Person: the person whose interest is protected by the insurance or any person who books a stay in a Hotel regularly communicated to the Company.

Insurance: the insurance contract.

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

Maximum: the sum up to which the Company is liable for each claim under the insurance.

Medicinal products: these are considered to be those described in the Italian Medicines Yearbook. Therefore, parapharmaceutical, homeopathic, cosmetic, dietary, galenic, etc. products are not such, even if prescribed by a doctor.

Nursing home: the hospital, the nursing home, the scientific hospital and care institution (IRCCS), the university clinic, regularly authorized by the competent authorities - according to the legal requirements - to provide hospital care. Excluded are spas, rehabilitation and re-education health facilities, health residences for the elderly (RSAs), clinics with dietary and aesthetic purposes as well as centres, however intended, providing the services defined in art. 2 of Law no. 38 of 15.03.2010.

Operations Centre: the company's structure made up of technicians and operators, operating 24 hours a day every day of the year, who provide telephone contact with the insured and organize and provide assistance services.

Outpatient clinic: a medical facility or medical centre that is equipped and regularly authorised to provide medical services and a professional practice that is suitable by law for the exercise of the individual medical profession.

Permanent Disability: the definitive and irreparable loss or decrease of the ability to perform any profitable work, regardless of the profession performer.

Personal accident: an event due to accidental, violent and external causes, resulting in objectively ascertainable bodily injury resulting in death or permanent disability or total or partial temporary disability.

Policy: the document that proves the insurance.

Policyholder: The natural or legal person who stipulates the insurance contract.

Pre-existing illness: illness that is the expression or direct consequence of pathological situations arising prior to the stipulation of the policy.

Premium: the sum owed by the Insured to the Company.

Quarantine: compulsory home isolation with active health surveillance.

Residence: the place where the physical/legal person has his/her habitual residence/location as shown on the registration certificate.

Risk: the probability that the harmful event against which the insurance is provided will occur.

Robbery: the removal of movable property from the holder by violence or threat to his person.

Stay: The period of stay at the Hotel booked by the Insured Party; the stay at the Hotel starts after the time of check-in, at the hotel entrance and ends at the time of check-out.

Surgical intervention: a medical act carried out in the operating theatre of a healthcare institution or an outpatient clinic, if necessary equipped, which can be prosecuted through a bloody action on the tissues or through the use of mechanical, thermal or light energy sources. For insurance purposes, the bloodless reduction of fractures and dislocations is also considered equivalent to a surgical intervention.

Theft: the crime established by art. 624 of the Italian Criminal Code, perpetrated by anyone who takes possession of the movable property of others, subtracting it from the person who holds it, in order to gain profit for himself or others.

Third party: as a general rule, the following do not qualify as third parties: a) the insured party's spouse, parents, children or any other relative or relative living in the same household as the insured party; b) employees of the insured party who suffer the damage in the course of work or service.

Travel companion: The insured person who, although not related to the Insured who has suffered the event, is regularly registered for the same booking as the Insured himself.

Uncovered: the part of the damage that can be indemnified under the terms of the policy that the insured holds against him/her for each claim.

Variable Data: the variable risk elements aimed at adjusting the premium and the relative balance, i.e. the number of insured persons and/or insured goods for which insurance cover is provided, which must be communicated by the Policyholder in the manner provided for in the Contract.

Vehicle: mechanical means of transport driven by the insured person, powered by a motor and intended for use on roads, public and private areas. The insured vehicle is the one identified in the policy and must be considered as new or registered no more than six months before the effective date of the policy.

World: all countries in the world.

SECTION II - CONDITIONS OF INSURANCE

Conditions of Direct Wire Hotel Insurance Mod. 6007 ed. 2020-04 - Last update 01/04/2020

In this section the contractor shall find an extract of the rules governing the relationship between the Company and the contractor, providing for rights and obligations for the parties. It is understood that for the purpose of the exact fulfilment of the conditions and guarantees of the Insurances, only the document (policy) drawn up in Italian is valid.

ARTICLE 1 - DETERMINATION OF THE PREMIUM - STATEMENTS RELATING TO THE CIRCUMSTANCES OF THE RISK

The premium is determined on the basis of the data indicated on the summary sheet, with reference to the following variables specific to each insured stay: destination, price of the stay, duration of the stay, chosen limits and number of Insured Persons.

The Contractor shall immediately inform the Company of any changes made during the course of the contract. In the event of inaccurate or reticent statements made by the Contractor at the time the contract is entered into, relating to circumstances that affect the assessment of risk, or failure to communicate any change in the circumstances that increase the risk, the payment of damages shall not be due or shall be due to a greater extent in application of the provisions of articles 1892 - 1893 - 1894 and 1898 of the Italian Civil Code.

ARTICLE 2 - EXCLUSION OF ALTERNATIVE COMPENSATION

If the Insured Party does not benefit from one or more services, the Company is not obliged to provide compensation or alternative services as compensation.

ART. 3 - VALIDITY AND DURATION OF THE GUARANTEES

The duration of the cover relating to each Application is that communicated by the Policyholder to the Company for each individual Insured through the special on-line system made available to the Company, provided that all the rules of recruitment and communication by the Policyholder have been complied with.

The guarantee Cancellation of the stay starts from the date of booking through the payment of the insurance premium by the Policyholder or the Insured and ends on the day of departure when the Insured checks into the Hotel.

The other guarantees start from the start date of the stay in the Hotel (i.e. from the date of check-in in the booked Hotel) and cease at the time of check-out at the Hotel, subject to a maximum duration that may not exceed a number of days equal to thirty unless specific regulations indicated in the individual chapters.

Insured persons must adhere to this policy at the same time as booking their stay (confirmation of their stay at the hotel).

ART. 4 - OBLIGATIONS OF THE INSURED IN THE EVENT OF A CLAIM

In the event of a claim, the Insured must notify the Company by telephone and in writing in accordance with the procedures provided for in the individual guarantees. Failure to comply with such obligation may result in the total or partial loss of the right to compensation pursuant to art. 1915 of the Italian Civil Code.

ART. 5 - TERRITORIAL EXTENSION

The insurance is valid in the country or group of countries where the stay takes place and where the Insured has suffered the accident that gave rise to the right to benefit. The insurance is valid in any case only for events occurring at a distance of more than 50 km from the place of residence, with the exception of the cancellation guarantee.

ARTICLE 6 - CLAIMS SETTLEMENT CRITERIA

The payment of what is contractually due is made after the original presentation of the relevant notes, bills and receipts duly receipted. At the request of the Insured Party, the Company shall return the above mentioned originals, after the date of liquidation and the amount paid. If the Insured Party has presented to third parties the original of the notaries, bills and receipts for reimbursement, the Company will make the payment of what is due under this contract after demonstrating the expenses actually incurred, net of what is to be paid by the aforementioned third parties. Reimbursements will always be made in Euro. The Company will reimburse the Insured, only after the complete presentation of the required documentation necessary for the assessment of the claim.

ARTICLE 7 - SETTLEMENT OF DAMAGES/APPOINTMENT OF EXPERTS

After the ascertainment of the right to compensation by the Company, the quantification of the damage shall be carried out by the Company by direct agreement between the Parties or, failing that, by two experts appointed one on each side. In case of disagreement, they shall elect a Third Party. If one of the two Parties fails to appoint its own Expert or if there is no agreement on the choice of the third, the appointment shall be made by the President of the Court in whose jurisdiction the registered office of the Company is located. Each Party shall bear the expenses of its own Expert and half of the Third Expert's expenses. The decisions shall be taken by majority vote with dispensation from all legal formalities and shall be binding on the Parties, who hereby waive any right of appeal except in cases of violence, wilful misconduct, error or breach of contract. In any case, the Parties or one of them shall have the right to apply directly to the Judicial Authority for the protection of their rights.

ART. 8 - LAW - JURISDICTION

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

ART. 9 - INTEGRATION OF ACCIDENT REPORT DOCUMENTATION

The Insured Party acknowledges and expressly grants the Company the right to request, in order to facilitate the correct investigation of the insurance case and the settlement of the damage, further documentation with respect to that indicated in the individual guarantee/performance. Failure to produce the documents relating to the specific case may result in total or partial forfeiture of the right to reimbursement.

ART. 10 - OBLIGATIONS OF THE CONTRACTOR

The Contractor is committed:

- in the event that the agreements with the Company provide for an automatic compulsory inclusion of all travellers, to insure with the policy all customers who purchase a stay in the Hotel;
- in the event that the agreements with the Company provide for the possibility for the traveller to adhere to the coverage offered by this contract, to propose this policy to all its customers;
- to make the "Information Set" relating to this policy available to all insured persons and to deliver it to them in paper or electronic form and before signing the contract;

- to publish in promotional catalogues and/or institutional websites and/or in further documentation used to promote its services the insurance policies provided for in this policy.

ARTICLE 11 - CUMULATION CLAUSE

Remains agreed that in the event of an event affecting more Insured with the Company, the maximum disbursement of the latter may not exceed the amount of € 500,000.00 per event except as provided for the Accident Guarantee.

When the amounts to be settled under the contract exceed the above mentioned limits, the indemnities due to each Insured Party shall be reduced proportionately.

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

If the Contractor does not pay the premium due on signing the contract or two or more successive premium instalments within the agreed terms or does not pay the part of the variable premium to be settled in the manner and within the agreed terms or does not make any communication with regard to the Variable Data or makes it qualitatively and quantitatively incomplete or late with respect to the contractual terms, the Company shall have the right to declare by registered letter AR the suspension of the effects of the insurance coverage, (with the exception of the services indicated in the "Personal assistance" guarantee, where applicable) as from the date of receipt of the said communication, giving notice of default to the Contractor and, if such default persists within 15 days of receipt of the said communication, declare the termination of the contract within the same terms, constituting a serious breach by the Contractor of his obligations under Article 1455 et seq. of the Civil Code, without prejudice to any other right also aimed at compensating the damage suffered. The suspension and/or termination of the effects of this Contract shall have effect and value not only for the Policyholder but also for the Insured Party and the latter shall be duly informed by the Policyholder of such circumstance, relieving the Policyholder from any and all damages that may derive from the failure to comply with such obligation.

In the event of failure to communicate the Variable Adjustment Data or non-payment of the adjustment premium within the agreed terms, without prejudice to the suspension of the guarantee, it is expressly agreed that any claims occurring during the period to which the failure to adjust refers shall not be indemnified and/or settled by the Company to the Policyholder and/or the Insured. If the occurrence of one of the events envisaged in this article is not followed by an immediate and complete definition of the Contractor's debt position, the Company reserves the right to settle the claims in proportion to the actual receipts recorded.

ART. 13 - EFFECTS TOWARDS THE INSURED PARTY

The Policyholder undertakes to inform the Insured Party, at the time of acceptance of the policy, that the insurance cover under this Contract will be suspended by the Company, in addition to the cases provided for by current legislation, the recourse to the cases referred to in art. 12, i.e., for example, in the event that the Policyholder does not make any communication with regard to the Variable Data and/or makes it qualitatively and quantitatively incomplete or late with respect to the contractual terms, as the Company may declare the termination of the contract if such failure persists. This shall also apply in the event of non-payment of the premium and/or of the premium instalments subsequent to the monthly due dates or of the amounts due to the Contractor and in any case in all cases in which the Contractor is in breach of its obligations under this contract. The Policyholder also undertakes to inform the Insured Party of the provisions of the last paragraph of the preceding article and to release the Company from any and all requests and/or complaints that may be received from the Insured Party.

ART. 14 - SPECIFICATIONS RELATING TO THE "CANCELLATION OF STAY" GUARANTEE

(article operating where the guarantee is provided in the policy) Upon the occurrence of one of the events provided for in art. 12 above, the Contractor undertakes to indemnify the Company from any claim - including financial claims - that may be made by its customers in the event of a request for activation of the "Cancellation of the stay" guarantee, given that the claims affecting the guarantee in question find direct and exclusive origin in the application of the penalty for cancellation of the stay contract by the Contractor himself.

ART. 15 - EXCLUSIONS AND LIMITS VALID FOR ALL GUARANTEES

All benefits are not due for claims occurring during and as a result of:

- state of war, revolution, riots or popular movements, looting, vandalism, strikes; acts of terrorism with the exception of Guarantees of Assistance and Medical Expenses; earthquakes, tsunamis, abnormal waves, floods, volcanic eruptions and other atmospheric phenomena declared natural disasters as well as phenomena occurring in connection with transformation or energy settling of the atom, natural or artificially caused;
- malice or gross negligence on the part of the Policyholder or the Insured;
- travel/stay undertaken against medical advice or, in any case, with acute illnesses or for the purpose of undergoing treatment medico/surgical;
- travel/stay to a territory where a prohibition or limitation (even temporary) issued by a public authority is operative, extreme travel/stay in remote areas, reachable only with the use of special means of rescue; pollution of any kind, infiltration, contamination of air, water, soil, subsoil, or any environmental damage;
- bankruptcy or insolvency of the Contractor, the organiser of the stay, the Intermediary, the Hotel or any supplier;
- errors or omissions when booking or inability to obtain a visa or passport;
- illnesses with symptomatology in place at the time of joining the policy for the guarantee "Cancellation of Stay" and the start date of the Hotel stay for the guarantees "Reimbursement of medical expenses" and "Personal assistance";
- suicide or attempted suicide;
- pathologies attributable to complications of pregnancy beyond the 24th week;
- voluntary termination of pregnancy, removal and/or transplantation of organs;
- non-therapeutic use of drugs or narcotics, alcohol and drug addiction, HIV-related illnesses, AIDS, mental disorders and mental disorders in general, including psychotic and/or neurotic behaviour;
- epidemics or pandemics as declared by WHO, quarantine. This exclusion does not apply to the guarantees of Medical Assistance and Medical Weights and as indicated in Art. 41 of the Stay Cancellation Guarantee in relation to Covid 19 infection of the Insured;

- facts and/or circumstances and/or services, even if provided by the Hotel, such as the organization of excursions, sports tournaments, games in g enere and any recreational activity carried out both individually and collectively;
- practice sports such as: mountaineering with climbs above the third degree or access to glaciers, free climbing, ski or hydro ski jumping, acrobatic and extreme skiing, off-piste skiing, ski mountaineering, archery, cycling, caving, bobsledding, river canoeing above the third degree, rapids descent of watercourses (rafting), canyoning, kite-surfing, hidrospeed, bungee jumping, parachuting, hang-gliding, paragliding and air sports in general, boxing, wrestling, American football, rugby, ice hockey, scuba diving, heavy tletics, trekking at altitudes over 3000 meters s.l.m.; equestrian activities, hot air balloon excursions, hunting and rifle shooting;
- acts of recklessness;
- sporting activities carried out in a professional capacity; participation in sporting competitions or contests, including trials and training carried out under the aegis of federations;
- motorcycling, motorcycling, running, motorboat races including jet skis, sledding and related trials and training;
- infectious diseases where assistance is prevented by national or international health regulations;
- childbirth (early, premature or not) during the stay;
- carrying out activities involving the direct use of explosives or firearms;
- events occurring in belligerent countries that make it impossible to provide assistance.

This policy is valid only if combined (as an accessory) with the sale of a stay in a hotel by the same Professional Operator .

It is not allowed to issue more than one application to guarantee the same risk in order to raise the ceilings of the specific guarantees and the cumulation of risk contractually foreseen.

The adhesion to this policy cannot in any way be issued to prolong a risk (i.e. the stay) already in progress and it is expressly understood that the adhesion to this policy must take place at the time of booking the stay. If the policy is issued after the date of booking the stay, the contract and the single application issued will be considered null and void and the Company will refund the policy premium. All claims relating to events occurring outside the period of use of the hotel stay provided by the Hotel are excluded.

This policy is valid only during the period between the date of booking and the check-out date indicated in the booking made and in any case within the maximum limit indicated in the application with a maximum of 30 consecutive days. Relationally to the guarantee of cancellation of the stay, claims relating to services not included in the booking of the hotel stay made are excluded, it being expressly understood that the cover will operate only in relation to any penalties relating to the manced use of the board and lodging services or any travel costs related to and included in the booking. Warranties are not provided in Antarctica and the Antarctic Ocean and in countries that are in a state of belligerence, either declared or de facto, among which the countries indicated in the JCC Global Cargo report on <https://watchlists.ihsmarkit.com> that at the time of departure report a degree of risk equal to or greater than "4.0" are considered as such. Countries in a state of declared or de facto belligerence shall also be deemed to be those whose state of belligerence has been made public.

SECTION III - GUARANTEES OFFERED BY THE INSURANCE

This section is divided into 11 main chapters (*Medical Expenses - Hospital Per diem - Convalescence Allowance - Personal Assistance - Baggage - Cancellation of All Risk Stay - Repeat Stay - Vehicle Assistance - Home Assistance - Interruption of Stay in case of quarantine, Housing Assistance*) governing the guarantees, which are the subject of this Insurance including the related benefits, limits and exclusions.

CHAPTER 1 - MEDICAL EXPENSES

ART. 1 - OBJECT OF THE INSURANCE

Within the maximum limit of € 5,000.00 per Insured will be reimbursed the verified and documented medical expenses incurred by the Insured, during the period of stay in the hotel for urgent, unforeseeable and unforeseeable treatment or intervention, which can not be postponed during the validity period of the warranty.

The warranty includes the:

- hospitalization costs;
- surgery costs and medical fees as a result of illness or accident;
- costs for outpatient medical examinations, diagnostic tests and laboratory tests (provided they are relevant to the reported illness or injury) within the limit of € 1,500.00;
- costs of medicines prescribed by the treating doctor on site (provided they are relevant to the reported illness or accident) and within the limit of EUR 1,000.00;
- Expenses for urgent dental treatment, only after injury, up to € 200.00 per Insured;
- transport costs from the place of the accident to the nearest health resort, up to € 3,000.00.

In case of hospitalization or in case of day hospital following an accident or illness that can be indemnified under the policy, the Operation Center, upon request of the Insured, will provide for the direct payment of medical expenses. In cases in which the Company cannot make direct payment, the expenses will be reimbursed according to the terms of the policy as long as authorized by the Operative Centre contacted in advance. In any case, the Insured, who shall pay them directly on the spot, shall be responsible for any excess over the maximum amounts provided for in the policy and the relative deductibles. For amounts exceeding € 1,000.00 the Insured must request prior authorisation from the Operative Centre. The services of Organized Medical Transport as per art. 16 and Return of the Convalescent Traveller as per art. 21 are always included in the guarantee.

ART. 2 - DEDUCTIBLE AND OVERDRAFT

For each claim an absolute deductible of € 70,00 will be applied, which remains the responsibility of the Insured, except in cases of hospitalization and Day Hospital for which no deductible will be applied. For claims with an amount greater than € 1,000.00 in the event of failure to obtain authorisation from the Operations Centre, an overdraft equal to 25% of the amount to be refunded with a minimum of € 70.00. Remains understood that for amounts exceeding € 1,000.00 no reimbursement will be due if the Insured is unable to prove that the medical expenses incurred by bank transfer or credit card have been paid.

ART. 3 - EXCLUSIONS AND SPECIFIC LIMITS FOR THE GUARANTEE OF MEDICAL EXPENSES

In addition to the exclusions provided for by the Common Rules to the warranties, expenses for physiotherapeutic, nursing, thermal, slimming treatments and for the elimination of congenital physical defects are excluded; expenses related to glasses, contact lenses, prosthesis and therapeutic devices and those related to cosmetic interventions or applications. The insurance does not cover the costs incurred for the voluntary interruption of pregnancy as well as for services and therapies related to fertility and/or sterility and/or impotence, for check-ups in Italy for situations resulting from illnesses during the stay. Furthermore, expenses are excluded if the Insured has not reported to the Alarm Center the hospitalization (including the Day Hospital) or the first aid station; If the Insurant intends to make use of hospital/medical facilities that are not part of the Company's Affiliated Network, the maximum disbursement by Nobis Compagnia di Assicurazioni S.p.A. may not exceed the amount of € 3,000.00, without prejudice to the limit of the maximum amount indicated in the contract. In Italy, if the Insured Party avails himself of the National Health Service, the guarantee will be valid for any expenses or excess expenses left to be borne by the Insured Party. Remains understood that upon the occurrence of one of the cases provided for in the fourth and fifth paragraphs of Article 34, no further requests relating to medical expenses shall be borne by the Company.

CHAPTER 2 - HOSPITALISATION PER DIEM FOLLOWING COVID INFECTION 19

The coverage offered by this chapter is valid only after an infection with COVID-19 diagnosed in Italy, after the start of the insurance coverage and during the period of stay in the hotel, provided that the infection leads to hospitalization.

ART. 4 - OBJECT OF THE INSURANCE

In accordance with and under the terms of the Insurance Terms and Conditions, the Company shall grant, for the duration of the contractual relationship, a lump sum indemnity for each day of **hospitalization** at a nursing home **as a direct and exclusive consequence of the infection**

with COVID-19 (so-called Coronavirus) suffered by the Insured, regardless of the expenses incurred, to the extent of the services indicated below.

ART. 5 - SERVICE

The Company, **when the Insured Party's hospitalization lasts for more than 5 days, shall pay for each subsequent day of hospitalization (i.e. starting from the sixth day of hospitalization) an amount equal to euro 100,00 (one hundred/00) for a maximum number of days equal to 10. In consequence of the above, therefore, the maximum sum payable by each Insured during the validity of the policy may not exceed the amount of € 1,000.00 (one thousand/00).**

CHAPTER 3 - CONVALESCENCE BENEFITS

ART. 6 - OBJECT OF THE INSURANCE

The Company shall pay the Insured Party a fixed and predetermined convalescence indemnity equal to **€ 1,500.00 at the time of the Insured Party's discharge** from the nursing home **where he or she was admitted following infection with COVID-19. This service will be provided only if the Insured, during the above mentioned hospital stay, has been admitted to an intensive care unit, as shown in the medical record which must be fully completed at the time of reporting the claim.**

CHAPTER 4 - PERSONAL ASSISTANCE

The service activities included in the warranty Personal Assistance are offered free of charge

ART. 7 - INSURANCE SUBJECT

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

ART. 8 - MEDICAL ADVICE BY TELEPHONE

If, as a result of illness or injury, it is necessary to ascertain the state of health of the Insured Party, the Company will provide the Medical Service of the Operative Centre for the contacts or verifications necessary to face the first health emergency.

ART. 9 - SENDING A DOCTOR TO ITALY IN CASES OF EMERGENCY

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

ART. 10 - SENDING A PAEDIATRICIAN IN CASES OF URGENCY

If the Insured, during the stay in Italy, needs a paediatrician and is unable to find one, the Company will send the paediatrician free of charge to the Insured's domicile through the Operation Center following an initial telephone diagnosis with the doctor on duty.

The benefit is only valid once during the period of cover.

If a doctor is not immediately available and if circumstances make it necessary, the Company shall organise the transfer of the patient to an emergency room by ambulance.

ART. 11 - NOTIFICATION OF A DOCTOR ABROAD

When, following medical advice (see "Telephone medical advice" service), the need for the Insured Party to undergo a medical examination emerges, the Operative Centre will call a doctor in the area where the Insured Party is located, subject to local availability.

ART. 12 - MONITORING OF HOSPITALIZATION

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

ART. 13 - PSYCHOLOGICAL CONSULTATION IN CASE OF COVID-19 INFECTION

From Monday to Friday, from 9.00 a.m. to 6.00 p.m., from Monday to Friday, the Alarm Center will provide its own personnel specialized in psychological consultations so that the Insured can receive initial support and the most appropriate indications on how to manage the psychological discomfort of the Insured or the members of the Family Unit.

Prestation only valid in case of hospitalisation following COVID-19 infection.

ART. 14 - SECOND OPINION IN CASE OF COVID-19 INFECTION

The Alarm Center makes available, 24 hours a day, its on-call medical service so that the Insured can send a copy of his medical records and obtain from the Company, also with the support of medical specialists of affiliated facilities, a second opinion on the diagnostic and therapeutic path undertaken.

Prestation only valid in case of hospitalisation following COVID-19 infection.

ART. 15 - INFORMATION EMERGENCY NUMBER IN CASE OF COVID-19 INFECTION

The Company, through its 24-hour Operations Centre and following the request of the Insured Party, will communicate by telephone the telephone numbers established by the Authorities for the management of events **related to the contagion from Covid-19 (so-called Coronavirus) and for the relative reports.**

ART. 16 - ORGANIZED MEDICAL TRANSPORT

The Medical Service of the Operative Centre, following an injury or illness of the Insured Party, which causes infirmity or injuries that cannot be treated on site or which prevent the continuation of the stay, after possible consultation with the local doctor and, if necessary/possible, the family doctor, will organize - after receiving medical documentation issued on site certifying the nature of the pathology - the transport or medical return. Depending on the seriousness of the case, the Insured Party will be transported to the most suitable hospital for his/her state of health or brought back to his/her residence. In the opinion of the Medical Service of the Operations Centre, medical transport may be organized by the following means:

- medical aircraft
- airliner - sleeping car
- 1st class berth
- ambulance
- other means deemed suitable.

Should the conditions make it necessary, the transport will be carried out with the accompaniment of medical and/or paramedical staff from the Operations Centre. Return from non-European countries (meaning any country outside Continental Europe including overseas possessions, territories and departments), excluding those of the Mediterranean basin, will be made exclusively by airliner. The benefits are not due if the Insured or his/her family members voluntarily resign against the advice of the health care staff of the facility where the Insured is hospitalized.

ART. 17 - RETURN OF FAMILY MEMBERS OR TRAVELLING COMPANION

In case of Medical Transport of the Insured Party, Transport of the body and Return of the Convalescent, the Alarm Center will organize and the Company will take charge of the return (airplane tourist class or train 1st class) of the insured family members or a travel companion. The service is provided if the Insured is unable to use the travel documents in his possession.

ART. 18 - TRANSPORT OF THE BODY

In the event of the death of the Insured during his stay, the Operative Centre will organise the transport of the corpse by carrying out the necessary formalities and bearing **the necessary and indispensable expenses** (post-mortem treatment, transport documentation) to the place of burial in the Insured's country of residence. In any case, the costs of search, burial funeral and possible recovery of the body are excluded from the guarantee.

This guarantee will also apply in the event of death due to a pre-existing illness.

ART. 19 – TRAVEL OF A FAMILY MEMBER IN CASE OF HOSPITALIZATION

In the event of hospitalisation of the Insured Party for more than 5 days, the Operative Centre will organise and the Company will take charge of the return trip (tourist class air or 1st class train) and accommodation expenses **up to an amount of € 100.00 per day and for a maximum of 10 days** for a family member or another person designated by the Insured Party. The service will only be provided if another family member of age is not already present on site.

ART. 20 - ASSISTANCE TO MINORS

If, as a result of illness or injury, the Insured Party cannot take care of the minor children staying with him/her, the Alarm Center will make available to a family member or other person designated by the Insured Party or, if necessary, by his/her spouse, a return ticket in 1st class train or tourist class airplane to reach the minors and bring them back home. The service will only be provided if another family member of age is not already present on site.

ART. 21 - RETURN OF THE CONVALESCENT TRAVELLER

If the state of health of the Insured Party prevents him/her from returning to his/her residence with the means initially foreseen, the Operative Centre will organise and the Company - after receiving medical documentation issued on site certifying the nature of the pathology - will bear the cost of the return ticket (by air, tourist class or 1st class train). The service is provided if the Insured Party is unable to use the travel documents in his possession.

ART. 22 - ASSUMPTION OF THE TRANSFER COSTS OF THE FAMILY MEMBER OR TRAVEL COMPANION IN CASE OF HOSPITALIZATION

The Operation Center will arrange for a family member of the Insured or a Travel Companion, also insured, to organize the transfer from the Hotel to the Care Institute and vice versa where the Insured is hospitalized and the Company will bear the transfer costs within the limit of € 300.00.

ART. 23 - EXTENSION OF STAY

The Operation Center will provide for the Insured, family members or travel companion, also insured, the logistical organization for the overnight stay caused by an extension of the stay due to illness or injury of the Insured, against a regular medical certificate and the Company will bear the costs of overnight stay up to a maximum of 10 days and in any case within the limit of € 100.00 per day.

ART. 24 - URGENT DISPATCH OF MEDICINES ABROAD

The Alarm Center will provide, as far as possible and in compliance with the rules governing the transport of medicines and only as a consequence of a fortuitous event, accident or illness, for the forwarding to destination of medicines essential for the continuation of a treatment in progress, in the event that, since the Insured Party is unable to dispose of such medicines, it is impossible for him/her to obtain them on site or obtain an equivalent.

In any case, the cost of said medicines shall be borne by the Insured Party.

ART. 25 - INTERPRETER AVAILABLE ABROAD

In case of need following hospitalization or legal proceedings against him/her for culpable acts occurred abroad, and limited to countries where there are correspondents, the Operations Centre will arrange for an interpreter and the Company will assume the cost up to € 1,000.00.

ART. 26 - ADVANCE PAYMENT OF FIRST NECESSITY EXPENSES

Should the Insured Party incur unforeseen expenses due to particularly serious and proven events, the Alarm Center will provide for the payment "on site" of invoices or an advance payment of money to the Insured Party up to the amount of € 8,000.00 against a guarantee that can be provided at home by a third party with immediate coverage of the loan.

ART. 27 - EARLY RETURN

The Alarm Center will organize and the Company will bear the cost of the ticket for the early return (tourist class airplane or 1st class train) of the Insured and a family member or Travel Companion, at his/her residence, following the death or imminent danger of life in the country of residence exclusively of one of the following family members: spouse, child, brother/sister parent, mother-in-law, son-in-law, daughter-in-law, grandparents, uncles and nephews up to the 3rd degree of kinship, brothers-in-law. If it is not possible to carry out an immediate assessment of the case, in order to verify the actual existence of an imminent life threat, the Company reserves the right to refund the amount of the travel tickets after verification of the documentation produced by the Insured party that attests the case can be traced back to the insured event. The benefit is also valid for material damage to the insured's main or secondary home, professional practice or company that makes his presence indispensable and unavoidable. In the event that the Insured Party has to leave the vehicle in order to return early, the Company will provide the Insured Party with an air or train ticket to go later to recover the vehicle. The services shall be provided if the Insured is unable to use the tickets in his possession.

ART. 28 - TELEPHONE EXPENSES

The Company shall bear any documented expenses that may be necessary to contact the Operations Centre up to a maximum of €1.00,00.

ART. 29 - TRANSMISSION OF URGENT MESSAGES

If the Insured Party in a state of need is unable to send urgent messages to persons, the Operation Center will endeavour to forward such messages.

ART. 30 - SEARCH AND RESCUE COSTS OF THE INSURED PERSON

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

ART. 31 - ADVANCE PAYMENT OF A CRIMINAL DEPOSIT ABROAD

The Company will advance to foreign countries, up to an amount of € 25,000.00 the criminal bail ordered by the local authority to release the Insured Party on bail. Since this amount represents only an advance, the Insured must designate a person who will make the amount available at the same time in a bank account in the name of the Company. In the event that the penalty deposit is reimbursed by the local authorities, it must be returned immediately to the Company which, in turn, will provide for the release of the above mentioned bond. This guarantee is not valid for facts resulting from the trade and sale of drugs or narcotics, as well as the participation of the Insured Party in political demonstrations.

ART. 32 - BLOCKING AND REPLACEMENT OF CREDIT CARDS

In the event of theft, robbery or loss of the credit cards held by the insured during the period of validity of the policy, the Operations Centre undertakes to notify the companies issuing such credit cards, from the moment the insured notifies the theft or loss and activates at the same time for the cancellation and replacement of such credit cards as well as for the request for a duplicate, where possible.

ART. 33 - ACTIVATION OF VIDEO STREAMING SERVICE AND ON-LINE NEWSPAPERS IN CASE OF HOSPITALIZATION

In the event of hospitalisation of the Insured during the period of validity of the cover, the Alarm Center will activate and the Company will bear the cost of the following services in favour of the Insured:

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

ART. 34 - EXCLUSIONS AND SPECIFIC LIMITS FOR THE PERSONAL ASSISTANCE GUARANTEE

In addition to the exclusions provided for in the Common Rules for guarantees, the Company shall not be liable for expenses incurred by the Insured without prior authorization from the Operation Center. If the Insured Party does not benefit from one or more services, the Company is not obliged to provide compensation or alternative services by way of compensation. The Company does not recognise refunds or compensation for services organised by other insurance companies or other entities or which have not been requested in advance from the Operations Centre and organised by the latter. Reimbursement can only be granted (within the limits set out in this contract) if the Operations Centre, having been contacted in advance, has authorised the insured party to manage the organisation of the assistance intervention autonomously: in this case, the original proofs of the expenses incurred by the insured party must be received by the Operations Centre. In the event that the Insured voluntarily refuses the organized medical transport/return (art. 16), the Company will immediately suspend the assistance and the Insured can no longer demand - for any reason, reason or cause - from the Company. In the event that the Insured Party, in the absence of medical indication to the contrary, unilaterally refuses to transfer to a Medical Facility indicated by the Company, the latter will immediately suspend assistance and the

Insured Party may no longer demand - for any reason, reason or cause whatsoever - from the Company. Infectious diseases are also excluded if assistance is prevented by international health standards. It is expressly understood that no services may be provided by the Company if the provision of such services is prevented or impossible by the Authority's measures, including health care measures.

ART. 35 - LIABILITY

The Company declines all liability for delays or impediments that may arise during the performance of the Assistance services in the event of events already excluded under the Conditions of Insurance and special and following:

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

ARTICLE 36 - RETURN OF TICKETS

The Insured Party is obliged to hand over to the Company the unused travel tickets following the services enjoyed.

CHAPTER 5 - BAGGAGE

ART. 37 - OBJECT OF THE INSURANCE

The company guarantees a maximum amount of € 1,000.00:

- the luggage of the Insured against the risks of fire, theft, mugging, occurred during the stay in the Hotel.
- within the above mentioned limits, but in any case with a limit of € 200,00 per person, the reimbursement of expenses for the remake/duplication of the passport, identity card and driving licence of motor vehicles and/or nautical licence as a result of the events described above;
- within the above mentioned limits, however, with a limit of € 200.00 per person, the reimbursement of documented expenses for the purchase of basic necessities and items of personal use incurred by the Insured following the total theft of luggage in the Hotel.

ART. 38 - EXCLUSIONS AND SPECIFIC LIMITS FOR THE BAGGAGE GUARANTEE

Or, in addition to the exclusions provided for by the Common Rules for Guarantees, damages deriving from:

- a) fraud, fault, negligence, negligence of the Insured, as well as forgetfulness, are excluded from the guarantee;
- b) the theft of baggage inside the vehicle which is not regularly locked and the theft of baggage on board of motovehicles or placed on external luggage racks. Theft is also excluded from 8 p.m. to 7 a.m. if the luggage is not placed on board the vehicle.
- c) locked in a guarded parking lot.
- d) money, credit cards, cheques, securities and collections, samples, documents, airline tickets and any other travel documents; d) jewellery, precious stones, furs and any other precious objects left unattended.
- e) goods purchased during the stay without regular proof of expenditure (invoice, receipt, etc.).

Firmly insured sums and the maximum refundable amount of € 250.00 per item, the refund is limited to 50% for jewelry, precious stones, or rologios, furs and any other precious object, photo-cineoptic equipment, radio-television equipment and electronic equipment. Photo-cineoptic equipment (lenses, filters, flashers, batteries, etc.) are considered as a single object. The coverage will not be able to operate if the abandonment of the baggage or its destruction (total or partial) are imposed by measures of the A utuities, including Health Authorities.

ART. 39 - CRITERIA FOR COMPENSATION

The compensation shall be paid, in addition to the amount reimbursed by the hotelier responsible for the event, up to the amount of the sum insured, on the basis of the new value of the proven goods (invoice or tax receipt) purchased new in the three months preceding the damage, otherwise the reimbursement shall take into account the deterioration and state of use. For goods purchased during the stay, any compensation will be paid only if the Insured is able to provide regular proof of expenditure.

ART. 40 - OBLIGATIONS OF THE INSURED IN THE EVENT OF A CLAIM

In the event of loss of the right to compensation, the Insured Party is obliged to submit a complaint to the competent Authority by having the original issued.

The insured is also required to make a prior request for compensation to the Hotel and to produce the original of the carrier's reply letter to the Company. The Company will reimburse the Insured, only after the complete presentation of the required documentation necessary for the assessment of the claim.

CHAPTER 6 - ALL RISK" HOTEL STAY CANCELLATION

ART. 41 - OBJECT OF THE INSURANCE

The Company will indemnify, on the basis of the conditions of this policy, the Insured and 2 travel companions provided they are insured and registered for the same reservation, the withdrawal fee (penalty) resulting from the cancellation of the hotel reservation made and any cost of the trip, if related and included in the reservation and provided that the relevant premium has been paid, determined in accordance with the "Cancellation Policy" provided for in the Hotel Contract, which is the consequence of unforeseeable circumstances at the time of booking

determined by any unexpected event, objectively documentable, independent of the will of the Insured and of such gravity as to make it impossible for the Insured to stay at the Hotel booked. The guarantee includes the inability to stay at the Hotel following infection by Covid 19 of the Insured. In the event of a claim involving more than one Insured Party registered for the same accommodation, the Company will reimburse all the entitled family members and 2 of the travel companions on the condition that they are also insured. Cancellations by the Insured due to terrorist acts occurring after the booking of the accommodation and in the 30 days prior to the date of arrival at the Hotel shall also be included in the guarantee, provided that such acts take place within a range of 100 km from the place where the booking was made.

ART. 42 - LIMITS, OVERDRAFT, DEDUCTIBLES

The insurance is covered up to the total cost of the stay up to the maximum amount per Insured equal to € 20,000.00 and with a limit of € 50,000.00 per event (i.e. a fact that affects one or more persons objectively connected by the purchase of the same stay that must be booked with the same professional operator).

The compensation will be subject to deduction of the following overdraft:

- 20% to be calculated on the penalty applied with a minimum of € 50.00 per practice in cases where the penalty is equal to or greater than 80%;
- 15% to be calculated on the penalty applied with a minimum of € 50.00 per practice for all other cases.

The overdraft will not be applied in cases of death or hospitalization of the Insured Party.

ART. 43 - COMPENSATION CRITERIA

The compensation due to the Insured is equal to the withdrawal fee (i.e. the penalty provided for in the contract of stay, in case of cancellation of the same), calculated on the date on which the event occurred, or the occurrence of the circumstances that led to the inability to stay at the hotel. Any higher withdrawal fee, charged by the Hotel as a result of a delay by the Insured Party in reporting the cancellation of the stay at the Hotel will remain the responsibility of the Insured Party. In case of illness or injury of the Insured Party, the Company reserves the right to send to the Insured Party's domicile its fiduciary doctor in order to certify that the Insured Party's conditions are such as to prevent the stay at the Hotel. The Insured must allow the Company to carry out the investigations and checks necessary for the definition of the claim, as well as to produce all the documentation relating to the specific case, freeing, for this purpose, from professional secrecy the doctors who have visited and treated him/her and who may be involved in the examination of the claim itself. Failure to comply with these obligations and/or if the trustee doctor or the Company's investigator verifies that the Insured Party's conditions are not such as to prevent him/her from participating in the trip and/or if the Insured Party fails to produce the documents necessary for the Company to correctly assess the request for reimbursement may result in the total or partial loss of the right to compensation.

ART. 44 - RIGHT TO TAKE OVER

For any cancellation as per art. 41 - Object of the insurance, subject to a withdrawal fee of more than 50%, the Insured expressly recognizes that the ownership and all rights connected to the same are intended to be transferred to the Company, which will be able to dispose of them freely on the market, acquiring definitively and without any request for compensation from the Insured, any fees that may arise.

CHAPTER 7 - REPEAT HOTEL STAY

ART. 45 - OBJECT OF THE INSURANCE

The Company, within the maximum limit of € 5,000.00 per Insured Party, shall make available to the Insured Party and the family members staying with him/her, provided they are insured, an amount equal to the pro-rata value of the stay not used by the Insured Party due to the following events:

- a) Use of the "Organized Medical Transport", "Transport of the corpse" and "Anticipated Return" services that determine the return to the residence of the Insured;
- b) Death or hospitalization for more than 5 days of a family member of the Insured Party during the stay at the Hotel;
- c) Death or hospitalization of the Insured Party for more than 3 days during the stay in the Hotel.
- d) Delayed arrival of the Insured Party at the Hotel for reasons not depending on the Insured Party, occurring during the trip to reach the hotel booked as a result of the following events:
 - Breakdown or accident to the vehicle used to reach the accommodation facility;
 - Accident during the journey to reach the accommodation facility;
 - Delayed flight, ship/ferry, train;

The amount will be made available to the Insured and only for the purchase of a stay at the Hotel initially booked or at the Hotel Chain to which it belongs. The amount in pro-rata, non-transferable and non-refundable must be used within 12 months from the date of return to the residence.

CHAPTER 8 - VEHICLE ASSISTANCE

The following services are intended to operate during the transfer of the Insured Party to travel from his/her residence to the Hotel booked and vice versa, even if in countries of the European Union.

ART. 46 - SUBJECT OF THE INSURANCE

The Company will organize and manage through the Operation Center the services indicated in the following art. 47, provided in case of breakdown or accident occurred to the vehicle, it being understood that all expenses resulting from the repair of the vehicle (for breakdown and/or accident, theft) will always be borne by the Insured.

ART. 47 - ROAD RESCUE AND TOWING

If the car remains immobilized as a result of a breakdown or accident, the Operations Centre will send 24 hours a day and the Company will bear

the cost, the rescue vehicle at the place of immobilisation, to tow the car to the nearest service point of the manufacturer or to the nearest workshop or possibly to carry out small interventions on site that allow the car to resume driving autonomously. The costs of any spare parts used to carry out small interventions on site and any other repair costs shall be borne by the Insured Party.

In addition, the cost of the rescue will be borne by the Insured if the breakdown or accident occurs outside the public road network or areas equivalent to them (circuit or off-road routes).

If the car remains immobilized on the motorway in Italy, the Insured must call the authorized rescue vehicles and subsequently notify the Operation Center by telephone. This communication is mandatory in order to be reimbursed by the Operation Center upon receipt of the receipt issued by the authorized rescuer.

ART. 48 - SENDING SPARE PARTS

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

ART. 49 - RETURN TO RESIDENCE AND/OR ABANDONMENT OF THE VEHICLE

The Alarm Center will organize the return to the Insured Party's residence of the vehicle following breakdown, accident, discovery after theft that involves more than 5 working days for the necessary repairs, all within the cost limit for the Company equal to the value of the vehicle after the accident. The Company shall bear the cost of keeping the vehicle from the time of the accident until its return, up to a maximum of € 50.00. If the estimated costs for repairs are uneconomical or in any case higher than the value of the vehicle after the accident, the warranty will not operate and the Company will only bear the costs of legal abandonment.

ART. 50 - CONTINUATION OF THE TRAVEL

Should the vehicle be unavailable, due to breakdown, accident, discovery after theft, for a period longer than 3 working days for the necessary repairs, the Alarm Center will provide the Insured and other passengers with a ticket (tourist class airplane or first class train) or alternatively a group C rental car, compatibly with the opening hours of the car rental stations, without driver for a maximum of 2 days at unlimited mileage to reach the destination. Fuel costs, non-compulsory insurance and any deductibles are excluded.

ART. 51 - RETURN OF THE INSURED AND OTHER PASSENGERS

If the Insured Party has not taken advantage of the services referred to in art. 49 above, the Operative Centre will provide the Insured Party and the other passengers with a ticket for the return to the residence (tourist class airplane or first class train) or alternatively a group C rental car, compatibly with the opening hours of the car rental stations, without driver for a maximum of 2 days at unlimited mileage to reach the residence. Fuel costs, non-compulsory insurance and any deductibles are excluded.

ART. 52 - ASSUMPTION OF VEHICLE RECOVERY COSTS

Should the Insured Party be unable to return to his/her home with the vehicle subject to breakdown or accident, as a result of one of the events referred to in articles 47, 49, 51, the Alarm Center will make available a one-way ticket to allow the Insured Party to go to the place where the vehicle is located for its recovery.

ART. 53 - HOTEL EXPENSES

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

ART. 54 - DRIVER

The Operation Center will provide a driver to replace the Insured who is ill or injured and provided that no other passenger with a driving licence is on board. The driver is available for a maximum of three days to drive the Insured Party's vehicle as quickly as possible to the location of the Hotel booked or the residence of the Insured Party.

ART. 55 - ADVANCE DEPOSIT

In the event of a road accident of the assisted vehicle, the Operations Centre may advance the amount of the bail for the driver's bail of € 5,000.00 against bank guarantees deemed adequate by the Operations Centre. The amount advanced, in case the driver is retained by the Judicial Authority after conviction, failure to appear or in any other case, must be refunded to the Operation Center within 2 months from the advance.

ART. 56 - EXCLUSIONS AND SPECIFIC LIMITS FOR THE VEHICLE ASSISTANCE GUARANTEE

In addition to the exclusions provided for in the Common Rules for Guarantees are excluded from the guarantee:

- vehicles registered for the first time for more than 8 years;
- vehicles weighing more than 35 quintals;
- non-land vehicles and vehicles not properly registered;
- vehicles rented, hired or used for public transport;
- accidents occurring in countries outside the European Union.

CHAPTER 9 - HOME CARE FOR THE INSURED PERSON'S FAMILY MEMBERS STAYING AT HOME

The service activities included in the service guarantee are offered free of charge For the Insured's family members (spouse/partner, parents, siblings, children, in-laws, sons-in-law, sons-in-law, daughters-in-law, grandparents) who stay at home in Italy, the following services start from the day of departure to reach the Hotel booked by the Insured and are valid until the return of the same.

ART. 57 - MEDICAL CONSULTING BY TELEPHONE

The Company, through the Operations Centre, provides 24 hours a day its own on-call medical service for any information or suggestions of a medical nature.

ART. 58 - SENDING A DOCTOR IN CASE OF EMERGENCY

The Company, through the Operations Centre, makes its own on-call medical service available at night and 24 hours a day on Saturdays and public holidays, guaranteeing the availability of general practitioners, paediatricians and cardiologists ready to intervene at the time of the request. By calling the Operations Centre and following an initial telephone diagnosis with the on-call doctor, the Company will send the requested doctor free of charge.

If a doctor is not immediately available and if circumstances make it necessary, the Company will arrange for the patient to be transferred to an emergency room by ambulance. The Company will promptly inform the Insured Party about the health conditions of the family member, promptly updating this information until the Insured Party returns from the stay.

ART. 59 - REFUND OF MEDICAL EXPENSES

After contacting the Operations Centre, within the limit of the maximum amount per Insured of € 1,000.00 will be reimbursed the medical expenses incurred for basic diagnostic tests.

This guarantee is valid exclusively for the Insured's family members who remain at home and starts from the day of departure for the Insured's stay in the Hotel and expires at the time of check-out at the Hotel at the end of the cover.

ART. 60 - TRANSPORT BY AMBULANCE

The Company, through the Operations Centre, if the patient needs transport by ambulance, organizes the transfer at its own expense, sending the ambulance directly and bearing the cost of transport up to a maximum of 200 km. of total distance (round trip).

ART. 61 - NURSING ASSISTANCE

If the patient, as a result of illness or accident, requires home care by general and/or specialized nurses at home, the Operations Centre will search for and send personnel, bearing the relative costs and up to a limit of € 1,000.00.

This guarantee is valid exclusively for the Insured's family members who remain at home and starts from the day of departure for the stay in the Hotel of the Insured and expires at the time of check-out at the Hotel at the end of the cover.

ART. 62 - HOME DELIVERY MEDICINES

The Operations Centre guarantees, 24 hours a day, the search and delivery of medicines. If the medicine requires a prescription, the staff in charge will first go to the patient's home and then to the pharmacy. Only the cost of the medicine will be charged to the Insured Party.

ART. 63 - FREE APPOINTMENT MANAGEMENT

The Operations Centre makes available its database relating to the agreed health care network. If the patient needs information or an appointment for an examination, visit, hospitalization it is sufficient to contact the Operations Centre. Depending on the specific needs related to the type of examination or visit to be carried out, the desired day and time, the area and the tariff, the Operations Centre selects, using the database, the doctors and/or the affiliated centres that meet the patient's needs and by virtue of the preferential access channels, fixes the appointment in the name and on behalf of the patient.

ART. 64 - AFFILIATED HEALTHCARE NETWORK

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

ART. 65 - OBJECT OF THE INSURANCE

Should the Insured Party be unable to make use of the hotel stay booked and purchased as a result of a quarantine order issued by the quarantine authorities, the Company shall reimburse the following:

- the penalties charged for the hotel stay booked and not used within the limit of € 1,500.00 per Insured;
- Any hotel/stay expenses charged to the Insured for the quarantine period within the limit of € 100,00 per day for a maximum of 10 days, if said quarantine cannot take place at the domicile of the Insured Party.

ART. 66 - EXCLUSIONS

In addition to the exclusions provided for in the common rules are excluded from the Guarantee:

- Stays to destinations with restrictive measures already in force on the date of arrival at the booked Hotel;
- Violations of regulations and/or provisions in force at the date of arrival at the booked Hotel;
- Agod or gross negligence on the part of the Insured or the Policyholder;
- Problems related to identity and/or travel documents, visas and any documental equipment provided for by the regulations in force from time to time.

ART. 67 - REFUNDS

The Insured and the Policyholder undertake to pay to the Company any amount returned by the tourist service providers and/or agencies, and any costs not incurred in relation to the events covered.

ART. 68 - STARTING DATE AND DURATION

The guarantee starts from the date of arrival at the Hotel and ends when you check out at the Hotel.

CHAPTER 11 - HOME CARE

The following services are intended to operate at the Insured's main residence in Italy for events occurring during the stay in the Hotel, or during the period of validity of this policy.

ART 69 - OBJECT OF THE INSURANCE

The Company undertakes to guarantee, in the manner and within the limits specified below:

- a) the sending of an electrician to the home: in the event of a sudden power failure throughout the house due to a breakdown or short circuit in the electrical system of the insured's home, the Operations Centre shall activate an electrician at the home 24 hours a day, 365 days a year. The Company is responsible for the right of exit and the transfer of the technician for the resolution of the emergency. The insured person is responsible for the labour, any spare parts and the material used for the repair. The benefit is guaranteed only once during the period of validity of this policy. The service shall not be provided in the event of faults in the house's power supply cable or the interruption of the electricity supply by the provider;
- b) the sending of a plumber to the home: in the event of a blockage/breakage in the fixed or mobile pipes of the plumbing or sanitary system of the insured person's home and as a result of flooding and/or infiltration and/or lack of water throughout the home, the Operations Centre shall activate a plumber at the home 24 hours a day, 365 days a year. The Company is responsible for the right of exit and the transfer of the technician for the resolution of the emergency. The insured person is responsible for the labour, any spare parts and the material used for repair. The benefit is guaranteed only once during the period of validity of this policy. The service shall not be provided in the event of interruption of the supply by the provider, the simple failure of taps;

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

- 1) theft, loss, breaking of keys or the lock of the entrance door;
- 2) theft or attempted theft at home that compromise the functionality of the entrance door and do not guarantee its security;

The Operations Centre provides 24 hours a day, 365 days a year, to activate a locksmith at the home. The Company is responsible for the right of exit, the transfer of the technician for the resolution of the emergency. The insured person is responsible for the labour, any spare parts and the material used for the repair.

The benefit is guaranteed once during the period of validity of this policy.

d) Immediate return: if any of the events that may generate the benefits referred to in points a), b), c) above or due to theft, attempted theft, burglary, vandalism, fire, lightning or bursting make it necessary and imperative to return to the main residence of the insured person staying at the Hotel or of a family member resulting from the Family Status, the Operations Centre will organise the immediate return of the insured person or family member resulting from the Family Status. The Company is responsible for the relative expenses up to a maximum of € 500.00 per event. The benefit will not be provided if the insured person, when contacting the Operation Center, does not provide adequate justification for the causes that make the return cannot be postponed. The benefit is guaranteed once during the period of validity of this policy.

e) Supervision of the contents of the dwelling: if one of the events that may generate the benefits referred to in points a), b), c) above, or for theft, attempted theft, burglary, vandalism, fire, lightning or bursting make it necessary to safeguard the contents of the dwelling, the Operations Centre will organise the supervision of the dwelling or the storage of the contents of the dwelling in the place indicated by the insured for the time

necessary to restore the security of the dwelling. The Company shall bear the relevant costs up to a maximum of 24 hours. The benefit is guaranteed once during the period of validity of this policy.

SECTION IV – CLAIM AND COMPENSATION

SECTION IV - CLAIM AND COMPENSATION

This section sets out the rules and procedures for submitting a claim and obtaining compensation.

ART. 70 - WHAT TO DO IN CASE OF CLAIM

Personal assistance

OBLIGATIONS OF THE INSURED IN THE EVENT OF A CLAIM

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

800.894123

from abroad you can contact the Operations Centre by calling

+ 39/039/9890.702

by communicating the following information immediately:

- Name and Surname
- **policy number – 6007000011/Z**
- Reason for the call
- Telephone number and/or address where you can be contacted.

Other guarantees

All claims must be reported in one of the following ways:

- Via Internet (on the website www.nobis.it "On-Line Reporting" section) following the relevant instructions.
- By post sending correspondence and related documentation to the following address:

NOBIS COMPAGNIA DI ASSICURAZIONI - Claims Office

Viale Gian Bartolomeo Colleoni, 21

- Centro Direzionale Colleoni

20864 AGRATE BRIANZA (MB) - ITALY

In accordance with the general rules and those governing each benefit, the damage suffered must be correctly specified in the report and, in order to expedite settlement times, the documentation indicated in each insurance benefit and summarised below must be attached to the report of the claim:

IN THE CASE OF MEDICAL EXPENSES

- a first aid certificate drawn up at the place of the accident stating the pathology, prescriptions, prognosis and medical diagnosis and certifying the type and modalities of the illness and/or injury suffered;
- in case of hospitalization, a complete copy of the medical record;
- medical prescription and original of the notules, invoices, receipts for expenses incurred;
- medical prescription for the possible purchase of medicines, with the original receipts for the medicines purchased.
- **policy number – 6007000011/Z**

IN CASE OF LUGGAGE THEFT

- report with the visa of the police authority of the place where the incident occurred, stating the circumstances of the incident and the list of stolen items, their value and the date of purchase;
- complaint made to the hotelier who may be responsible;
- letter of complaint sent to the Proprietor with the claim for compensation and the letter of reply from the Proprietor;
- invoices, receipts for goods purchased or lost (in the absence of a list, date, place of purchase and their value);
- proof of the costs of redoing the identity documents if incurred;
- **policy number – 6007000011/Z**

IN CASE OF CANCELLATION OF THE STAY

- In case of illness or accident, a medical certificate stating the date of the accident or the onset of the illness, the specified diagnosis and the prognosis days;
- in case of hospitalization, a copy of the medical record;
- In case of death, the death certificate;
- in the event of an accident to the means of transport, a copy of the accident report (C.I.D) and/or the police report;
- statement confirming the booking of the stay;
- invoice for the penalty charged;

- penalty charges applied by the hotel or the supplier;
- receipts (deposit, balance, penalty) for payment of the stay;
- Contract for the booking of the stay;
- **policy number – 6007000011/Z**

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

IN CASE OF VEHICLE ASSISTANCE

- Copy of registration booklet
- originals of expenditure documents
- **policy number – 6007000011/Z**

IMPORTANT NOTE

- It is always necessary to provide the Company with the originals of the repair invoices as well as the originals of any expenses incurred as a result of the accident.

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

- It is necessary to inform the Company of any change in risk that may occur after the conclusion of the contract.

Remember that the right to indemnification is time-barred two years after the last written request received by the Company regarding the accident. (art. 2952 of the Italian Civil Code).

IMPORTANT

In any case of claim together with the documentation, the insured party shall send the Company the details of the current account to which he wishes the reimbursement or indemnity to be credited (current account number, bank, address, agency number, ABI, CAB and CIN codes).

For any claims, write to:

Nobis Compagnia di Assicurazioni S.p.A.

Complaints Office

Colleoni Management Centre

Viale Gian Bartolomeo Colleoni, 21

20864 Agrate Brianza (MB)

ITALY

Fax 039/6890.432

Mail: reclami@nobis.it

In case you don't get a reply, write to:

IVASS

Service Tutela degli Utenti

Via del Quirinale, 21

00187 ROME (RM)

ITALY

VERY IMPORTANT

Please note that this document is an excerpt of the Italian insurance terms and conditions and for its validity, the regulations for the settlement of claims is authentic the contract in the Italian language and in case of dispute the Italian courts shall have exclusive jurisdiction.