



INTER PARTNER ASSISTANCE S.A.

Insurance and Reinsurance Company
General Agency for Italy

MULTI-RISK TRAVEL INSURANCE POLICY

"TRIPY SCHENGEN"

Policy Summary

Last updated in April 2022

Inter Partner Assistance S.A.

Compagnia di Assicurazioni e Riassicurazioni

Rappresentanza Generale per l'Italia - Via Carlo Pesenti 121 - 00156 Roma - Tel.06/42118.1

Sede legale Bruxelles - 7, Boulevard du Régent - Capitale sociale € 130.702.613 interamente versato - Gruppo AXA Partners

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DEFINITIONS

Insured means the person covered by the insurance.

Assistance means the prompt assistance, in cash or services, provided to the Insured in the event of an accident, by contacting the Operations Centre.

Operations Centre means the organisation set up by Inter Partner Assistance S.A. – General Agency for Italy, at Via Carlo Pesenti 121- 00156 Roma, comprising human resources and equipment, operating on a 24/7/365 basis, whose task is to: (1) operate the assistance helpline, (2) organise on-the-ground assistance, and (3) generally provide the assistance services set out in the Policy.

Natural Disasters: tornadoes, hurricanes, earthquakes, volcanic eruptions, floods, nuclear explosions and other upheavals of nature

Contractor means the person taking out the insurance cover and resident in Italy, the Republic of San Marino and the Vatican City, either an Italian or foreign national, or the company based in Italy, the Republic of San Marino and the Vatican City, as specified in the Policy, taking out the insurance on behalf of a third party or on its own account.

Domicile means the address, in Italy, of the Insured.

Day treatment means specialised treatment in an authorised hospital, or other inpatient facility, which does not require an overnight stay, but which nevertheless produces a medical record.

Abroad includes all the countries in the world except Italy.

Event means an occurrence directly or indirectly causing one or more accidents.

Family: the person bound by a family relationship with the Insured (mandatory list: spouse, cohabiting partner, children, father and mother). Other relatives are included in the definition of family member only if permanently living with the Insured as well as resulting from the family status (mandatory list: brothers, sisters, grandparents, in-laws, genders, daughters-in-law, brothers-in-law, uncles, cousins, grandchildren).

Deductible means the fixed quantity, expressed as an absolute figure, payable by the Insured in respect of each accident.

Injuries means objectively visible bodily injuries caused by a fortuitous, violent and external event and leading to death or permanent/temporary disability.

Healthcare facility means a university institution, hospital, inpatient care facility, day hospital, outpatient facility, authorised to make diagnoses and provide treatment. The following establishments are not conventionally considered healthcare facilities: spas, health farms, wellness/wellbeing/detox centres and retreats, rehabilitation facilities, long-term/convalescent care facilities, care homes and residential and day-care homes for the elderly.

Italy means the territory of the Republic of Italy, including the Republic of San Marino and the Vatican City.

Sickness means any alteration of a person's health not due to or caused by an accident.

Sudden illness means the onset of an acute illness of which the Insured was unaware and which, in any case, is not the manifestation, sudden or otherwise, of a previous condition known to the Insured.

Pre-existing disease: the disease that is the expression or direct consequence of chronic or pre-existing pathological situations at the start of the trip

Maximum coverage means the maximum sum, defined in the Policy, guaranteed to be paid by the Company, in connection with an Event.

Medicinal drugs means the drugs listed in the *Annuario Italiano dei Medicamenti* (Italian Yearbook of Medicinal Drugs) and, therefore, does not include: parapharmaceutical and homeopathic products, cosmetics, food supplements, galenical preparations, etc., even if prescribed by a physician.

Schengen Countries are the signatories to the Schengen Agreement: Austria, Belgium, Bulgaria, Cyprus, Denmark, Estonia, Finland, France, Germany, Iceland, Italy, Greece, Latvia, Lithuania, Luxembourg, Malta, Norway, Netherlands, Poland, Portugal, Czech Republic, Romania, Slovakia, Spain, Sweden, Switzerland, Hungary and any other country that signs the Agreement after the publication of these conditions.

Policy means the document issued by the Insurer as proof of the Insurance Contract.

Premium means the amount payable by the Contractor to the Insurer.

Forfeiture means the forfeiture of a right for failing to exercise it within the legally established timeframe.

Residence means the place in a foreign country where the Insured has his/her habitual abode, as specified in the passport.

Hospitalisation means the admission of a patient either to, (i) a duly authorised hospital or healthcare facility, contemplating at least one overnight stay.

Expiration date means the date on which the insurance contract ceases to have effect.

Excess means the percentage of the loss recoverable hereunder borne by the Insured for each accident.

Accident is the occurrence of the – future and unforeseen – insured event for which the insurance cover is taken out.

Company is INTER PARTNER ASSISTANCE S.A. General Agent for Italy – Via Carlo Pesenti 121-00156 Rome.

Trip means a trip or holiday in a Schengen member country.

SPECIAL TERMS AND CONDITIONS OF INSURANCE

Territories of cover

The insurance is valid in Italy and in the other Schengen countries: Austria, Belgium, Bulgaria, Cyprus, Denmark, Estonia, Finland, France, Germany, Iceland, Greece, Latvia, Lithuania, Luxembourg, Malta, Norway Netherlands, Poland, Portugal, Czech Republic, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Hungary and any other country that signs the Agreement after the publication of these conditions.

Exclusions common to all the sections

This policy does not cover any services in respect of which the Insured does not notify the Operations Centre beforehand.

The cover also excludes any compensation, service, consequence and/or event directly or indirectly descending from:

- a) armed conflicts, invasion, actions by foreign enemy forces, hostilities, war, civil war, rebellions, revolutions, insurrections, martial law, military or other coups or attempted coups;
- b) acts of terrorism in general, including the use of any type of nuclear or chemical weapon. This exclusion does not apply for travel assistance and medical expenses;
- c) ionising radiations or radioactive contamination developed by nuclear fuels, or caused by nuclear transmutation or the radioactive, toxic, explosive properties, or other hazardous characteristics of nuclear equipment and the components thereof;
- d) air, water, soil, subsoil pollution and other environmental damage;
- e) expenses for searching for the Insured at sea or in lakes, in the mountains and in deserts;
- f) fraud or negligence by the Insured;
- g) suicide or attempted suicide.

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Age limitations

For trips with a duration up to 35 days, persons under the age of 90 years are insurable. However, for people who reach this age (90 years) during the contract, the policy remains valid until the expiry of the Policy.

For trips longer than 35 days, persons under 71 years of age are insurable. However, for people who reach this age (71 years) during the contract, the policy remains valid until the expiry of the Policy.

Limitations common to all sections

In the event of multiple claims covered by the policy and caused by the same event that involved more than one policyholder at the same time, the aggregate policy ceiling for all claims cannot exceed € 20,000,000.00.

In the event that the total amount of claims exceeds € 20,000,000.00, the sums to be paid to the Insured will be reduced on a proportional basis, if possible.

Scope of the insurance cover

The Company provides the insurance covers as follows:

A. MEDICAL TRAVEL ASSISTANCE & COSTS

A.1. – Scope of cover

The Company will provide the services as follows, on a 24/7 basis, in the event of ill-health or injuries to the Insured during the trip, through the Operations Centre:

The **maximum length of the Policy** is: • Italy and Schengen countries: **365 days**

TRAVEL ASSISTANCE IN ITALY AND THE SCHENGEN COUNTRIES

COVERS

The policy limits shown are per Insured, per accident and insurance period, without prejudice to the sub-limits

a) TELEPHONE MEDICAL CONSULTATION. The Insured may contact the Operations Centre to arrange a telephone consultation in the event of a sudden emergency during the trip.

b) REFERRAL TO A SPECIALIST. If, based on the Telephone Consultation, it is deemed that the Insured requires specialist attention, the Operations Centre will provide the name of a consultant nearest to the place where the Insured is staying.

c) TRANSFER – MEDICAL REPATRIATION. If the medical staff at the Operations Centre recommends the transfer of the Insured on medical grounds, based on an analysis of the clinical picture and in agreement with the local treating physician, the Operations Centre will make the necessary arrangements for:

- transferring the Insured to the nearest suitable care facility;
- transferring the Insured from the care facility to his/her home;
- repatriation to the Insured's country of residence, if the Insured's conditions so require and allow; including the relevant assistance during transfer by medical or paramedical personnel.

Medical transport expenses will be paid for by the Company, using the most suitable means of transport, at the sole discretion of the Operations Centre, such as:

- a commercial airline service, on a stretcher if necessary;
- first class or wagon lit train service;
- ambulance, with no mileage limit;
- other means of transport.

This service does not apply in the case:

- of ailments or injuries that, in the opinion of the medical staff at the Operations Centre, can be treated locally, or which are not so serious as to prevent the continuation of the trip;
- of infectious diseases, if the transport entails the violation of domestic or international health regulations;
- the Insured, or his/her family members, apply for voluntary discharge from the care facility to which he/she had been admitted, against medical advice.

The Company is entitled to request the return of any tickets not used for medical repatriation purposes.

d) REPATRIATION OF A DECEASED BODY. If the Insured dies during the trip, the Operations Centre will arrange for the transportation of the body to the place of burial at the place or country of residence. The transportation of the deceased body to the Insured's country of residence will be made up to the city with an international airport closest to the place of burial. The Company shall pay for the following:

- the transportation of the deceased body;
- if requested by the family members, cremation in the country where the death occurred.

Funeral and burial expenses are not included.

MEDICAL TRAVEL ASSISTANCE IN ITALY AND THE SCHENGEN COUNTRIES	Policy Limit <i>(in euros)</i>
<i>The policy limits shown are per Insured, per accident and insurance period, without prejudice to the sub-limits</i>	Italy & Schengen Countries
<p>DIRECT PAYMENT – Only subject to prior notification of the Operations Centre</p> <p>If the Insured is required to incur medical/hospital expenses for any surgical or other treatment that cannot be postponed, and which requires hospitalisation, during the period of validity of the cover, the Company will pay for the relevant costs locally, through the Operations Centre.</p> <p>This cover will apply until either, (i) the date of discharge from hospital, or (ii) the Insured is able to be repatriated, in the judgement of the Company's medical staff. In any case, the cover will apply for a total of no more than 120 days of hospitalisation.</p> <p>If the Company is unable to make a direct payment, the expenses incurred will be reimbursed to the Insured, provided that they have been authorised by the Operations Centre, which, in this case too, will be notified in advance during the hospitalisation period. <u>No reimbursement will be forthcoming if the Insured fails to notify the Operations Centre.</u></p>	€ 30,000
<p>REFUND – Even without prior notification of the Operations Centre, albeit subject to the following limits and to the presentation of appropriate medical records and receipts.</p>	
<p>a) The Company will reimburse any transportation expenses from the place of the event to the A&E department or healthcare facility.</p>	€ 2,500
<p>b) <u>Dental treatment</u>: The Company will reimburse any expenses incurred for urgent dental treatment.</p>	€ 150

A.2 – Exclusions *(supplementing the common exclusions)*

No cover will be provided in the following cases:

- a. if the services provided for herein are directly arranged for by the Insured, without the prior authorisation of the Operations Centre;
 - b. a trip engaged in against medical advice or, in any case, if suffering from an acute sickness or for the purpose of undergoing medical/surgical treatment;
 - c. mental illness, schizophrenia, manic depression, psychosis, major depression in the acute phase;
 - d. if the Insured (*or the person acting on behalf of the Insured*), (i) fails to comply with the instructions provided by the Operations Centre, (ii) requests to be discharged from the healthcare facility he/she has been taken to, against the opinion of the treating physicians, or (iii) refuses medical transport/repatriation. In both cases, the Company will immediately suspend any assistance and the coverage of any further medical expenses accruing from the day after the Insured's refusal of the medical transport/repatriation to Italy;
 - e. conditions relating to pregnancy complications beyond the 24th week and from childbirth;
 - f. natural childbirth, caesarean section or voluntary termination of pregnancy. Furthermore, the cover does not extend to the baby, even if born during the term of the policy or in the case of premature birth;
 - g. injuries or illness caused by the abuse of alcohol and the non-therapeutic use of psychotropic and psychoactive drugs in general;
 - h. drug addiction, HIV or AIDS, mental diseases, organic/mental syndromes, schizophrenia, manic depressive disorders, paranoid states, mental disorders, including neurotic behaviour;
 - i. rehabilitation treatment;
 - j. purchase, application, maintenance and repair of prostheses and therapeutic aids;
 - k. purchase or repair of eyeglasses and contact lenses;
 - l. nursing care, physiotherapy, weight-loss or spa treatments and other treatments for the removal of physical defects of a purely esthetic nature or congenital malformations, dental care (*except those specifically required as a result of an accident*);
 - m. follow-up exams after returning home from the trip, in connection with any illness setting on during a trip;
 - n. organ removal and/or implantation;
 - o. participation in sports events/competitions and related training, unless of a recreational nature;
 - p. the practice of air sports in general and extreme sports, acts of recklessness or any other sport practised in a professional capacity or which, in any case, entail a direct or indirect remuneration;
 - q. *travel to countries formally advised not by the Ministry of Foreign Affairs and International Cooperation, for Italy, and / or by equivalent competent authority of the country of destination of the trip*;
 - r. suicide or attempted suicide ;
 - s. deriving from the exercise of hunting activities;
 - t. all activities involving the use of mines, weapons and / or dangerous substances, explosives, access to mines, excavations and / or quarries and land and sea mining;
 - u. from carrying out the activity of firefighter, pyrotechnician, diver, acrobat, stunt double, stunt performer as well as pilot or crew of aircraft;
 - v. from the practice of parachuting and downhill.
- The guarantee does not operate in the event of non-observance / compliance with the rules provided for vaccines and prophylaxis ;
- The cover does not apply to events resulting from:
- w. entailing the direct use of explosives or firearms.

A.3 – Provisions and limitations

The Insured releases the physicians that have examined him/her, and the persons involved by the policy conditions, from their obligation to professional secrecy, solely with respect to the events and the Company.

Moreover:

A.3.1 – Assistance during travel

- a) Assistance will be provided per event - regardless of the number of people involved - and within the policy limit and any sub-limits;
- b) the assistance will be provided, in accordance with the conditions hereunder, based on the Insured's health and needs, using the means and facilities the Company deems most suited to the purpose, at its sole discretion;
- c) the Company will not be held liable for the following:
 - any delays in or failure to provide the services hereunder for reasons of force majeure, restrictions imposed by the local authorities or provisions contrary to the standards and regulations in force in the country where the services must be provided;
 - any mistakes due to incorrect information provided by the Insured or the persons acting on behalf of the Insured;
- d) the Company will not be liable for compensation in lieu of the cover due.

HOW TO REQUEST ASSISTANCE

The Insured, or any other party acting on his/her behalf, shall immediately contact the Operations Centre, providing his/her personal details, the policy number and the type of assistance required, also specifying the following, depending on the type of cover:

- **Medical travel assistance and costs**, following hospitalisation
 - a temporary contact number;
 - information regarding the hospital (name and telephone number, ward, name of the doctor assisting the patient);
 - contact details of any family members/travel companions accompanying the Insured.

B. COVER STAY (OPTIONAL WARRANTY - IS VALID AND OPERATING ONLY IF IT HAS BEEN RECALLED ON THE INSURANCE CERTIFICATE AND THE RELATIVE PREMIUM HAS BEEN PAID)

FOR THIS WARRANTY, THE EXCLUSIONS AND DELIVERY METHODS PROVIDED FOR THE TRAVEL ASSISTANCE POLICY SECTION APPLY, IF RELEVANT. ACTIVATION OF THIS WARRANTY IS BINDING TO PURCHASE THE WARRANTY C BACK HOME

COVER STAY	Compensation limits
<p>OBJECT OF THE INSURANCE In the event of the Insured's medical stop, ordered by the competent authority for security reasons:</p> <ul style="list-style-type: none"> • upon arrival at the airport of the country of destination or transit; • or during the course of the trip or stay for the purpose of carrying out health checks; • or in case of declared quarantine with forced stay on the spot; <p>the Company will bear any major essential and indispensable costs for food and hotel accommodation incurred by the Insured for forced stay on site and for travel tickets to return.</p> <p>If, on the other hand, the medical detention concerns an adult, any accompanying person, who is not detained, is excluded from this coverage. The Company reserves the right to ask the Insured for any refunds obtained from tourism service providers and / or carriers.</p>	<p style="text-align: center;">Compensation limits: € 2,500.00 per insured and €25,000.00 per policy Maximum: € 2,500.00 per insured and 25,000.00 per policy If the medical detention concerns a minor, without an adult companion, this guarantee is intended to be provided in favor of an adult companion, even if not insured, with a sub-limit of Euro 1,000.00.</p>

Exclusions (in addition to common exclusions)

- a) willful misconduct or gross negligence of the Insured;
- b) trips undertaken to countries in which medical detention was already known;
- c) if the destination is to be or is declared to be under quarantine during the trip. This exclusion does not apply if the Insured or a travel companion is infected by the pathology for which the quarantine has been declared;
- d) costs not covered by the guarantee;
- e) losses following the insured's waiver of the continuation / re-protection of the interrupted trip offered by the travel organizer.

C.BACK HOME (OPTIONAL WARRANTY - IS VALID AND OPERATING ONLY IF IT HAS BEEN RECALLED ON THE INSURANCE CERTIFICATE AND THE RELATIVE PREMIUM HAS BEEN PAID)

THIS WARRANTY IS VALID AND OPERATING ONLY IF IT HAS BEEN RECALLED ON THE INSURANCE CERTIFICATE AND THE RELEVANT PREMIUM HAS BEEN PAID.

If the Insured is unable to continue the trip according to the itinerary initially planned due to:

- failure or insolvency of travel services by the travel organizer;
- natural disasters (tornadoes, hurricanes, earthquakes, volcanic eruptions, floods, floods, nuclear explosions and other upheavals of nature);
- epidemic or pandemic (declared by any governmental body), of seriousness and virulence such as to result in high mortality or to require restrictive measures in order to reduce the risk of transmission to the civilian population.

The Operations Center organizes:

- moving to another accommodation or
- coming back home to the insured country of origin and residence.

Limit: € 1,500.00 per insured and € 5,000 per policy

HOW TO MAKE A CLAIM

In connection with each claim, the Insured, or other party acting on his/her behalf, shall report the event to the Company within 30 days from returning home, and regardless of the type of report made (i.e. whether made in writing or online) providing all the documents that may be of use in handling the claim, in particular:

- the policy number;
- the receipt of payment of the trip and the relevant itinerary;
- the personal details and tax code of the payee (pursuant to Law 248/2006);
- name and address of the Bank, IBAN code, SWIFT code, in the case of a foreign account;
- name of the account holder, if different from the name of the person concerned;
- place, date and time of the event, as well as the circumstances and causes thereof.

Cover Stay

The insured must send the following documentation:

- place, day and time of the event as well as the circumstances and causes that determined it;
 - documentation certifying the medical detention ordered by the Authority;
 - travel contract;
 - any re-routing travel document showing the higher cost paid or a new travel document issued;
 - refund document for airport taxes, or alternatively declaration of non-flown, issued by the air carrier;
 - bills for expenses related to forced residence (hotel expenses, meals);
 - documentation certifying any refunds recognized by service providers;
- All documents relating to expenses (invoices, travel documents, etc.) must be in the name of the Insured.

The Insured shall also provide:

For the reimbursement of medical expenses:

- any records produced locally (medical records, A&E report, medical certificate stating the diagnosis) and related receipts of the medical expenses incurred, in the original.

IMPORTANT INFORMATION

IF NEEDED - 24/7 OPERATIONS CENTRE
Helpline + 39 06 42115820

CLAIMS**Claims must be filed as follows:**

The Insured shall notify the claim via the website www.axapartners.it enter "Denuncia sinistro" and follow the instructions at "Istruzioni per la denuncia".

Alternatively, the Insured can download the claim notification form at "Modulo di denuncia" from the site www.axapartners.it and send it together with all the useful documentation to:

Inter Partner Assistance S.A. - Travel - Ufficio Sinistri
Casella Postale 20175
Via Eroi di Cefalonia
00128 Spinaceto - Roma