



## **INFORMATION DOSSIER**

**Prepared pursuant to Art. 30 et seq. of IVASS regulation dated 26/15/2010 No. 35**

This Information Dossier containing:

- 1) Glossary and Information Note;
- 2) General Conditions of Insurance;
- 3) Special conditions for Inter Partner Assistance S.A./AXA Assistance/AirPlus for 2023;
- 4) Information on data processing;

must be delivered to the Contractor prior to signing the agreement or, where applicable, the insurance proposal.

## **INSURANCE CONTRACT**

### **AIRPLUS APAX1006**

## **NOTICE**

Before signing please read the Disclosure Notice

### **INFORMATION NOTICE**

**This information notice has been prepared in accordance with the format provided by IVASS, but its content is not subject to the prior approval of the IVASS. The contractor must review the insurance conditions prior to signing.**

**The date of the last update of the information contained in this Disclosure Notice: 19/12/2023.**

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#### **Inter Partner Assistance S.A.**

Member AXA Assistance Group S.A.

Registered office at 1000 Bruxelles, Boulevard du Régent 7

Inter Partner Assistance is a Belgian company authorised by the NBB (National Bank of Belgium) and subject to the regulatory limits of the FCA (Financial Conduct Authority). Inter Partner Assistance SA operates in Italy under the freedom to provide services and is registered in the List of Companies kept by IVASS under number II.01089.

Telephone +39 068 750 3255, email: [airplusITA@axa-travel-insurance.com](mailto:airplusITA@axa-travel-insurance.com).



## GLOSSARY

- Insurance company:

Inter Partner Assistance S.A., an insurance company with its head office in Belgium at Boulevard du Régent 7, 1000 Bruxelles and its branch office in Ireland at 10/11 Mary Street, Dublin 1 (Company code 906006), wholly controlled by AXA Partners Group.

AXA Assistance Deutschland GmbH, Colonia-Alle 10-20, 51067 Cologne, Germany, is responsible for handling the assistance and insurance services. AXA Assistance is the direct contact for all enquiries regarding the assertion of assistance benefits and insurance claims. The insurer declares that it will accept any declarations made to AXA Assistance Deutschland GmbH in any form. This makes available the following contact details: telephone + 39 0687503255 - email: [airplusITA@axa-travel-insurance.com](mailto:airplusITA@axa-travel-insurance.com).

- hereinafter IPA, the Company or also referred to as “we”, “our” and its variants

- Insured company:

AirPlus International S.r.l., with registered office in Bologna, Via della Salute, 14/2, Postal Code 40132, VAT and Tax ID No. 08434751007, REA Number Bologna 452267.

- hereinafter referred to as AirPlus-

- Insured persons:

individuals whose interest is protected by the insurance, according to the coverages indicated in the relevant sections of the insurance conditions, specifically the Corporate Card holders

- hereinafter also “you or You” or “your or Your” and its variants

- Insured:

the person in whose interest the agreement is concluded and the holder of the right to any indemnity.

- Assistance:

the timely assistance provided to the insured Company or the insured person, in cash or in kind, who is in difficulty following the occurrence of an accident.

- Luggage:

a suitcase, bag, backpack that can hold clothes, sports equipment and items for personal hygiene, that the insured person may carry with them.

- Contractor:

the party that stipulates the insurance. In the case of a natural person, the person of legal age with the capacity to act.

- Corporate Card:

all Corporate Cards issued by the policyholder or its subsidiaries/holdings or cooperation partners in the countries of the European Economic Area (EEA) (currently: AirPlus Corporate Card, AirPlus Supreme Card, AirPlus Travel Expense Card, AirPlus Corporate Credit Card as well as the respective Private Card issued until 2021). Excluded thereof are all Cards issued by “card complete Service Bank AG”.

- called below the “Corporate Card”

- Account:

All central billing accounts issued by the policyholders or their subsidiaries or cooperation partners (currently: AirPlus Company Account, AirPlus Debit Account, MC Lodged Account).

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- hereafter “Account”

- Virtual Card:

All Virtual Cards Classic issued by the policyholders or their subsidiaries or cooperation partners. The AirPlus Virtual Cards Classic is available in the versions single-use and multi-use. For the single-use version, a Virtual Card number can be used for a one-off payment. For the multi-use version, a virtual card number can be used for multiple payments with the same purpose of use.

- hereafter “Virtual Card”

- Collaborative consumption:

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the insured person can borrow or rent assets owned by a third party through an official supplier. These include, for example, chauffeur driven car services and lodging rentals.

- Travel costs:

travel costs include the costs directly connected to the trip and that can be settled with a Corporate Card, a Virtual Card or an Account. This includes the cost of travel and lodging (hotels and the like). These costs must be paid by the Account, the Virtual Card or Corporate Card, the Virtual Card or the Account, the Virtual Card or the Corporate Card must be provided for pre-authorization for the debit. Not covered are the costs of travel, costs for meals unless they are included in the monthly fixed fee (for example, the half board formula).

- Destination:

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

Europe: geographically European countries

World: all the countries in the world including Europe.

- Domicile:

the place where the insured person has established the main office of their business and interests.

- Event:

The occurrence that generated, directly or indirectly, one or more claims.

- Family:

the person bound by a relationship or partnership with the insured person (spouse, children, father, mother, brothers, sisters, grandparents, parents in-law, sons- and daughters-in-law, brothers and sisters-in-law, aunts and uncles, cousins and grandchildren) and people permanently living with them as a resulting of their marital status.

- Deductible:

preset amount in an absolute number that remains payable by the insured for each claim.

- Compensation or indemnity:

the amount owed by the Company in the event of a loss covered by the policy guarantees.

- Illness:

any observable alteration in the state of health not due to injury.

- Ceiling

the maximum amount established in the policy, guaranteed by the Company for insurance in the event of a claim.

- Means of transport:

the means of transport for travel (plane, train, boat/ferry, long-distance bus lines or rental cars) and, if this is included in the terms defined in the terms for insurance coverage, the means used to reach or navigate from the transport means for the journey to your destination.

- Policy:

the document proving the existence of insurance coverage.

- Premium:

the amount owed by the contractor to the insurance Company.

- Time limit:

extinction of the right for failure to exercise it within the time limits set by law.

- Residence:

the place where the insured person has established their dwelling as per the residence certificate.

- Expiry:

date when the effects of the agreement cease.

- Uncovered:

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the part of indemnifiable damage under the insurance policy as a percentage that remains payable by the insured for each accident.

- Accident:

the occurrence of a harmful event, future and uncertain, for which the insurance is paid.

- Third parties:

any person outside the insurance coverage.

- Trip / Journey:

Any business or private journey worldwide that begins and ends during the period of cover. This does not include the regular route to the workplace (in terms of commuting), even if this is cross-border.

Travelling for business or pleasure undertaken by the insured person and their authorised travel companions, worldwide, during the coverage period and resulting from the related travel contract.

OTHER DEFINITIONS ARE CONTAINED IN THE SPECIFIC SECTIONS.

**This Information Notice is divided into three parts:**

**A. Information on the insurance Company.**

**B. Contract information.**

**C. Information on claims procedures and complaints.**

**A. GENERAL INFORMATION ABOUT THE INSURANCE COMPANY.**

**1. Insurance Company identity.**

Inter Partner Assistance S.A., an insurance company with its head office in Belgium at Boulevard du Régent 7, 1000 Bruxelles and its branch office in Ireland at 10/11 Mary Street, Dublin 1 (Company code 906006), wholly controlled by AXA Partners Group.

AXA Assistance Deutschland GmbH, Colonia-Alle 10-20, 51067 Cologne, Germany, is responsible for handling the assistance and insurance services. AXA Assistance is the direct contact for all enquiries regarding the assertion of assistance benefits and insurance claims. The insurer declares that it will accept any declarations made to AXA Assistance Deutschland GmbH in any form. This makes available the following contact details: telephone + 39 0687503255-email: [airplusITA@axa-travel-insurance.com](mailto:airplusITA@axa-travel-insurance.com).

Authorised for insurance business in Italy with registration number IVASS II.00928 listed in the appendix of the registry of insurance companies, List I: I.00014, operating in Italy in the system of free performance of services, registration in the Business Registry of RM-792,129, VAT. No. 04673941003 - Tax ID 03420940151 – Certified email: [ipaassicurazioni@pec.it](mailto:ipaassicurazioni@pec.it)

Telephone +39 068 750 3255, email: [airplusITA@axa-travel-insurance.com](mailto:airplusITA@axa-travel-insurance.com)

**2. Main activity and asset information of the insurance Company.**

As of the last approved annual financial statements, the amount of shareholders' equity was Euro 957,117,452, of which Euro 130,702,613 were share capital and Euro 177,597,151 capital reserves, the Solvency Capital Requirement was Euro 207,301,359, the Minimum Capital Requirement was Euro 93,285,612, the own funds eligible to cover them amounted to 259,130,611, and the company's solvency ratio was 125%.

**B. CONTRACT INFORMATION.**

The insurance contract is concluded between the Company and AirPlus International S.r.l., for persons from time to time benefitting from the insurance coverage.

For fulfilling obligations and for any consequences resulting from a failure in compliance or performance of obligations, responsibility is borne by the person from time to time insured. The insurance coverage applies for travel all over the world. Insurance coverage for insured persons begins with the purchase or the provision of a Corporate Card, which includes the specific insurance benefits indicated in this document.

Different provisions (e.g., activation of insurance protection through use of paper) are described below.

The insurance coverage shall commence from the time and the date on which the Corporate Card, the Virtual Card or the Account is activated and expire on the date when the Corporate Card, the Virtual Card or the Account loses its validity, that is, the date that ends the framework contract related to that insurance.

For the services paid, before that deadline, with the Corporate Card, the Virtual Card or Account, the insurance coverage is guaranteed even after the deadline provided.

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In the event that changes are made to the scope of this coverage, respective to the present insurance conditions, the insured persons will be notified by the insurance company via the insured company.

If the insurance policy was taken out on behalf of third parties, the exercise of the rights arising from the contract shall be the responsibility of the insured person. All the conditions applicable to the insured person shall apply accordingly to their successors and their other claimants. Credits related to the insurance coverage may not be transferred or assigned before their collectability without our consent.

**NOTICE: the insurance contract lasts for at least 3 (three) years and provides for automatic renewal and can be relinquished only by the insured Company within the prescribed term of 6 (six) months prior to the expiration. For more detail please refer to Art. 6 of the General Conditions of insurance.**

### **3. Insurance coverage offered – limitations and exclusions.**

This agreement provides a number of guarantees providing protection for those who travel, designed to offer protection against harmful and unforeseen events that occur most frequently during travel and systematically explicated in the Special Conditions of Insurance.

The guarantees indicated are per insured person and per year.

**NOTICE: the insurance coverages provided are subject to limitations and exclusions or to conditions of suspension of the guarantee which may give rise to a reduction or non-payment of the indemnity. For more details please refer to Arts. 4 and 5 of the General Conditions of Insurance and the relevant sections of the Special Conditions of Insurance.**

**NOTICE: the insurance agreement provides for the application of deductibles and/or uncovered amounts and/or ceilings, as defined in the Glossary above and to the extent [resulting] in the Special Conditions of Insurance.**

*Example of applying a deductible:*

*Damage ascertained at € 1,000.00 – Deductible provided for in the policy equals € 200.00 per accident.*

*Amount settled equals € 800.00 (€ 1000.00 - € 200.00 = € 800).*

### **Insurance coverage for unforeseen incidents (POLICY NUMBER APAX1006)**

#### **Health insurance for travel abroad**

up to	€ 20,000,000.00	for necessary outpatient medical treatment and return transport due to medical problems
up to	€ 100,000.00	for repatriation costs
up to	€ 10,500.00	for burial costs in place of death
up to	€ 1,550.00	for companion required for medical reasons
per diem	€ 31.00	when with hospitalisation the request for the relevant expenditure is waived

#### **Delay of the means of transport**

up to	€ 350.00	for delays exceeding 4 hours
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#### **Delayed luggage (checked baggage)**

up to	€ 300.00	for delays exceeding 4 hours
up to	€ 1,500.00	for delays exceeding 48 hours

#### **Damage to baggage**

up to	€ 1,000.00	
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#### **Lost luggage on the means of transport**

up to	€ 1,500.00	
Deductible	€ 50.00	

#### **Cancellation insurance and travel disruption**

up to	€ 5,000.00	
Deductible	20% (min € 100.00)	

#### **Event cancellation insurance**

up to	€ 5,000.00	
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Deductible 10%

**NOTICE: guarantee subject to the limitations and/or exclusions as per the Special Conditions of insurance provided in Sections A, B, C, D, E, F, G.**

**4. The insured person's declarations regarding the circumstances of risk - Nullity.**

**NOTICE: any false statements or omissions about the circumstances of risk made while concluding the agreement may lead to effects on benefits. For more detail please refer to Art. 9 of the General Conditions of insurance.**

**5. Aggravation or decreased risk.**

The insured person must notify the insurance company in writing about any aggravation or decreased risk. Please refer to Art. 4 of the General Conditions of insurance.

*Example. A case of related significant circumstance that causes a modification of risk is, for the sake of example, signing a policy with a destination in Europe, while the risk occurs in another country.*

**6. Total insurance premium and costs.**

The premium is paid by the Insured Company AirPlus International S.r.l. for IPA; the insured persons are not expected to pay any additional insurance premium beyond that already paid to IPA by AirPlus.

For the insured persons the present insurance conditions do not set out provisions relating to the payment obligation and method and the premium for IPA.

The premium and its payment methods shall be set out in the cover page of the policy contract signed between IPA and AirPlus. In summary, the premium will be calculated unitarily per single membership. Notwithstanding what was established in the policy, concerning the regulation of the premium, the Company will issue an appendix of regulation that the Contractor undertakes to settle.

**7. Recourse.**

**Note: the Company reserves the right of subrogation to the insured within the meaning and for the purposes of Art. 1916 of the Italian Civil Code, against third parties responsible for the accident.**

**8. Right of withdrawal.**

The insured person is not the holder of an independent right of withdrawal with respect to the insurance coverage included in customer cards or credit cards. Only the insured Company, i.e., AirPlus International S.r.l., may withdraw from the contract according to the terms set forth on the cover page of the policy stipulated with Inter Partner Assistance.

**9. Time limit and lapse of rights deriving from the contract.**

The claims arising from the insurance contract are limited to three years. The calculation of expiration is based on the general rules of the Italian Civil Code. In this regard it is specified that Art. 2952 of the Italian civil code, paragraph 1 provides that "the right to payment of the premium instalments shall expire one year from the individual expirations." In accordance with paragraph 2 of the same article, "the other rights arising from the insurance contract and the reinsurance contract are limited to two years after the day on which the fact occurred on which the right is based".

If a request relating to the insurance contract is presented to the insurance company, the limit of the request shall be suspended until the date the Company acknowledges it.

**10. Law applicable to the contract and language of the contract**

The present insurance contract is subject to Italian law.

Communications during the duration of the contract take place in Italian.

**11. Tax system.**

The insurance agreement is subject to tax under Law 1216 dated 29 October 1961, and subsequent amendments and supplements.

**12. Claims – Clearance compensation.**

**NOTICE: the agreement may provide for specific procedures and terms for accident claims – in this regard see what is indicated in the paragraphs "obligations in the event of an accident/ claim of right" for each of the sections of the Special Conditions of insurance; the non-observance of which may lead to the total or partial loss of the right to compensation.**

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To file a claim for compensation, the insured person may call the number + 39 068 750 3255 (Monday-Friday 9:00-5:00) to get the appropriate form that must be completed and sent to IPA at the address [airplusITA@axa-travel-insurance.com](mailto:airplusITA@axa-travel-insurance.com), complete with the following information: (i) the name of the insured person; (ii) reference to the type of insurance coverage (see page 1 of this document); (iii) a brief description about the request.

The insured person must submit the claim for compensation within 28 (twenty-eight) days from the time the accident occurred.

From 1 January 2024, you will have the option of submitting this information online. Scan this QR code or follow the link: <https://airplus.claims.axa.travel/>



**NOTICE: Please keep copies of all the documents sent to us. For all the information relating to any claims we invite you to consult the policy conditions for each guarantee.**

### **13. Complaints. Complaint procedure and extrajudicial recourse.**

Any complaints regarding the contractual relationship or management of claims should be preliminarily sent in writing (mail, fax, and email) to:

AXA Assistance Deutschland GmbH  
PO Box 1584  
15205 Frankfurt (Oder)  
Germany  
E-mail address: [Customer-Care@axa-assistance.de](mailto:Customer-Care@axa-assistance.de)

The Company will provide acknowledgement to the complainant within a period of 45 (forty-five) days of receiving the complaint. In accordance with the provisions of regulation IVASS No. 24 dated 19 May 2008, the claimant may contact IVASS – Consumer Protection Service, Via del Quirinale 21, 00187 Rome, fax: 06 42133206; certified email: [ivass@pec.ivass.it](mailto:ivass@pec.ivass.it) or [tutela.consumatore@pec.ivass.it](mailto:tutela.consumatore@pec.ivass.it), sending the explanation of any documents related to the claim processed by the Company, in the following cases:

- complaints relating to infringements of the provisions of the law referred to in the Insurance Code and its implementing rules as well as the observance of Legislative Decree 206/2005 (“Consumer Code” 9 in the part relating to the distance marketing of consumer financial services, insurance and reinsurance companies, intermediaries and insurance adjusters;
- complaints already submitted directly to the Company for which the complainant is not satisfied with the outcome of the complaint, as well as those that the Company has not acknowledged within a maximum of 45 days from the date of receipt;
- complaints for cross-border dispute resolution.

Complaints addressed to IVASS must be submitted in writing using the template provided by IVASS and available on the website [www.ivass.it](http://www.ivass.it).

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Claims must contain: (i) complainant's name, surname and residence, email address, if available certified email, any telephone number); (ii) indication of the insurance enterprise the operation of which is complained; (iii) clear and concise description of the reason for the complaint; (iv) a copy of the complaint already transmitted to the enterprise and any response received and any other document useful to the discussion of the case.

For resolving cross-border disputes, the claimant residing in Italy may submit the complaint to IVASS or directly to the foreign system responsible for activating the FIN-NET procedure, by accessing the following website: <http://ec.europa.eu/finance/fin-net/>.

**NOTICE: the personal data transmitted will be processed by IVASS for their own institutional purposes, in line with the provisions of Legislative Decree 196/2003.**

#### **Any appeal to the judicial authority**

For disputes concerning the quantification of benefits and attribution of liability, the judicial authority has exclusive jurisdiction. Before bringing a case to the judicial authority it is, however, possible and in some cases necessary, to seek a settlement through alternative dispute resolution systems such as:

- Mediation (Law 98, 9/8/2013,) which can be initiated by submitting an application to a mediation body among those on the list of the Ministry of Justice, which can be viewed on the website [www.giustizia.it](http://www.giustizia.it);
- Assisted Negotiation (Law 162, 10/11/2014 [sic]): it can be initiated through the request of one's own lawyer to the Company.

As regards the place of jurisdiction in case of judicial controversy, the rules of the Italian civil code apply. For lawsuits related to injuries and illness, arising from the insurance contract, the place of jurisdiction is the place where the Institute of forensic medicine has its headquarters closest to the insured, subject to any contractual provisions more favourable to the insured.

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## **INTER PARTNER ASSISTANCE S.A. is responsible for the truthfulness and completeness of the data and information contained in this Information Notice**

*(Legal representative) (general information and signature)*

### **GENERAL CONDITIONS OF INSURANCE**

#### **Art. 1 – Exercise of rights/beneficiaries**

The insurance is stipulated for the benefit of the insured persons.

In the case of an accident, the exercise of rights shall be the responsibility of the insured person; in case of death it is the responsibility of the respective heirs.

If the insurance policy is concluded for the benefit of third parties, it is the insured person who is entitled to exercise the rights arising from the contract. All the provisions that apply to the insured person shall be applied accordingly also to his/her legal successors and other claimants.

The payables owed to the insured person or his/her heir after an accident are immediately valid, without the consent of the insured company, and are directly borne by the insurance company.

The insurance company waives the possibility to offset the payables of the insured person under the insurance agreement with debts related to expired insurance premiums and/or other debts arising from the insurance agreement. Payables arising from the insurance contract cannot be transferred or pledged before the expiration date without our consent.

#### **Art. 2 - Prerequisites for insurance coverage.**

The prerequisite for the insurance coverage is, in general, that there is some insurance stipulated by the Account, the Virtual Card or the Corporate Card and that the total travel costs have been paid through the Account, the Virtual Card or Corporate Card.

Travel costs can also be compensated through "Air Miles" or another points program; also the "air miles" or another alternative points program if the rates cannot be paid by this method or settled in the amount conceded as reimbursement of the ticket price. The points must be collected using the Corporate Card, the Virtual Card or Account, and it is necessary to provide proof of that fact.

Regardless of whether you use the cards, the insurance coverage is applicable to protection against accidents on means of transport for company /service cars, for cases of repatriation and transport following an accident, if necessary from a medical point of view and if prescribed by a physician as well as health insurance for overseas travel.

If it is not possible to pay by the Account, the Virtual Card or Corporate Card, before the start of travel, the insurance coverage is nonetheless activated if the corresponding card is used, before the start of travel, as a means of payment in a registration or reservation system, and the related charge is then actually processed using the same card. In case of death, for activating the insurance coverage it is sufficient that the related card was used in a registration or reservation system.

#### **Art. 3 - Provisions for travellers with Corporate Card and contemporary existence of an Account or Virtual Card**

In the case of the contemporary existence an Account with insurance cover, a Virtual Card with insurance cover and a Corporate Card with insurance cover, the total insurance coverage existing for the Account, the Virtual Card and the Corporate Card, including all the benefits agreed upon, is activated through the use of one of the two cards.

Regardless of whether you use the cards, the insurance coverage is applicable to protection against accidents on means of transport for company /service cars, for cases of repatriation and transport following an accident, if necessary from a medical point of view and if prescribed by a physician as well as health insurance for overseas travel.

The payment of the compensation will always be made on the basis of the best contractual conditions for the claimant. No summing of insurance coverage of the same kind is provided that arises from multiple contracts under this framework agreement.

#### **Art. 4 - General exclusions**

##### **a) Sanction Exclusions**

The insurer shall not offer any insurance cover, nor shall it pay any indemnity under such cover, in the event that it violates any international sanctions laws or provisions which expose the insurer, its parent company or the company in which it has a major shareholding to a sanction arising from such laws or provisions.

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Information on the relevant sanctions of the government authorities can also be found on the following website: [https://www.eeas.europa.eu/eeas/european-union-sanctions\\_en](https://www.eeas.europa.eu/eeas/european-union-sanctions_en)

#### b) Travel Warning

Your travel to a country or specific area or event to which a government agency in the country of residence (the location of the registered office of the company where the traveling person is employed) or the World Health Organisation has advised the public not to travel, or which are officially under embargo by the United Nations. If you travel to a country under embargo or where a government agency has issued a travel warning at the time of the beginning of the journey, the insurer will make no payment of any expenses and will only assist with arrangements if another form of payment is made for the services.

However, insurance cover is provided and service is offered if an event that led to a travel warning occurs unexpectedly after the start of the trip. The insurance cover expires at the end of the seventh day after the travel warning was issued.

#### **Art. 5 - Limit of the insured benefits (aggregate)**

The maximum compensation provided by us for all Accounts, Virtual Cards and Corporate Cards at the time of a claim amounts to € 100,000,000.00 per claim and per year. If that amount is exceeded, the allowances provided for all the insured persons involved in this claim will be reduced proportionally.

#### **Art. 6 – Duration and variations of the contract**

The policy lasts for 3 (three) years and provides for automatic renewal and can be relinquished only by the insured Company within the prescribed term of 6 (six) months prior to the expiration. In the event that the insurance company and the insured Company have agreed to changes to the insurance contract, these will be valid from the day of entry into force for all Accounts, Virtual Cards and Corporate cards already issued or to be issued offering coverage under this agreement.

#### **Art. 7 - Subsidiarity principle**

The payment of compensation will always be disbursed on the basis of the best contractual conditions for the complainant.

##### a) Subsidiarity to third parties

If the insured person is entitled to compensation from a third party, the insurance Company is liable only for the expenses exceeding these amounts.

The insurance company does not have to pay any compensation in the event where compensation for damages covered by another insurance contract can be requested.

These provisions exclude compensation for death and disability provided by the insurance for means of transport and travel accident insurance.

##### b) Subsidiarity in a case of the existence of multiple AirPlus contracts against accidents

The insured capital based on the framework agreement between AirPlus and the insurance company is guaranteed by the insurance for means of transport or travel accident insurance.

The payment of compensation will always be disbursed on the basis of the best contractual conditions for the claimant. No summing of equivalent insurance compensation is provided that arises from multiple contracts under this AirPlus framework agreement.

Also if there are multiple insurances for the same risk in several insurers separately, the insured person must notify each insurer of all the insurances. If the insurer intentionally omits making this notification, the insurers are not required to pay the compensation.

In the event of a claim, the insured person shall give notice to all the insurers in accordance with Art. 1913 c.c., indicating the name of the others. The insured may ask each insurer for the compensation owed according on the respective contract, provided that the total amounts recovered do not exceed the amount of the damage. The insurer who has paid is entitled to the right of recourse against the others for proportional division by virtue of the allowances owed under the respective contracts.

#### **Art. 8 - Payment in foreign currency**

The costs incurred in foreign currencies via a Corporate Card/Virtual Card are reimbursed in Euro currency in accordance with what is indicated in the account statement that [notes] the amount of the charge.

In the event that the costs in foreign currency are not paid via a Corporate Card/Virtual Card, conversion into Euro currency will proceed according to the ECB (European Central Bank) rate on the date when the documents were received by the insurance company. If necessary the amount in Euro currency will be made available in foreign currency at the conversion rate applicable on the date of the transfer of the amount.

#### **Art. 9 - Consequences in case of failure to comply with obligations.**

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If any of the obligations relating to insurance benefits is intentionally violated, the insurance coverage does not operate. In the case of a serious breach of any legal obligation, the Company is entitled to reduce the compensation for damages in proportion to the seriousness of the fault of the insured. In both cases, what is indicated only occurs if the Company has notified you in writing about the above legal consequences. In the event that the insured person proves that he or she did not commit any violation, the insurance coverage is operative. The insurance coverage remains valid also if the insured person proves that the breach of the obligation is not the cause of the incident and the determination of the claim, as regards the amount and compensation arrangement. This does not apply if the breach of the obligation was done intentionally.

**Art. 10 - Reference to the rules of law.**

For anything not expressly regulated by this agreement, the rules are applied as dictated by Italian law on the matter.

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## Special conditions for Inter Partner Assistance S.A./AXA Assistance/AirPlus for 2017;

The Company provides the insurance coverage as specified below in the following table and in the following Sections from A to G.

### SECTION A

#### A Health insurance for travel abroad

##### 1. Insured persons

###### **Corporate Card**

The insurance covers:

- all the holders of a Corporate Card;
- the spouse or partner;
- his/her children (including foster children and children in foster care, as well as the children of the life partner of the insured) up to the age of 25, provided that they are attending vocational or scholastic education institutions;

for business or private travel.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

###### **Account**

All employees and guests of business are insured (contract for third parties).

Bookings for up to 10 (ten) people are considered insured.

Coverage is provided for all persons included in collective/group reservations.

###### **Virtual Card**

Insurance cover is extended to all employees and authorised guests.

Reservations up to 10 people are considered insured. Coverage is provided for all individuals of the collective/group bookings.

##### 2. Prerequisites for insurance coverage.

Overseas health insurance compensation is paid regardless of using the cards.

##### 3. Scope of the insurance protection

1. The insurance company grants insurance coverage for an accidental event (severe) that occurred during an overseas trip of max 90 days and reimburses the costs incurred in that place and the other benefits agreed:

- illnesses and consequences of an accident;
- existing illnesses and consequences of loss, not ascertained at the time of the beginning of the trip, for which medical treatment is needed abroad, in order to ensure a smooth progress of the trip;
- unforeseen and acute complications as a result of pregnancy occurring abroad, as well as abortions necessary for medical causes, if in a case of recognised pregnancy the regular check-ups required for the normal development of pregnancy have been made.

We are liable up to the maximum compensation payment of 20 million EUR. This also applies to cases in which the sum of the individual insurance benefits is above this benefit limit. This applies to one or more insured persons who are victims of the same insured accident or event. In this case, the benefits will be reduced accordingly and paid in proportion to the number of victims.

2. An insured event means medical treatment necessary that an insured person has to undergo due to illness or injury. The insured event starts with the treatment of care; it ends when no further treatment is considered necessary, according to the medical report. Insured event means the event of death.

3. The scope of application is abroad. Abroad means all the countries, with the exception of the country in which the insured person has his habitual residence.

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#### 4. Benefits compensated

- 4.1. Reimbursement of all costs up to the maximum compensation payment for medically required
  - a) outpatient medical treatment
  - b) dental treatment including simple fillings, analgesic
  - c) repairs of existing dentures to restore the ability to chew
  - d) radiological diagnosis
  - e) medicines and bandages
  - f) treatment (by radiation, heat, light and other physiotherapy treatments)
  - g) medical devices which are prescribed as a result of an injury:  
devices that are related to fixing parts of the body (e.g. casts, prosthetics, bandages), crutches prescribed by a doctor;
  - h) hospital treatment, including accommodation, meals, transportation and operations for in-patient treatment and emergency care.

If in the case of in-patient hospital treatment there is no reimbursement of the costs, a hospital per diem is reimbursed of € 31.00.

- 4.2. Reimbursement of additional costs related to the return transport, appropriate and justified for medical reasons, of a sick person to the place of his/her habitual residence or the nearest hospital available via air ambulance transfer. The organisation takes place via the assistance service.

If another service company is used, you will receive a refund up to the amount that would have been paid for a medical flight arranged by the assistance service.

A doctor appointed by the insurance company will decide in this case, in accordance with the doctor who performs the on-site treatment, whether the return transport should be made is appropriate and justified for medical reasons. If return transport occurs without an agreement by the physician appointed by the insurer, along with the request for reimbursement of costs medical certificates must be submitted, whereby it can be seen that the return transport was appropriate and justified on the grounds of health.

The additional costs required for an escort shall be reimbursed up to an amount of € 1,550.00, if such accompaniment is necessary for reasons of health and is prescribed by a physician, or shall be ordered by the competent authorities or by the airlines.

- 4.3. Costs of burial at the place of death: up to € 10,500.00. All the costs shall be reimbursed that are necessary and directly related to the burial at the place of death. A medical certificate must accompany the bill for the costs or an administrative certificate stating the cause of death.
- 4.4. The transfer costs to the place of the last habitual residence: up to € 100,000.00. All the costs shall be reimbursed that are necessary and directly related to the transfer to the place of the last habitual residence. A medical certificate must accompany the bill for the costs or an administrative certificate stating the cause of death.

5. The insurance coverage is valid during the term of the contract, for all trips abroad lasting a maximum 90 days per trip.

If the return journey is not possible within the time limit originally planned due to health reasons, the right to compensation for a reimbursable insured event extends beyond the scheduled return period; however not later than 365 days. The insurance coverage is also active during the return flight, for flights that take place after the expiry of the extension.

6. For the costs incurred in the domestic context, there is no insurance coverage under this insurance. This also applies to cases of consequences of illnesses and accidents occurring during the stay abroad.
7. If the insured person is entitled to benefits arising from public or private health insurance, or the mandatory pension or accident insurance, the insurance company is only liable for charges in excess of those benefits.

#### 4. **Right to compensation**

1. The insured person may freely choose his/her own doctor or dentist among the professionals accredited to provide the treatment.
2. Drugs, bandages, medicines and medical devices must be prescribed by those providing the treatment referred to in paragraph 1.

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3. In case of in-patient care treatment needed for medical reasons, the insured person may choose freely among the hospitals which are under permanent medical management, have sufficient diagnostic and therapeutic alternatives, that adopt generally accepted scientific methods and retain patient medical records.
4. The insurance company shall compensate, within the framework of the contract concluded, the examinations or treatment methods and drug therapies prevalently accepted by traditional medicine. Furthermore it compensates treatments and drugs that have proven equally promising in practice or that were used because traditional methods or medications were not available; the insurance company can however reduce the amount of your compensation to the value that would be paid using traditional methods or medications.

#### **5. Restrictions on the right to compensation**

There is no right to compensation:

- a) for diseases or consequences of accidents whose treatment abroad was the only reason or one of the reasons for the journey;
- b) for treatments that were already defined as having to take place during the trip, planned for this purpose;
- c) for the expenses incurred domestically, even if it involves consequences of illnesses and accidents that occurred during the stay abroad;
- d) for diseases and the related consequences, as well as the consequences of accidents and deaths, which were caused by acts of war, civil unrest and sporting competitions organised by clubs and/or training sessions linked thereto;
- e) for intentional diseases (including suicide and attempted suicide) and accidents, including the related consequences, as well as for detoxification and withdrawal;
- f) for treating ailments and mental and psychological illnesses, as well as for hypnosis and psychotherapy treatments;
- g) for investigations and treatments for childbirth, insofar as unnecessary due to unforeseen and serious complication of pregnancy arising abroad and that regular checkups for the normal course of pregnancy were made;
- h) for dentures, crowns and orthodontics (exception: repairs of existing dentures to restore the ability to chew);
- i) for medical devices (e.g., orthotics, glasses, etc., as well as health items such as radiant lamps and thermometers for fever), certificates, appraisals, vaccinations and cosmetic treatments;
- j) for stays at nursing homes and sanatoriums, and for rehabilitation treatments;
- k) for treatments performed by spouses, parents or children. The costs for materials, proven by relevant evidence, (e.g., medicines) shall be reimbursed in accordance with the conditions laid down;
- l) for accommodations due to the need for care or hospitalisation.
- m) for claims arising from your failure to obtain urgently recommended vaccines, inoculations or medication prior to your trip. For vaccinations, please refer to the recommendation of the responsible government agency (e.g. the Ständige Impfkommision of the Robert-Koch-Institut in Germany) in the country of residence (the location of the registered office of the company where the traveling person is employed).

If a treatment or another measure for the agreed services exceeds the level necessary from a medical point of view, the insurance company can reduce its compensation to the corresponding value.

#### **6. Payment of insurance compensation**

1. The insurance company is obliged to pay compensation only when the original invoices are provided and the evidence is needed presented; these documents become the property of the insurance company. If the original invoices were supplied to another person who pays the charges, copies thereof are sufficient if other person who bears the expenses has noted his/her compensation on the same copy.
2. All supporting documents must contain the name and surname of the person treated, the hospital's name and the dates of the individual medical services; receipts must clearly show the drugs prescribed, the price and receipt of payment. For dental care, the supporting documents must contain a description of the teeth treated and the treatment respectively performed.
3. The compensation must be proved or the related negation of reimbursements by other pension funds or insurance companies.
4. In addition, the exact name of the account of the recipient of the refund must be specified.
5. The insurance company is authorised to make a refund for those who provide such documentation or the sender of the relevant invoices and other regular supporting documents, unless the company has doubts about the legitimacy on that subject and sender.

#### **7. Obligations in the event of a claim/assertion of a right**

In the event of a claim please observe the following points:

- All rights to the benefits insured must be promptly reported to the insurance company.

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- All the documents deemed necessary by the insurance company for assessing the damage must be submitted.
- In particular, all the medical reports, invoices, the fees of doctors, the hospital accounts as well as all documents relating to reimbursements by public or private health insurance, in the original and with validated copy original of the refund concerning the invoices submitted.
- In case of return transport, a certificate from the physician who performed the treatment, from which it should be seen that the return transport is justified, due to the type and severity of the disease.
- At the request of the insurance company, the insured person is obliged to be examined by a physician appointed by the insurer.
- In addition the insured person is obliged to allow the insurance company to obtain the necessary information (waiving professional secrecy).

## SECTION B

### **B Delay of the means of transport > 4 hours**

#### **1. Insured persons**

##### **Account**

All employees and authorised guests are insured.

Bookings for up to 10 (ten) people are considered insured.

Coverage is provided for all persons included in collective/group reservations.

##### **Virtual Card**

Insurance cover is extended to all employees and authorised guests.

Reservations up to 10 people are considered insured. Coverage is provided for all individuals of the collective/group bookings.

##### **Corporate Card**

The insurance covers:

- all the holders of a Corporate Card;
- the spouse or partner;
- his/her children (including foster children and children in foster care, as well as the children of the life partner of the insured) up to the age of 25, provided that they are attending vocational or scholastic education institutions;

for business or private travel.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

#### **2. Prerequisites for insurance coverage.**

The requirement for insurance coverage is that the costs for:

- airline tickets
- train tickets;
- tickets for ferries
- long-distance bus companies

are paid entirely with an Account, a Virtual Card or a Corporate Card, which provides the insurance coverage (contract for third parties).

#### **3. Scope of the insurance protection**

The insurance company reimburses the costs for meals, refreshments, hotel accommodation and transport to and from a hotel nearby, when the trip booked and confirmed is longer by four hours than the planned travel and flight operation, or cannot take place as planned, as a result of malfunction.

#### **4. Exclusions**

The insurance coverage is not valid in the following cases:

- a) When within four hours of the trip or scheduled flight an equivalent means of transport is made available;
- b) When the insured person has not checked-in within the specified time unless a strike is taking place;
- c) When the delay can be attributed to a strike or an insurrection that was known or that had been communicated more than 24 hours in advance of the travel;
- d) When the delay can be attributed to the fact that the vehicle had been retired from service by the public authorities and that this was known in advance of travel;

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- e) When the delay is directly or indirectly attributable to wars or civil wars;
- f) When the delay is due to a crime, attempted or completed, by the insured;
- g) When the delay is due to a breach of customs regulations on the part of the insured person.

#### 5. **Obligations in the event of a claim/assertion of a right**

In the event of a claim please observe the following points:

- All rights to the benefits insured must be promptly reported to the insurance company.
- All the documents deemed necessary by the insurance company for assessing the damage must be submitted (e.g., original tickets and confirmation from the shipping company about the delay of at least 4 hours).
- All the receipts must be submitted that relate to the necessary expenses incurred in connection with the delay of the means of transport.
- For verification of the travel schedule shown on the ticket the travel itinerary or flight operation released are to be provided.

## SECTION C

### C **Damage to luggage**

#### 1. **Insured persons**

##### **Account**

All employees and authorised guests are insured.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

##### **Virtual Card**

Insurance cover is extended to all employees and authorised guests.

Reservations up to 10 people are considered insured. Coverage is provided for all individuals of the collective/group bookings.

##### **Corporate Card**

The insurance covers:

- all the holders of a Corporate Card;
- the spouse or partner;
- his/her children (including foster children and children in foster care, as well as the children of the life partner of the insured) up to the age of 25, provided that they are attending vocational or scholastic education institutions;

for business or private travel.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

#### 2. **Prerequisites for insurance coverage.**

The requirement for insurance coverage is that the costs for:

- airline tickets
- train tickets;
- tickets for ferries
- long-distance bus companies

are paid entirely with an Account, a Virtual Card or a Corporate Card, which provides the insurance coverage (contract for third parties).

#### 3. **Scope of the insurance protection**

Normally also if the checked baggage transported on the same means of transport that the person uses for the trip is damaged upon arrival at planned destination, the insurance company will reimburse the costs for repair or purchase of clothing, articles of luggage and articles necessary.

The reimbursement must be defined in relation to the nature, quantity and quality of articles of baggage damaged of the insured person.

#### 4. **Exclusions**

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The insurance coverage lapses when:

- a) the luggage was not registered regularly;
- b) the luggage was seized by customs or other authorities;
- c) the luggage shows normal damage, typical as a result of transport, e.g., scratches, stains etc., but it does not affect the use of the luggage.

#### 5. **Obligations in the event of a claim/assertion of a right**

In the event of a claim please observe the following points:

- All rights to the benefits insured must be promptly reported to the insurance company.
- All the documents deemed necessary by the insurance company for assessing the damage must be submitted (e.g., original tickets and confirmation from the shipping company about the damage to the baggage).
- All the receipts must be submitted that relate to the necessary expenses incurred in connection with the damage to the baggage.
- For verification of the travel schedule shown on the ticket the travel itinerary or flight operation released are to be provided also.

The payment of travel costs paid with an Account, a Virtual Card or Corporate Card must be substantiated.

## SECTION D

### D **Delayed baggage in air travel > 4 hours**

#### 1. **Insured persons**

##### **Account**

The insured person is the holder of a valid Corporate Card, with insurance coverage, issued by the insured Company in his/her name.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

##### **Virtual Card**

Insurance cover is extended to all employees and authorised guests.

Reservations up to 10 people are considered insured. Coverage is provided for all individuals of the collective/group bookings.

##### **Corporate Card**

The insurance covers:

- all the holders of a Corporate Card;
- the spouse or partner;
- his/her children (including foster children and children in foster care, as well as the children of the life partner of the insured) up to the age of 25, provided that they are attending vocational or scholastic education institutions;

for business or private travel.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

#### 2. **Prerequisites for insurance coverage**

The requirement for insurance coverage is that the costs for tickets have been paid with a Corporate Card, a Virtual Card or an Account, which provides insurance coverage (contract for third parties).

A partial payment counts as activation of the insurance coverage.

#### 3. **Scope of the insurance protection**

In case the checked baggage transported on the same means of transport that the insured person uses for the trip does not arrive within six hours from the arrival of the insured at the planned destination, the insurance company will reimburse the costs incurred and proven for purchasing clothing and hygiene articles necessary before the arrival of the luggage.

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The reimbursement must be defined in relation to the nature, quantity and quality of articles of clothing and hygiene items, delayed or lost, of the insured person. No damage will be reimbursed if the delay or loss of baggage occurred on the return journey to permanent residence of the insured person.

#### **4. Exclusions**

The insurance coverage lapses when:

- a) the baggage was not registered regularly;
- b) the luggage was seized by customs or other authorities;
- c) in the event of a delay from 6 to 48 hours, buying the clothing and hygiene items did not take place within two days of arrival;
- d) When the baggage delay is directly or indirectly attributable to wars or civil wars;
- e) When the baggage delay is due to a crime, attempted or completed, by the insured;
- f) When the baggage delay is due to a breach of customs regulations on the part of the insured person.
- g) the baggage delay is due to a strike or another collective action of employees of the airline, flight attendants, baggage delivery personnel or air traffic controllers;

#### **5. Obligations in the event of a claim/assertion of a right**

In the event of a claim please observe the following points:

- All rights to the benefits insured must be promptly reported to the insurance company.
- All the documents deemed necessary by the insurance company for assessing the damage must be submitted (e.g., original tickets and confirmation from the shipping company about the delay of at least 6 hours).
- All the receipts must be submitted that relate to the necessary expenses incurred in connection with the baggage delay.
- For verification of the travel schedule shown on the ticket the flight operation is also to be provided.

Reasonable measures should be taken to retrieve the luggage.

The payment of travel costs paid with a Corporate Card must be substantiated.

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## SECTION E

### **E Lost luggage on the means of transport**

#### **1. Insured persons**

##### **Account**

All employees and authorised guests are insured.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

##### **Virtual Card**

Insurance cover is extended to all employees and authorised guests.

Reservations up to 10 people are considered insured. Coverage is provided for all individuals of the collective/group bookings.

##### **Corporate Card**

The insurance covers:

- all the holders of a Corporate Card;
- the spouse or partner;
- his/her children (including foster children and children in foster care, as well as the children of the life partner of the insured) up to the age of 25, provided that they are attending vocational or scholastic education institutions;

for business or private travel.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

#### **2. Prerequisites for insurance coverage.**

The requirement for insurance coverage is that the costs for:

- airline tickets
- tickets for train/ferry tickets
- long-distance bus companies
- car rental (rental vehicles without/with driver)
- taxi trips booked via the "FREE NOW" app in Germany
- hotel stays, including B&B, AirBnB leases and other locations likewise through a collaborating consumer company ("sharing economy"), motels, holiday apartments as well as fixed units in camping (caravans, trailers or campers are not insured)
- sea travel/cruises (equated with hotels)
- vacation packages all inclusive (combination of at least two travel services when the package contains at least one insured means of transport)

are paid entirely with an Account, a Virtual Card or a Corporate Card, which provides the insurance coverage (contract for third parties).

1. As a passenger on a flight with an authorised transport aircraft, as a traveller on trains/passenger on ferries

The insurance coverage commences after entering the airport terminal/station/port and is valid for the entire duration of the flight/train travel/journey on the ferry and ends with the exit from the airport/station/port at the place of destination.

If the passenger already has a flight ticket or a valid travel document, or if such a ticket was recorded at an airport/ station/port, the following instead applies.

If for the journey to the airport/station/port before the planned trip means of transport were used, the insurance coverage begins at the time of entering the vehicle. The insurance lapses after the arrival of the aircraft/ship/train with the exit from the means of transport used after the flight/train/ship to reach the destination (hotel, workplace, apartment, meeting place).

Similarly, accidents are covered that occur during replacement transport offered by the transport company for reasons of bad weather conditions or for technical reasons.

The insurance coverage is valid even in the outgoing and return journey to/from a baggage area on the eve of an air flight.

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For train tickets by zone the following applies:

The insurance coverage is valid also for journeys made using train tickets, providing they have been paid by an insured Account, a Virtual Card or Corporate Card.

3. As a passenger of a long-distance bus.  
The insurance coverage commences with the entry onto the bus, lasts for the duration of the trip and expires upon exiting the bus at the place of destination.
4. As a user of a rental car (automobile).  
The insurance coverage applies only to the driver or passenger of the car. Each authorised driver or passenger of a rental car is entitled to the full amount insured under this contract. The insurance also covers accidents during the ascent or descent from the car, as well as during refuelling.  
Authorised drivers or passengers are all those in the Company for whom the Account, the Virtual Card was issued and the people outside the company who travel together with the person who rented the car and whose employers hold an Account, a Virtual Card with insurance coverage, as well as other passengers holding a Corporate Card and the members of their families covered by insurance.
5. As a passenger in taxi cars booked through the "FREE NOW" app in Germany  
The insurance coverage is valid only for the passenger in the taxi. Each authorised taxi passenger is entitled to the full amount insured under this contract. The insurance also covers accidents during the ascent or descent from the car, as well as during refuelling.  
Authorised passengers are all the employees of the Company for whom the Account, the Virtual Card was issued and the people outside the company who travel together with the employee and whose employers hold an Account, a Virtual Card with insurance coverage, as well as other passengers holding a Corporate Card and the members of his/her family covered by insurance.
6. As a guest of the hotel in the premises of the latter, or as a guest while staying for one or more nights at a facility of a collaborating consumption company ("sharing economy").  
Insurance coverage commences upon arrival with the entry on the premises of the hotel before check-in, and ends at departure after checking out with the exit from the hotel premises. Claims off the premises in the time elapsing between check-in and check-out are not covered by insurance.
7. As a user of an all inclusive vacation package (combination of at least two travel services when the package contains at least one insured means of transport)  
The insurance coverage as per section 1. - 6 applies to services included in the all-inclusive package. In sea voyages/cruises, the ship is treated as a hotel.
8. As a participant in sea voyages and cruises  
The insurance coverage as per section 1. - 6 applies to services included in sea voyages and cruises. The ship is treated as a hotel.

### **3. Scope of the insurance protection**

The insurance company will pay compensation if the baggage was lost or damaged on an insured means of transport arranged, during the trip on the same.

Included in the insurance coverage are:

- a) theft, burglary, robbery, extortion, intentional damage by third parties;
- b) accident of a means of transport;
- c) fire, explosion, storm, hail, snow, floods, wash outs, avalanches, volcanic eruptions, earthquakes and landslides.

Travel luggage means any personal items needed for the trip of the insured person, including gifts and souvenirs.

### **4. Insurance sum and deductible**

For an insured event, the insurance company shall reimburse, up to the value of the sum insured, as follows:

- a) for objects lost or destroyed: the current market value. Current market value means the amount that is generally required to purchase new objects of the same type and quality, less an amount for the status of insured objects (age, wear, use, etc.);
- b) for damaged items: the cost to repair and possibly a reduction in value, however to the maximum of the full current market value;
- c) for film, video, audio and computer media: the value of the material;
- d) for official documents of identity and visas: the official replacement costs for the documents.

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#### **Inter Partner Assistance S.A.**

Member AXA Assistance Group S.A.

Registered office at 1000 Bruxelles, Boulevard du Régent 7

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For each insured event the insured person is subject to a deductible of € 50.00.

## 5. **Exclusions**

1. Excluded from the insurance coverage are:
  - a) Cash, securities, travel vouchers and documents of any kind, with the exception of the official documents of identity and visas
  - b) Other items transported (also computer equipment and software) provided by the employer
  - c) Sports equipment
  - d) Jewellery and valuables
  - e) Consequent financial losses
2. The insurance coverage lapses:
  - a) for damages due to the fact of having forgotten, left, abandoned or lost objects;
  - b) when the insured person caused the insured event intentionally or through gross negligence. If the insured has caused the damage through gross negligence, the insurance company has the right to reduce the compensation depending on the seriousness of the fault of the insured person.
3. Limitations of the insurance coverage
  - a) mobile phones, computer equipment and private software, including accessories, are insured up to a total amount of € 200.00;
  - b) video cameras and cameras, which are part of the baggage, including accessories, are insured up to a total amount of € 100.00;
  - c) glasses, contact lenses, hearing aids, dental braces and prosthesis, including accessories, are insured up to € 100.00;
  - d) Gifts and souvenirs are insured up to a maximum of € 50.00 total;
4. Baggage in parked rental vehicles  
The insurance coverage in case of theft of luggage during the insured trip, from a rental vehicle and from what the same transported, with containers or trunk or luggage rack closed and locked, is valid only when the rental vehicle, containers, the trunk or the luggage rack are actually locked by special closures and the damage take place between the hours of 6.00 and 22.00. When the travel is interrupted, for no more than two hours at a time, the insurance coverage remains in effect even at night.

## 6. **Obligations in the event of a claim/assertion of a right**

In the event of a claim please observe the following points:

- All rights to the benefits insured must be promptly reported to the insurance company.
- The insured person is obliged to report the losses caused by unlawful acts promptly to the nearest or most easily accessible police station, providing a list of all objects that were lost or damaged, and request a copy of the complaint. The insurance company must send a copy of this certificate.
- All the documents deemed necessary by the insurance company for assessing the damage must be submitted.
- All the receipts must be submitted that relate to the necessary expenses incurred in connection with the baggage loss.

Reasonable measures should be taken to retrieve the luggage.

The payment of travel costs paid with an Account, a Virtual Card or Corporate Account must be substantiated.

# SECTION F

## F **Cancellation insurance and travel disruption**

### 1. **Insured persons**

#### **Account**

All employees and authorised guests are insured.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

#### **Virtual Card**

Insurance cover is extended to all employees and authorised guests.

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Reservations up to 10 people are considered insured. Coverage is provided for all individuals of the collective/group bookings.

### **Corporate Card**

The insurance covers:

- all the holders of a Corporate Card;
- the spouse or partner;
- his/her children (including foster children and children in foster care, as well as the children of the life partner of the insured) up to the age of 25, provided that they are attending vocational or scholastic education institutions;

for business or private travel.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

### **2. Prerequisites for insurance coverage.**

The requirement for insurance coverage is that the service components of the travel have been paid for with a valid Account, a Virtual Card or with a Corporate Card. The cancellation costs related to travel components can be compensated if they were fully paid for with a valid Account, a Virtual Card or Corporate Card. The name of the cardholder of a Corporate Card must be stated on the booking confirmation and this person must participate in the trip.

### **3. Deductible**

For each insured event the insured person is subject to a deductible of € 100.00. If the insured event is cancelled due to illness, the insured person is subject to paying for the reimbursable damage to the extent of 20%, with a minimum amount of € 100.00.

### **4. Scope of the insurance protection**

(1) The insurance company pays the compensation:

- a) in case **the trip did not take place**, for the costs irrecoverable for unused travel and accommodation and excursions, activities or prepaid tours at **the destination** that the insured person is contractually obligated to pay or have paid;
- b) if **travel is interrupted**, for the verified additional travel costs to return and other additional costs directly incurred by the insured person, provided that the outward and return travel is included in the package, even in the case of subsequent return. For reimbursement of these costs reference is made to the type and class of transport, meals and lodging booked. When in replacing the trip booked a return trip by plane is deemed necessary, only costs for a seat in the low class of the flight will be refunded. Not covered are the costs for treatments, the costs of an escort, as well as the costs for repatriation of a deceased insured person;
- c) in the event of interrupted travel, for additional expenses of the insured person for services booked and unused.

(2) the insurance company is obliged to pay compensation if of any of the following serious reasons occur; it is assumed that the insured person will not be able to travel, based on normal life experience, or can't reasonably be expected to begin or end the journey as expected:

- a) death, serious accident or unexpected serious illness that has led to the interruption or cancellation of the trip, as confirmed by a medical certificate of the insured person, his/her spouse/partner/companion, his/her children, parents, siblings, grandparents, grandchildren, in-laws, stepchildren or, when the trip was booked for two persons, of the second person, provided s/he is among the insured persons;
- b) incompatibility with the vaccination of insured person or, in the case of a common journey, his/her spouse, /partner/companion, his/her dependent children up to the age of 25 years or brothers of the insured person, provided that they are among the insured persons;
- c) pregnancy of an insured person or, in case of common travel, the spouse/partner /companion or mother of an insured minor, provided that the traveller is also among the insured persons;
- d) property damage of an insured person as a result of fire, natural event or intentional criminal act by a third party. The damage must be significant in relation to the economic situation and to the assets of the injured party, or its presence must be necessary to determine the extent of damages;
- e) loss of employment of the insured person resulting in unemployment following the unexpected end of the employment relationship for commercial reasons, brought about by the employer;
- f) start of a working relationship after a period of unemployment, provided that the insured person was recorded as unemployed when booking the trip and the employment office has authorised the trip;

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- g) serious event or incompatibility with a vaccination of one of the dogs of the insured person included in the booking for the trip. However the failed effect of the vaccine, or if the creation of antibodies is too low for what is required for the country of destination, is insured;
- h) unexpected call for the insured person to military service, provided that the request cannot be postponed and the cancellation costs are not charged to a party that bears the expenses;
- i) repeated failing of examinations by the insured person at a College/University, which must be repeated in order to avoid extending the attendance at the school/ university to complete a course of study at a school/ university. The requirement is that the insured trip is booked before the examination not taken and that the deadline for repeating unexpectedly falls during the period specified for the insured trip.
- j) Your destination is subject to travel restrictions imposed by the German Foreign Office or local authorities who refuse entry unless these restrictions are due to a pandemic declared by the World Health Organization.

## 5. Exclusions

- a) the insurance company is not responsible for the dangers arising from wars, civil wars or events similar to war, and for those hazards independent of the state of war, but caused through the use of tools of war, as well as by the existence of tools of war in relation to one of these dangers, by acts of violence, riots, civil unrest and other risks due to nuclear energy.
- b) The insurance company is under no obligation to pay compensation when the insured event was foreseeable in relation to the insured person at the time of taking out the insurance, or was caused intentionally by the insured person.
- c) Any unused or additional costs that you incur and can be reimbursed by:
  - Accommodation providers, their booking agencies, travel agencies or other compensation schemes.
  - Your transportation providers, their booking agents, travel agencies or other compensation schemes.
  - Your credit or debit card provider or Paypal.
- d) Any claim where you are unable to travel or decide not to travel because the German Foreign Office (or other equivalent governmental body in another country) advises against travel due to a pandemic.
- e) We are not liable for circumstances that were already known to you before you took out the insurance or when you booked the trip and which could reasonably be expected to cause a claim under this insurance.

## 6. Obligations in the event of a claim/assertion of a right

In the event of a claim please observe the following points:

- Every request for compensation for the insurance indemnity shall be immediately submitted to the insurance company.
- All the documents deemed necessary by the insurance company for assessing the damage must be submitted.
- All the reasons must be verified fully and in detail and eventually proven by supporting documents (e.g., medical certificate of incapacity for travel).

The payment of travel costs paid with an Account, a Virtual Card or Corporate Account must be substantiated.

# SECTION G

## G Cancellation of event

### 1. Insured persons

#### Account

All employees and authorised guests are insured.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

#### Virtual Card

Insurance cover is extended to all employees and authorised guests.

Reservations up to 10 people are considered insured. Coverage is provided for all individuals of the collective/group bookings.

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### **Corporate Card**

The insurance covers:

- all the holders of a Corporate Card;
- the spouse or partner;
- his/her children (including foster children and children in foster care, as well as the children of the life partner of the insured) up to the age of 25, provided that they are attending vocational or scholastic education institutions;

for business or private travel.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

### **2. Prerequisites for insurance coverage.**

The prerequisite for insurance coverage is that the costs incurred and provided in the contract for participation for reasons of service to

- seminars
- training courses
- fair exhibitions or similar

are paid entirely with an Account, a Virtual Card or a Corporate Card, which provides the insurance coverage (contract for third parties).

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### **3. Scope of the insurance protection**

The insurance company is obliged to pay compensation when it cannot be reasonably assumed that the insured person, based on regular life experience, can participate in a planned event as a result of one of the serious causes listed below:

- a) death, serious accident or unexpected serious illness of the insured person, their spouse/partner, children, parents, siblings, grandparents, grandchildren, in-laws, or stepchildren;
- b) property damage of an insured person as a result of fire, natural event or intentional criminal act by a third party. The damage must be significant in relation to the economic situation and to the assets of the injured party, or its presence must be necessary to determine the extent of damages.

### **4. Exclusions**

- a) the insurance company is not responsible for the dangers arising from wars, civil wars or events similar to war, and for those hazards independent of the state of war, but caused through the use of tools of war, as well as by the existence of tools of war in relation to one of these dangers, by acts of violence, riots, civil unrest and other risks due to nuclear energy.
- b) The insurance company is under no obligation to pay compensation when the insured event was foreseeable in relation to the insured person at the time of taking out the insurance, or was caused intentionally by the insured person.
- c) the insurance company is not responsible for the cancellation costs related to the costs of travel and accommodation for the event.
- d) Also not covered by insurance are the costs relating to participation in a private capacity, training courses, seminars, exhibitions or the like.

### **5. Obligations in the event of a claim/assertion of a right**

In the event of a claim please observe the following points:

- All rights to the benefits insured must be promptly reported to the insurance company.
- All the documents deemed necessary by the insurance company for assessing the damage must be submitted.
- All the reasons must be verified fully and in detail and eventually must be proven by supporting documents (e.g., medical certificate of incapacity for travel).
- The confirmation of the event organiser must support the non-participation of the insured person and the costs included in the invoice.
- Confirmation must also be sent by the employer that no other employee took part in the event, together with a list, in writing, of the costs incurred.

The payment of the costs through an Account, a Virtual Card or a Corporate Card for the event covered by insurance must be substantiated.

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## I. Assistance services

### Medical and travel assistance

#### **Valid for all contracts**

The following services are available in customer support, via the numbers shown below:

Switchboard 24/7: In Italian +39 068 750 3255

#### **The organisation of only these services is meant as agreed.**

All the related costs resulting from the use of these services shall be borne by the insured person.

#### Medical assistance

- Telephone medical advice.
- Information about the medical agency for provision of service (name, address, telephone number and, if requested and available, the hours the medical agency for provision of service is open).
- Preparing for in-patient hospital stay.
- Interpreting services (telephone interpreting organisations for medical issues).
- Organisation of the provision of important medicines.
- Transfer: organising a transfer for travellers, to the extent necessary, to the nearest hospital where appropriate medical care is available.
- Organising the provision of adequate assistance options, mobile medical equipment and a medical support team.
- Transport back/repatriation: repatriation if necessary from a medical point of view and if prescribed by a doctor by means of aircraft or another suitable means of transport from a domestic or foreign place to a suitable hospital located at the place of residence of the insured person. In the event of the death of the insured, repatriation takes place to the place of last residence.
- Visits to the patient: booking a plane ticket to visit the patient by a relative or friend of the insured when the insured person is travelling alone and outside the country of origin or residence and is under medical treatment in a hospital.
- Accommodation: booking an accommodation at a hotel for travellers when emergency evacuation is necessary for medical reasons, an emergency medical transport back or in-patient medical treatments.

#### Travel assistance

- Information on vaccinations and visa issues.
- Recommendations for interpreters/translators.
- Support in case of loss of baggage.
- Support in case of loss of passport.
- Information about legal advice: applicant's name, address, telephone number, and, if requested and available, the legal counsel or other Counsellor ("attorneys") in the region of the current stay of the traveller.
- Support for setting appointments with attorneys.
- Support to identify representatives abroad: provision of information about address, phone number and hours of operation of the nearest Embassy or Consulate.
- Provision of documents in the event of an emergency.

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## **INFORMATION ABOUT THE PROCESSING OF PERSONAL DATA**

Details of you, your insurance cover under this policy and claims will be held by us (acting as Data Controller) for underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention, subject to the provisions of applicable data protection law and in accordance with the assurances contained in our website privacy notice (see below).

We collect and process these details as necessary for performance of our contract of insurance with you or complying with our legal obligations, or otherwise in our legitimate interests in managing our business and providing our products and services.

These activities may include:

- a. use of sensitive information about the health or vulnerability of you or others involved in your assistance guarantees, in order to provide the services described in this policy. By using our services, you consent to us using such information for these purposes,
- b. disclosure of information about you and your insurance cover to companies within the AXA group of companies, to our service providers and agents in order to administer and service your insurance cover, to provide you with travel assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law;
- c. monitoring and/or recording of your telephone calls in relation to cover for the purposes of record-keeping, training and quality control;
- d. technical studies to analyze claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory); detailed analyses on claims/missions/calls to better monitor providers and operations; analyses of customer satisfaction and construction of customer segments to better adapt products to market needs;
- e. obtaining and storing any relevant and appropriate supporting evidence for your claim, for the purpose of providing services under this policy and validating your claim; and
- f. sending you feedback requests or surveys relating to our services, and other customer care communications.

We will separately seek your consent before using or disclosing your personal data to another party for the purpose of contacting you about other products or services (direct marketing). You may withdraw your consent to marketing at any time, or opt-out of feedback requests, by contacting the Data Protection Officer (see contact details below).

We carry out these activities within the UK, in and outside the European Economic Area, in relation to which processing the data protection laws and or agreements we have entered into with the receiving parties provide a similar level of protection of personal data

By purchasing this policy and using our services, you acknowledge that we may use your personal data, and consent to our use of sensitive information, both as described above. If you provide us with details of other individuals, you agree to inform them of our use of their data as described here and in our website privacy notice (see below).

You are entitled on request to a copy of the information we hold about you, and you have other rights in relation to how we use your data (as set out in our website privacy notice – see below). Please let us know if you think any information we hold about you is inaccurate, so that we can correct it.

If you want to know what information is held about you by AXA Travel Insurance Limited, or have other requests or concerns relating to our use of your data, please write to us at:

Data Protection Officer  
AXA Travel Insurance Limited  
106-108 Station Road  
Redhill  
RH1 1PR

Email: [dataprotectionenquiries@axa-assistance.co.uk](mailto:dataprotectionenquiries@axa-assistance.co.uk)

Our full privacy notice is available at:  
[www.axa-assistance.com/en.privacypolicy](http://www.axa-assistance.com/en.privacypolicy)  
Alternatively, a hard copy is available from us on request.

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