



Immagina Adesso

A single insurance contract of a modular nature enabling the Policyholder to flexibly activate or deactivate the specific covers provided for under the Modules that make up Immagina Adesso:

Modulo Generale Information - 22.10.2022 edition

Modulo PREVENZIONE E ASSISTENZA Information - 22.10.2022 edition

Modulo CASA Information - 22.10.2022 edition

Modulo ARMONIA Information - 22.10.2022 edition

Modulo SALUTE E BENESSERE Information

SALUTE E BENESSERE - 22.10.2022 edition

SALUTE E BENESSERE - Starbene Su misura - 22.10.2022 edition

SALUTE E BENESSERE - Starbene Tutti compresi - 22.10.2022 edition

Modulo CUCCILOLO Information - 22.10.2022 edition

The Pronto Avvocato Service, which is always included, and the Prevenzione e Assistenza benefits shall be combined with at least one cover under the activated Modules.

A simple and clear contract:

The contract is prepared according to the Guidelines of the “Simple and Clear Contracts” Board of Experts coordinated by ANIA.

Last updated: 22.10.2022

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IMMAGINA VIVI ADESSO

This Modulo Generale Information - 22.10.2022 edition consists of:

- DIP Modulo Generale
- Additional DIP Modulo Generale
- Terms and Conditions of Insurance Modulo Generale

IMMAGINA con Generali is the company's insurance line that walks alongside you in completing your projects. Now imagine a level of protection that you can design based on your needs, to **live everyday life at a fast and safe pace**.

With **Immagina Adesso** you have **protection every day, in the way of your choice and only for what you think fits your world**.

Immagina Adesso is an innovative insurance that follows your daily schedule, offering solutions that evolve with you, your lifestyle, your dear ones and your assets.

Choose:

- **Care Services**
- **Technological solutions with devices that allow you to *Control and Assist***, including warnings and automatic notifications on your smartphone
- **Assistance Benefits** to quickly resolve an unforeseen event
- **Covers and levels of protection**

Change your design according to your needs over time: the birth of a child, the purchase of a new house, the arrival of a new four-legged friend or when you need help around the house with household chores or to support a family member

Keep everything under control in the Customer Area or on the MyGenerali App, just a few clicks away.



Discover the Immagina Adesso advantages and services by consulting this information: a **simple and immediate guide**, with sections dedicated to contractual documents, purchased covers and sample consultation boxes to make the most of the insurance you picked!

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Modular insurance to cover housing, private life, accidents and health risks and for care and assistance.

DIP - Pre-contractual Information Document for non-life insurance products

Insurance Company: Generali Italia S.p.A.

Product: "Immagina Adesso - Modulo Generale"



Generali Italia S.p.A. - Tax code and registration with the Companies Register of Treviso - Belluno No. 00409920584 - VAT No. 01333550323 - Share Capital: EUR 1,618,628,450.00 fully paid-up - Certified e-mail (PEC): generalitalia@pec.generaligroup.com. Company registered in Italy with the IVASS Companies Register No. 1.00021, subject to the management and coordination of the sole Shareholder Assicurazioni Generali S.p.A. and belongs to the Generali Group, which is registered under No. 026 in the Register of Insurance Groups.

Full pre-contractual and contractual information on the product is provided in other documents.

What kind of insurance is it?

"Immagina Adesso" is a single insurance of a modular nature enabling the Policyholder to flexibly trigger or suspend the specific Non-life and Life Covers provided for under the Modules that make up the product.

Modules to cover Non-life Covers are currently provided for in the offer.

The Company may also supplement the product by offering new Non-life and Life Covers, which will be made available by updating and publishing the new version of the product on www.generali.it.

You can see all information on the contract and the activated Non-life Covers at any time by registering in "My Generali," your Customer Area available on the Web and App.

Immagina Adesso - Non-life Covers



What is covered by the Insurance?

Immagina Adesso covers the risks relating to the Non-life Covers activated by the Policyholder from time to time among those envisaged in the individual Modules indicated below, which currently make up the product:

- ✓ **"PREVENZIONE E ASSISTENZA"** (insurance and service benefits in the field of domestic life, health, legal assistance and IT security, which can only be activated in conjunction with the Covers under the following Modules);
- ✓ **"CASA"** (home-related risks);
- ✓ **"ARMONIA"** (risks arising from private life activities);
- ✓ **"SALUTE E BENESSERE"** (accident and health risks);
- ✓ **"CUCCIOLO"** (liability risks for pet ownership and veterinary expenses for dogs and cats).

The activation of certain Non-life Covers also provides access to a range of non-insurance ancillary services also provided by third parties that are functionally related to those Covers.

For detailed information on the content of the Non-life Covers provided for in the individual Modules that make up Immagina Adesso, please refer to the DIPs of those Modules.



What is NOT covered by the Insurance?

Immagina Adesso does not insure the damages that, for each of the Non-life Covers relating to the Modules that make up the product, are indicated in the exclusions provided in the Terms and Conditions of Insurance relating to the specific Cover and are in bold.

For detailed information on the exclusions relating to the Non-life Covers under the individual Modules making up Immagina Adesso, please refer to the DIPs of those Modules.



Are there limitations of coverage?

For the Non-life Covers relating to the Modules making up Immagina Adesso, there are insured sums, limits, Deductibles and Uncovered Amounts that are summarised in the Policy as well as Exclusion Period and other conditions of operation that are contained in the specific Terms and Conditions of Insurance of the Modules that make up the product in bold.

- Deductible means the portion of the damage - expressed as a fixed amount or, for the Accident and Health Covers, also in percentage points (for invalidity) or days (for indemnities), which shall be paid by the Insured in case of Claim.
- Uncovered Amount means the percentage of indemnifiable damage that shall be paid by the Insured.

- Exclusion Period means the time period, following the date of activation of the Covers, during which the Cover, in whole or in part, are not effective.

Specific limitations of Indemnity are contained in the Terms and Conditions of insurance in bold.

The ancillary Prevenzione e Assistenza Covers set forth limits within which Services and Benefits are provided, which are contained in the Terms and Conditions of insurance and are in bold.

For detailed information on the limitations of coverage of the Non-life Covers contained in the individual Modules making up Immagina Adesso, please refer to the DIPs and Additional DIPs of those Modules.



Where does the coverage apply?

The territorial validity of the Non-life Covers is indicated in the Non-life DIP of each Module.



What are my obligations?

When activating the specific Non-life Covers, truthful, accurate and complete representations shall be rendered regarding the risks to be insured (Articles 1892, 1893 and 1894 of the Italian Civil Code), including, for Accident and Illness Covers of the Benessere solution under Modulo SALUTE E BENESSERE, those required in a special medical questionnaire that must be completed and signed by each Insured (or, if minor or incapacitated, by their legal representative). Furthermore, during the period of validity of the Non-life Covers, written notice shall be given to the Company of any change leading to an increase or decrease in the insured risks (Articles 1897 and 1898 of the Italian Civil Code).

The Policyholder or the Insured shall also notify the Company in writing of the existence or subsequent taking out of other insurances for the same risks that are the subject of this contract, except for those taken out on their behalf by third parties for legal or contractual obligations and those that are ancillary to other services.

Further specific obligations are provided for in case of Claim.

Failure to comply with even one of the aforementioned obligations may result in the total or partial loss of the Indemnity and of benefits and services as well as the termination of the Covers.

For detailed information on the obligations relating to the Non-life Covers under the individual Modules that make up Immagina Adesso, please refer to the DIP and additional DIP of those Modules.



When and how do I pay?

The annual Premium may be paid in a lump sum or in instalments.

Instalments may be monthly (with SDD direct debit or credit card debit without any surcharge), quarterly (with a Premium surcharge of 3.5% on an annual basis) or half-yearly (with a Premium surcharge of 2.5% on an annual basis). In that case, instalments shall be paid on the agreed monthly/quarterly/half-yearly due dates.

The first Premium or the first instalment of Premium shall be paid to the Agency to which the Policy is assigned or to the Company when the Policy is issued; subsequent Premiums or instalments of Premium following the first shall be paid in the same manner no later than the 30th day after the due date of the Premium or instalment of Premium.

The Policy Premium is a unitary premium and shall, therefore, be paid in a single payment arrangement for all active Non-life Covers.

In case of the activation of Covers during the insurance year, the Policyholder, as the first Premium due for the new Cover, shall pay a supplement to the annual Policy Premium for the fraction of a year (Alignment Period) running from the day of their activation until the annual expiry date of the Initial Cover (Single Annual Expiry Date).

The Premium includes taxes and shall be paid by bank or postal transfer to a current account in the name of the Company or to a dedicated insurance account in the name of the intermediary, expressly in this capacity; non-transferable cheque (bank, postal or bankers draft) in the name of the Company or the intermediary, expressly in this capacity; POS or, where available, other electronic payment systems (for payments made at the Agency or through the area reserved for the Policyholder - "Home Insurance") or by cash within the per-contract limit provided for by the legislation in force (annual Premium EUR 750.00).



When does the coverage begin and when does it end?

The Insurance takes effect from the date of activation of the first Non-life Cover (the Initial Cover) and automatically ceases six months after the date of termination of the last existing Coverage, without prejudice to the commencement and expiry of each Coverage.

The individual Non-life Covers - including the Initial Cover - have a one-year or multi-year term for each one indicated in the Policy with effect from 12:00 p.m. on the day of activation for each one indicated in the Policy, if the Premium or the first instalment of Premium has been paid; otherwise, from 12:00 p.m. on the day of payment and, if automatic renewal is provided for, in the absence of cancellation, on expiry they are extended for one year and so on.

For the Non-life Covers activated subsequent to the Initial Cover, the expiry day and month always coincide with the day and month of annual expiry of the Initial Cover; if they are not entered into on the same day and month as the Initial Cover, an initial intra-annual period of expiry is therefore envisaged in addition to the term envisaged for each of them.

If the Policyholder fails to pay the Premiums or Premium instalments subsequent to the first, the insurance is suspended from 12:00 p.m. on the thirtieth day after the due date and resumes at 12:00 p.m. of the day of payment.

In general, the Non-life Covers are effective in relation to Claims, as defined in relation to each of them, occurring during their term, until their expiry.

In relation to some of the Non-life Covers under the individual Modules composing Immagina Adesso, a period of time, following their effective date, during which, in whole or in part, that coverage does not apply, is provided for.

Please refer to the Additional DIPs of the individual Modules for the relevant detailed information.



How can I cancel the policy?

The Insurance cannot be terminated and remains effective as long as even one of the activated Non-life Covers is effective.

In order to prevent the automatic extension of the specific Non-life Covers, if any, the Policyholder or the Company shall send written notice of cancellation at least 30 days before the expiry date indicated in the Policy or the expiry of the year for which the insurance has been extended. The right of cancellation may be exercised in accordance with the rules of interdependence between Covers.

In case of failure to indicate the Covers subject to cancellation, the notice shall be deemed valid and effective for all the Non-life Covers activated, without prejudice to the terms provided for each Cover.

In case Non-life Covers providing a term longer than five years are entered into against the reduction in the Premium that is in any case envisaged for all Covers with a multi-year term, the Policyholder is also entitled to withdraw from the same after at least five years, by sending an at least 30 days' written notice and with effect from the end of the year in which the right of withdrawal was exercised.

The Policyholder or the Company, where foreseen for specific Covers, may also withdraw from the Non-life Covers after each Claim relating thereto and up to the sixtieth day from the payment or refusal of the Indemnity by notifying the same by registered letter (or PEC) sent within this term. The right of withdrawal per Claim may be exercised within the limits provided for each of the Damage Modules that make up Immagina Adesso.

Please refer to the DIPs and Additional DIPs of the relevant Modules for further specific cancellation rights and procedures that may be provided for individual Covers.

All notices shall be made in writing to the Agency to which the contract is assigned or to the Company by registered letter or by PEC.

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Modular insurance to cover housing, private life, accident and health risks and for care and assistance

Additional pre-contractual information document for damage insurance products (Non-life Additional DIP)

Insurance Company: GENERALI ITALIA S.p.A. Product:

Immagina Adesso - Modulo Generale 22.10.2022 edition

The published Non-life Additional DIP is the latest available



This document contains additional and complementary information to that contained in the pre-contractual information document for non-life insurance products (Non-life DIP), to help the potential Policyholder understand in more detail the characteristics of the product, the contractual obligations and the Company's financial situation.

The Policyholder shall read the Terms and Conditions of Insurance before executing the contract.

GENERALI ITALIA S.p.A. is a company belonging to the Generali Group; registered office is at Via Marocchesa, 14 - 31021 Mogliano Veneto (TV) - ITALY; telephone number: 041.5492111; website: www.generali.it; e-mail address: info.it@generali.com; PEC address: generaliiitalia@pec.generaligroup.com.

The Company is authorised by the Italian Ministry of Industry, Trade and Crafts Decree No. 289 of 2/12/1927, and is registered under number 1.00021 with the Insurance Companies Register.

Shareholders' equity as at 31/12/2021: EUR 9,050,863,796 of which EUR 1,618,628,450 related to share capital and EUR 7,130,519,742 to total equity reserves. The figures refer to the latest approved financial statements. The Solvency and Financial Condition Report (SFCR) is available at <https://www.generali.it/note-legali>.

Solvency Capital Requirement: EUR 7,827,344,769.68

Minimum Capital Requirement: EUR 3,359,474,146.09

Eligible Own Funds: EUR 19,238,700,398.43

Solvency ratio: 246% (this ratio represents the ratio between the amount of basic own funds and the amount of the Solvency Capital Requirement required by the Solvency 2 regulations in force since 16 January 2016).

Italian law applies to the contract.

"Immagina Adesso" is a single insurance of a modular nature enabling the Policyholder to flexibly activate or deactivate the specific Non-life and Life Covers provided for under the Modules that make up the product. Modules to cover Non-life Covers are currently provided for in the offer.

The Company may also supplement the product by offering new Non-life and Life Covers, which will be made available by updating and publishing the new version of the product on www.generali.it

You can see all information on the contract and the activated Non-life Covers at any time by registering in "My Generali," your Customer Area available on the Web and App.



What is covered by the Insurance?

MODULO PREVENZIONE E ASSISTENZA

For detailed information on the content of the Covers, please see the Additional DIP of the Modulo PREVENZIONE E ASSISTENZA.

OPTIONS WITH PREMIUM REDUCTION

The CASA IN TOUCH option entails a reduction in the Premium for the Modulo CASA's Fire and Theft Covers to which it is functionally linked.

The CUCCILO IN TOUCH option entails a reduction in the Premium for the Family Animal Liability Insurance of the Modulo CUCCILO to which it is functionally linked.

OPTIONS WITH PAYMENT OF AN ADDITIONAL PREMIUM

There are no options with payment of an additional Premium.

MODULO CASA

There is no additional information to that provided in the DIP of the Modulo CASA.

OPTIONS WITH PREMIUM REDUCTION

For options with reduced Premium, please see the Additional DIP of the Modulo CASA.

OPTIONS WITH PAYMENT OF AN ADDITIONAL PREMIUM

For options with payment of an additional Premium, please see the Additional DIP of the Modulo CASA.

MODULO ARMONIA

There is no additional information to that provided in the DIP of the Modulo ARMONIA.

OPTIONS WITH PREMIUM REDUCTION

There are no options with reduced Premium.

OPTIONS WITH PAYMENT OF AN ADDITIONAL PREMIUM

For options with payment of an additional Premium, please see the Additional DIP of Modulo ARMONIA.

MODULO SALUTE E BENESSERE

The Modulo SALUTE E BENESSERE provides three alternative solutions, called Benessere, Starbene Su misura and Starbene Tutti compresi. There is no further information on the content of the Covers than that provided in the DIPs dedicated to each of these solutions.

OPTIONS WITH PREMIUM REDUCTION

There are no options with reduced Premium.

OPTIONS WITH PAYMENT OF AN ADDITIONAL PREMIUM

For options with payment of an additional Premium, please see the Additional DIPs of the three solutions of which the Modulo SALUTE E BENESSERE is composed.

MODULO CUCCILO


There is no additional information to that provided in the DIP of the Modulo CUCCILO.

OPTIONS WITH PREMIUM REDUCTION

For options with reduced Premium, please see the Additional DIP of the Modulo CUCCILO.

OPTIONS WITH PAYMENT OF AN ADDITIONAL PREMIUM

There are no options with payment of an additional Premium.

 **What is NOT covered by the Insurance?****MODULO PREVENZIONE E ASSISTENZA**

There is no additional information to that provided in the DIP of the Modulo PREVENZIONE E ASSISTENZA.

MODULO CASA

There is no additional information to that provided in the DIP of the Modulo CASA.

MODULO ARMONIA

There is no additional information to that provided in the DIP of the Modulo ARMONIA.

MODULO SALUTE E BENESSERE

For the Benessere solution, please see the relevant DIP and the Additional DIP.

For the Starbene Su misura and Starbene Tutti compresi solutions, there is no further information than that provided in the respective DIPs.

MODULO CUCCILO

There is no additional information to that provided in the DIP of the Modulo CUCCILO.



Are there limitations of coverage?

MODULO PREVENZIONE E ASSISTENZA

Please refer to the Additional DIP of Modulo PREVENZIONE E ASSISTENZA.

MODULO CASA

There is no additional information to that provided in the DIP and Additional DIP of Modulo CASA.

MODULO ARMONIA

There is no additional information to that provided in the DIP and Additional DIP of Modulo ARMONIA.

MODULO SALUTE E BENESSERE

There is no additional information to that provided in the DIP and Additional DIPs of the Benessere, Starbene Su misura and Starbene Tutti compresi solutions.

MODULO CUCCIOLO

Please see the Additional DIP of the Modulo CUCCIOLO.



What are my obligations? What are the company's obligations?

What to do in case of Claim?

Reporting a claim: Please see the Additional DIPs of the individual Product Modules.

Direct assistance/under agreement:

The Insured may benefit from the direct Payment by the Company of the expenses for the benefits rendered by resorting to the Affiliated Medical Institutions upon activation of the Operations Centre in the cases and according to the procedures indicated in the Specific Terms and Conditions of the **PREVENZIONE E ASSISTENZA and SALUTE E BENESSERE Benessere Modules**.

The management of direct assistance is entrusted to GENERALI WELION S.C.A.R.L., whose references are indicated in the Terms and Conditions of Insurance.

As to the **Modulo PREVENZIONE E ASSISTENZA**, it should also be noted that:


- for the Services of the CASA in Touch and CUCCIOLO in Touch Covers, the Company uses Partner Companies which, through a technological platform operating 24 hours a day, every day of the year, receive warnings generated by the in Touch Kit, send specific alerts to the Insured and transmit to Europ Assistance Italia S.p.A. the flow of data necessary for warning management;
- the management of the Remote Advice, 24-hour Remote Advice and Second Opinion Services and the care programmes offered in conjunction with the Modulo SALUTE E BENESSERE is entrusted to GENERALI WELION S.C.A.R.L., whose contact details are indicated in the Terms and Conditions of Insurance.


Management by other companies:


As to the **Modulo PREVENZIONE E ASSISTENZA**, it should be noted that:

- the management of **Telephone Legal Advice services (Pronto Avvocato)** is entrusted to D.A.S. Defence Automobilistica Sinistri S.p.A., whose contact details and telephone numbers are indicated in the relevant Section of the Terms and Conditions of insurance;
- the handling of **Assistance Claims** is entrusted to Europ Assistance Italia S.p.A., whose contact details and telephone numbers are indicated in the relevant sections of the Terms and Conditions of insurance.

<p>What to do in case of Claim?</p>	<p>As to the Legal Protection Covers of Modulo ARMONIA and Modulo CUCCILO it should be specified that the management of the insurance benefits and Claims is entrusted to D.A.S. Difesa Automobilistica Sinistri S.p.A., whose contact details and telephone numbers are indicated in the relevant Sections of the Terms and Conditions of insurance.</p> <p>Statute of limitations: rights arising from the contract other than the right to payment of Premium instalments (which is time-barred in one year from the individual due dates), are time-barred within two years from the day on which the event on which the right is based occurred, pursuant to Article 2952 of the Italian Civil Code. In liability insurance, the two-year period starts running on the day on which the third party has claimed compensation from the Insured or has instituted legal proceedings against the Insured to claim compensation.</p>
<p>Incorrect statements or reticence</p>	<p>There is no additional information to that provided in the Non-life DIP.</p>
<p>Obligations of the company</p>	<p>Having verified the operability of the Cover, having assessed the damage and having received the necessary documentation, the Company shall pay the Indemnity within 30 days, provided that no objection has been made.</p> <p>For the Civil Liability Covers, the Company assumes, on behalf of the Policyholder, the management of extrajudicial and judicial disputes, both civil and criminal, including mediation procedures for civil disputes provided for by the legislation in force.</p> <p>The exercise of the right of withdrawal on the ground of reconsideration renders any Claim made ineffective.</p>

 When and how do I pay?	
<p>Premium</p>	<p>There is no additional information to that provided in the Non-life DIP.</p>
<p>Refund</p>	<p>If the contract was placed entirely by means of distance communication techniques, in case the Policyholder exercises their right of withdrawal, the Company shall, within 30 days of receipt of the notice of withdrawal, refund the Premium paid, net of tax.</p> <p>In case of cancellation due to a Claim, the Policyholder is entitled, within 15 days of the effective date of the claim, to reimbursement of any Premium paid and not used, net of tax.</p>

 When does the coverage begin and when does it end?	
<p>Term</p>	<p>Certain Covers are subject to a period of time, following the pertaining effective date, during which all or part of the Covers is ineffective.</p> <p>Please refer to the Additional DIPs of the individual Immagina Adesso Modules for the relevant detailed information.</p>
<p>Suspension</p>	<p>It is not possible to suspend the insurance coverage during the contract.</p>

 How can I cancel the policy?	
<p>Reconsideration after taking out of the Insurance</p>	<p>If the contract has been placed entirely through distance communication techniques, the Policyholder may withdraw within 14 days from entering into the contract by written request to be sent to the Agency to which the policy is assigned or to the Company by registered letter with acknowledgement of receipt or PEC.</p>
<p>Termination</p>	<p>There is no additional information to that provided in the Non-life DIP.</p>



Who is this product aimed at?

Immagina Adesso is aimed at the target customers identified in relation to the individual Modules that comprise it and reported in detail in the respective Additional DIPs.



What costs do I incur?

Brokers for the sale of this insurance receive on average 22.30% of the taxable Premium paid by the Policyholder for commission-type remuneration.

HOW CAN I LODGE COMPLAINTS AND RESOLVE DISPUTES?

To the Insurance Company	<p>Complaints may be lodged in the following ways:</p> <ul style="list-style-type: none"> - By letter sent to Generali Italia S.p.A. - Customer Protection - Via Leonida Bissoleti, 23 - Rome - Postal Code 00187; - Via the Insurance Company's website www.generali.it, in the Complaints section; - By e-mail to: reclami.it@generali.com. <p>The corporate function in charge of handling complaints is Customer Protection. Feedback must be provided within 45 days.</p> <p>The time limit may be suspended for a maximum of 15 days for supplementary investigations in the event of a complaint relating to the conduct of Agents and their employees and independent contractors.</p> <p>Complaints about the conduct of banking intermediaries and brokers, including their employees and independent contractors, may be addressed directly to the intermediary and will be handled by them. If the complaint is received by the Company, the latter shall forward it without delay to the relevant intermediary, notifying the complainant at the same time.</p>
To IVASS	<p>In case of an unsatisfactory outcome or late reply, it is possible to contact IVASS, Via del Quirinale, 21 - 00187 Rome, fax 06.42133206, PEC: ivass@pec.ivass.it.</p> <p>The form that shall be used to submit a complaint to IVASS can be found at www.ivass.it, under the section "For Consumers - Complaints."</p> <p>Complaints addressed to IVASS shall include:</p> <ol style="list-style-type: none"> a. Name, surname and domicile of the complainant, with telephone number if applicable; b. Identification of the person or persons whose actions are complained of; c. Brief and comprehensive description of the complaint; d. Copy of the complaint submitted to the Insurance Company or intermediary and of any reply provided; e. Any document useful to describe more in detail the relevant circumstances.
BEFORE RESORTING TO THE JUDICIAL AUTHORITIES, alternative dispute resolution systems can be used such as:	
Mediation	<p>In cases where a contractual expert's report has already been carried out or where it does not relate to the determination and estimate of damages, the law provides for compulsory mediation, which constitutes a condition for entertaining an application in court, with the option of prior assisted negotiation. Mediation applications against the Company shall be submitted in writing to:</p> <p>Generali Italia S.p.A., Legal Briefs Office (Settlement Area) - Via Silvio d'Amico, 40 - 00145 Rome - Fax 06.44.494.313 - e-mail generali_mediazione@pec.generaligroup.com.</p>

Mediation	Mediation bodies can be found at www.giustizia.it kept by the Italian Ministry of Justice.
Assisted Negotiation	In any event, it is possible to resort to the Judicial Authorities after the compulsory mediation attempt has been made, which constitutes a condition for entertaining an application in court, with the option of also having prior recourse to assisted negotiation by means of a request from one's lawyer to the Company in accordance with the procedures indicated in Law Decree No. 132 of 12 September 2014 (converted into Law No. 162 of 10 November 2014).
Other alternative dispute resolution systems	Information on other alternative dispute resolution systems applicable to individual Covers is provided under the Additional DIPs of the relevant Modules. For the resolution of cross-border disputes, it is possible to lodge a complaint with IVASS or activate the relevant foreign system via the FIN-NET procedure FIN-NET (accessing to http://ec.europa.eu/internal_market/finnet/index_en.htm).

WARNING: FOR THIS CONTRACT, THE COMPANY HAS AN INTERNET AREA RESERVED FOR THE POLICYHOLDER ("HOME INSURANCE"), THEREFORE AFTER EXECUTING IT YOU WILL BE ABLE TO CONSULT THIS AREA AND USE IT TO TELEMATICALLY MANAGE THE CONTRACT ITSELF.

The structure of the contract

The “**Immagina Adesso**” Insurance Contract includes the following documents:

1. Modulo Generale containing the **General Terms and Conditions of Insurance** applicable to all available Covers;
2. Modules containing the **Specific Terms and Conditions** applicable to the individual Covers that can be activated, which regulate all aspects not covered by the General Terms and Conditions of Insurance;
3. **Policy**, as updated over time based on requests for activation and/or deactivation of the available Covers by the Policyholder.

Pre-contractual documentation relating to the contract

The pre-contractual documentation of the “**Immagina Adesso**” contract consists of:

1. DIP and **Additional DIP** relating to this Modulo Generale;
2. **DIP** and **Additional DIP** relating to the Covers that make up the individual Modules.

GENERAL TERMS AND CONDITIONS OF THE “IMMAGINA ADESSO” INSURANCE CONTRACT

Art. 1 Definitions

In the “**Immagina Adesso**” insurance Contract, the following terms have the following meaning:

Beneficiary	As to Life Covers, the party to whom the insurance benefits are paid. As to Non-life Covers, the natural or legal person specified in the Policy to whom the Company pays Indemnity in case of a fatal Accident to the Insured.
Claim	The occurrence of the harmful event for which a Non-life Cover is provided.
Company	The insurance company Generali Italia S.p.A., with registered office at Via Marocchessa 14 - 31021, Mogliano Veneto (TV).
Covers	The specific insurance coverage that may be activated or deactivated, also individually, upon the initiative of the Policyholder.
Damage	Detrimental consequences for the Insured arising from the Claim.
General Terms and Conditions of Insurance	Terms and conditions set out in this Modulo Generale, which, together with the respective Specific Terms and Conditions, govern the insurance coverage provided by the Insurance.
Indemnity	Amount due by the Company in the event of Claim.
Initial Cover	The activated Cover or the overall Covers activated when the Insurance was taken out.
Insurance	“ Immagina Adesso ” insurance contract.
Insured	As to Non-life Covers: Person (natural or legal person) whose interest is covered by the Insurance. As to Life Covers: Person (natural person) in relation to whose life the Insurance is taken out.
Life Cover	Insurance coverage of the Company that provides for payment of a capital or an annuity upon the occurrence of a life event.
Module	Document setting forth the Specific Terms and Conditions of the Covers.
Modulo Generale	This document setting forth the General Terms and Conditions of Insurance.
Non-life Cover	Insurance coverage of the Company that provides for payment of an Indemnity, compensation, reimbursement or provision of a benefit in the event of a Claim.

Policy	Document evidencing the Insurance and outlining the scope of all operating Covers.
Policyholder	Person (natural or legal person) taking out the Insurance.
Premium	Amount owed by the Policyholder to the Company upon taking out of the Insurance.
Single Annual Expiry Date	The same day as the annual expiry date of the Initial Cover and the Subsequent Covers determined by the Subsequent Covers Alignment Period.
Specific Terms and Conditions	Specific terms and conditions set out in the Modules governing each Cover.
Subsequent Covers	The covers activated after the date the Initial Cover was activated (in the singular “Subsequent Cover”).
Subsequent Covers Alignment Period	The first intra-annual effective period of the Subsequent Covers necessary to ensure that each of them expires on the same day of the same month as the Initial Cover expires, it being understood that the Covers may end in different years.
Related non-insurance services	Services of a non-insurance nature offered in an ancillary and functional manner with respect to insurance Covers.

Art. 2 Coordination Clause

The General Terms and Conditions of Insurance set out in this Module constitute the common rules for all Covers activated by the Policyholder.

The provisions under the Specific Terms and Conditions constitute the special rules applicable to the Covers activated from time to time. These Terms and Conditions govern all aspects not regulated by the General Terms and Conditions and may supplement the latter or, if expressly indicated, derogate therefrom.

Art. 3 Consistency assessment

The Company shall carry out the consistency assessment on the specific Covers whose activation is requested, based on the information provided by the Policyholder at the time the Covers is activated.



What is covered by the Insurance?

Art. 4 Scope and operation of the Insurance

“Immagina Adesso” is a single insurance contract of a modular nature enabling the Policyholder to activate and/or deactivate the specific Non-life and Life Covers under the Modules, in a flexible manner based on their needs and choices made during the course of the insurance relationship.

The Company may also supplement the “Immagina Adesso” insurance contract by offering new Covers, which will be made available by updating and publishing the new version of the product on www.generalii.it.

The Policyholder may then activate the following this new Covers:

- under the current insurance contract;
- without the need to replace the existing contract;
- the Specific Terms and Conditions of the previously subscribed Covers remain valid and effective.

The Insurance is provided for the Covers, for the sums insured, within the limitations of Indemnity and with the application of the Deductibles and Uncovered Amounts (exclusively for the Non-life Covers) specifically agreed upon and indicated in the Policy.

The activation and/or deactivation of the Covers:

- shall be made at the Policyholder's request by signing the pertaining documentation produced by the Company. Deactivation may be carried out according to the terms and conditions set out in Article 17, Cancellation and Withdrawal from the Covers, in accordance with the rules of interdependence among covers indicated in the specific terms and conditions of each Module;
- determines the Policy update and the delivery of the updated version thereof to the Policyholder, so as to ensure an up-to-date representation of the Policyholder's insurance position during the course of the insurance relationship;
- do not pertain to insurance contracts other than the "Immagina Adesso" Insurance Contract.

Art. 5 Offering of non-insurance services related to specific Covers

The activation of certain Covers also enables the Policyholder to access a range of non-insurance ancillary services also provided by third parties, connected or related to those Covers.

If the Policyholder intends to use non-insurance services, they shall read and expressly accept the general terms and conditions governing the provision of those services by signing the pertaining documents.



What obligations do I have? What obligations does the company have?

Art. 6 Policyholder's Representations

The Company determines the Premium based on the Policyholder's/Insured's representations on the required data and circumstances.

If the Policyholder provides inaccurate or partial information on the circumstances affecting the risk assessment, it may lose all or part of the Indemnity and result in the termination of the Insurance⁽¹⁾.

The Insured must also notify the Company in writing of any change in the risk that aggravates or reduces it⁽²⁾.

- ✓ For example, the temporary removal of fixtures and fittings in case of renovation of the insured home constitutes an aggravation of risk with respect to the cover for the risk of Theft; or the presence or storage of large quantities of flammable material with respect to the coverage for the risk of Fire.

On the other hand, the installation of an alarm system connected to an operations surveillance centre constitutes a reduction in risk with respect to coverage for the risk of Theft, or the installation of a system for detecting smoke and/or the temperature inside the home with respect to coverage for the risk of Fire.

Art. 7 Covers with different insurers (Non-life Covers)

The Policyholder or the Insured must notify the Company in writing of the existence or subsequent taking out of other insurances for the same risk, with the exception of those taken out on their behalf by third parties due to legal or contractual obligations and those they hold as covers for other services (e.g.: combined with travel tickets, current accounts, credit cards, real estate mortgage loans or mortgage loans).

Art. 8 Communication between the parties

All notices due by the Policyholder shall be made in writing by registered mail or Certified E-mail and sent to the Agency to which the Policy is assigned or to the Company, at its registered office.

The notice due by the Company in the performance of the Insurance shall be made in writing in the manner and at the addresses agreed with the Policyholder within the Framework Agreement on insurance distribution.

Art. 9 Applicable law and Jurisdiction

The Contract shall be governed by Italian law.

For disputes related to the contract, the courts of the headquarters or place of residence or domicile of the Policyholder, the Insured, the Beneficiary or their assignees shall have exclusive jurisdiction.

Art. 10 Clause on the ineffectiveness of the coverage for international sanctions

The Company is not obliged to provide insurance coverage and is not obliged to pay a Claim or provide a benefit under this contract if providing insurance coverage, paying a Claim or providing a benefit would expose the Company to sanctions, including financial or trade sanctions, prohibitions or restrictions arising from United Nations resolutions, laws or regulations of the European Union, the United States of America, the United Kingdom or Italy.



When and how do I pay?

Art. 11 Payment of the premium and Cover effective date - Means of payment of the premium

The Premium is unitary and shall therefore be paid in a single payment arrangement for all Covers. The amount varies over time in relation to the activation or deactivation of the Covers.

The Policyholder shall also pay an additional Premium for the coverage of the Alignment Period in the cases of activation of the Subsequent Covers provided for in the second paragraph of Article 15 Subsequent Covers Alignment Period.

The Insurance shall take effect from the date of activation of the Initial Cover provided for in Article 14 Term of the Insurance and of the individual Covers, if on that date the Premium or the Premium first instalment has been paid, or, for the Subsequent Covers to which it refers, the supplement referred to in the preceding paragraph; otherwise, it shall take effect at 12:00 p.m. on the day of payment, without prejudice to the deadlines indicated in the Policy.


The Covers, including the Subsequent Covers, run from 12:00 p.m. on the day indicated in the Policy for each of them, with the term set forth under the Specific Terms and Conditions, and are effective if the Premium or the Premium first instalment has been paid on that date; otherwise from 12:00 p.m. on the day of payment.


The Premium or Premium instalments may be paid to the relevant Agency or to the Company. The Premium may be paid by the following means:


- in cash if the annual premium does not exceed EUR 750.00;
- by POS or, if available, other electronic means of payment; in this case, the Premium shall be deemed to have been paid on the day on which the transaction was physically carried out;
- by bank transfer to a current account in the Company's name or to the intermediary's dedicated account. Without prejudice to the effective date indicated in the Policy, the Premium shall be deemed to be paid on the day of the physical transaction of disposition of the transfer order or on the value date of debit of the account, if later, unless the payment itself is credited to the current account in the name of the Company or the intermediary;
- with permanent debit authorisation on the current account (SDD) or credit card; subject to the successful completion of the debits, for the first instalment, the Premium shall be deemed to be paid on the day the SEPA mandate is signed or the permanent debit authorisation is granted on the credit card, for the subsequent instalments, on the due dates set out in the Policy;
- if the Premium is debited from a current account (SDD) or credit card with the annual Premium split into several instalments, in case of non-payment of even a single instalment, coverage shall be suspended from 12:00 p.m. of the 30th day following the due date of the instalment. In case of suspension, coverage shall take effect again at 12:00 p.m. of the day on which the Policyholder pays, by bank transfer or by going directly to the Agency, all due and unpaid instalments and the portion of the Premium remaining to complete the year. In case of a change in the current account relationship on which the SDD procedure operates or in the credit card indicated, the Policyholder undertakes to notify the Company immediately;

- by non-transferable bankers draft payable to the Company or to the intermediary in this capacity; in this case, the Premium shall be deemed to have been paid on the day of delivery of the security;
- by non-transferable bank or postal cheque made payable to the Company or to the intermediary in this capacity; in this case, the Premium shall be deemed to be paid on the day the cheque is delivered, subject to the successful payment of the cheque and without prejudice to the intermediary's right to request payment of the Premium also by other means among those provided for in this Article, in accordance with the principle of fairness and good faith;
- other methods offered by the banking and postal services.

If the Policyholder fails to pay the subsequent Premiums or premium instalments, the Insurance shall be suspended from 12:00 p.m. of the thirtieth day after the day on which the payment is due and shall resume at 12:00 p.m. of the day on which the payment is due; the subsequent due dates and the Company's right to receive payments of the overdue Premiums shall remain unaffected⁽⁹⁾. The Premium, even if fractioned into several instalments, is due for the entire annual insurance period.

 PLEASE NOTE: payment of the Premium or premium instalment due is a necessary condition for the Insurance to be valid and effective. In the absence of such payment, the contract, although executed, shall not be effective.

 Subject to collection: the Cover is effective from the effective date or from the subsequent due dates indicated in the Policy even if the Company has not received the Premium amounts yet; provided that the Premium payment is subsequently credited. Otherwise, the Cover is not effective or remains suspended.

 It is advisable to check the due date of the Premium or of the individual Premium instalments and the payments made in the Reserved Area, which can be consulted after registering by accessing www.generali.it or through the MyGeneraliApp.

Art. 12 Re-evaluation of the values under the Policy

The cases in which a re-evaluation of the values under the Policy for the individual Covers is provided for, are regulated in the Specific Terms and Conditions of the individual Modules.

Art. 13 Charges

All charges, current and future, relating to the Premium, the Indemnities, the Policy and the acts dependent thereon, shall be borne by the Policyholder even if payment thereof has been advanced by the Company.



When does the coverage begin and when does it end?

Art. 14 Term of the Insurance and of the individual Covers

The activation of at least one of the Covers relating to the available Modules (**Initial Cover**) is required for the activation of the Insurance and the issue of the Policy.

The Insurance takes effect from the date of activation of the Initial Cover and ceases automatically after six months after the day of termination of the last existing Cover.

The effective and expiry dates of the individual Covers are indicated in the Policy.

Art. 15 Subsequent Covers Alignment Period

In order to ensure the uniformity of the Premium and the uniformity of the due dates of the relevant periodic payments in implementation of the provisions of Article 11 Payment of the Premium and commencement of the Cover - Means of payment of the Premium, the day and month of expiry of the Covers activated after the Initial

Cover (**Subsequent Covers**), shall always coincide with the day and month of the annual expiry of the Initial Cover (**Single Annual Expiry Date**), it being understood that the Covers may end in different years.

To this end, for the Subsequent Covers that are not entered into on the same day of the same month as the commencement month of the Initial Cover, a first intra-annual commencement period is provided in addition to the term under the Specific Terms and Conditions for each of them (**Subsequent Covers Alignment Period**).

The Subsequent Covers Alignment Period runs for each of them:

- from the date of activation of the Subsequent Cover and ends with the expiry date of the Initial Cover, in case said Cover is annual and with tacit renewal;
- from the date of activation of the Subsequent Cover and ends with the due date for the annual Premium payment of the Initial Cover in case the term of said Cover exceeds one year.

The Subsequent Covers, once the relevant Alignment Period has ended, remain uninterruptedly effective for the term indicated in the Policy and governed by the Specific Terms and Conditions for each of them.

The Subsequent Covers Alignment Period is accurately indicated, for each of them, in the Policy as well as updated during the course of the insurance relationship and contributes to the overall term of the same.

✓ **EXAMPLE:** Annual Initial Cover with tacit renewal effective from 01/01/2020 and expiring 31/12/2020. Activation of Subsequent Cover 01/06/2020. In that case, the Alignment Period of the Subsequent Cover shall commence from 01/06/2020 to 31/12/2020.

✓ **EXAMPLE:** Initial multi-year Cover effective from 01/06/2020 and expiring 31/05/2025 and annual Premium payment as at 31/05. Activation of Subsequent Cover 01/11/2020. In that case, the Alignment Period of the Subsequent Cover shall commence from 01/11/2020 to 31/05/2021.



How can I cancel the policy?

Art. 16 Right to withdraw

If the contract has been placed entirely through distance communication techniques, the Policyholder may withdraw within 14 days from entering into the contract by written request to be sent to Generali Italia (Via Marocchesa 14 - 31021 Mogliano Veneto - TV - PEC generalitalia@pec.generaligroup.com or to the Agency to which the policy is assigned by registered letter with acknowledgement of receipt or PEC. Further to the notice of withdrawal, the contract shall be considered to have no effect from the outset and the Policyholder and the Company shall therefore be discharged from all contractual obligations. Accordingly, the Company shall reimburse the Policyholder for the Premium paid, net of tax, within 30 days of receipt of the notice of withdrawal. The exercise of the right of withdrawal renders any notice of Claim that may have been submitted ineffective.

Art. 17 Cancellation and Withdrawal from the Covers

The term of the Insurance is set forth under Article 14 Term of the insurance and of the individual Covers. The term of the Non-life Covers may be:

- annual or
- multi-year with application of the statutory Premium reduction,

as indicated in the Policy and, upon their expiry, they may be extended for a period of one year and so on.

The Policyholder or the Company may prevent the extension by sending written notice of cancellation at least 30 days before the relevant expiry date.

In case of failure to indicate the Covers subject to cancellation, the notice shall be deemed valid and effective for all the Non-life Covers activated, without prejudice to the terms provided for each Cover.

✓ **EXAMPLE:** In case of two active Covers, the first of which expires on 31/12/2020 and the second on 31/12/2021, in case of notice of cancellation sent by the Policyholder for both Covers with a notice period of 30 days prior to the expiry of the first of the two, the termination of the second Cover shall take effect on 31/12/2021 and not on 31/12/2020, the date on which the first Cover shall expire.

In case of Non-life Covers providing a term longer than five years, with application of the statutory reduction in the Premium, the Policyholder is in any case entitled to withdraw only after five years, by sending a 30 days' written notice and with effect from the end of the year in which the right of withdrawal was exercised.

The Life Covers cease, without the need to give notice of withdrawal, if the Policyholder stops paying the relevant Premiums.

The Insurance cannot be terminated and remains effective for as long as even one of the Covers provided remains effective, in accordance with the terms set forth in the second paragraph of Article 14 Term of the insurance and of the individual Covers.

For notice covered by this provision, the procedures described in Article 8 Communication between the parties shall be complied with.

Art. 18 Withdrawal in case of a claim (Non-Life Covers)

Withdrawal in case of a claim, unless otherwise provided for in the individual Module, where envisaged for specific Covers, shall cause the termination of all the Covers under the Module of which the specific Cover is part and in relation to which it was exercised, as well as the related Covers activated in Modulo PREVENZIONE E ASSISTENZA. The procedures and terms of exercising the withdrawal are regulated in the Specific Terms and Conditions of each Module.

If the Company withdraws, the Policyholder may give notice of withdrawal from all further active Covers, if any, in each Module with effect from the Single Annual Expiry Date of the current year at the date of withdrawal, provided that the notice of withdrawal is sent within 15 days of receipt of the notice of withdrawal per Claim by the Company, by registered letter or Certified Email.

HOW CAN I SUBMIT COMPLAINTS

Art. 19 Submission of Complaints

Any complaints pertaining to the "Immagina Adesso" Insurance Contract or relating to the handling of Claims relating to the individual Covers shall be sent in writing to:

Generali Italia S.p.A. - Customer Protection - Via Leonida Bissolati, 23 - Roma - CAP 00187 - email: reclami.it@generali.com.

If the complainant is not satisfied with the outcome or does not receive a response within 45 days, they may refer the matter to the IVASS (Istituto per la Vigilanza sulle Assicurazioni - Italian Insurance Supervisory Authority) - Consumer Protection Service - Via del Quirinale, 21 - 00187 Rome, attaching to the complaint the documentation relating to the complaint handled by the Company. In these cases and for complaints concerning compliance with sector regulations that must be submitted directly to IVASS, the complaint shall include:

- name, surname and domicile of the complainant, with telephone number if applicable;
- identification of the person or persons whose actions are complained of;
- brief and complete description of the ground for complaint;
- copy of the complaint submitted to the Company and of any acknowledgement received;
- any document useful to describe more in detail the relevant circumstances.

The module that shall be used to submit a complaint to IVASS can be downloaded at www.ivass.it under the section “For Consumers - Complaints.”

For the resolution of cross-border disputes, it is possible to lodge a complaint with IVASS or to activate the competent foreign system through the FIN-NET procedure (by accessing the website http://ec.europa.eu/internal_market/finnet/index_en.htm).



- 1 Articles 1892, 1893, 1894 of the Italian Civil Code.
- 2 Articles 1897, 1898 of the Italian Civil Code.
- 3 Article 1901 of the Italian Civil Code.

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IMMAGINA VIVI ADESSO

This Information Set of Modulo PREVENZIONE E ASSISTENZA - 22.10.2022 edition consists of:

- DIP Modulo PREVENZIONE E ASSISTENZA
- Additional DIP Modulo PREVENZIONE E ASSISTENZA
- Terms and Conditions of insurance Modulo PREVENZIONE E ASSISTENZA

Immagina Adesso Prevenzione Assistenza with.....

different solutions available, according to specific needs and in combination with the relevant Modules **Immagina Adesso**:

- **CASA** with the options **Start, Plus or In Touch**
- **ARMONIA** with the **Password** solution
- **SALUTE E BENESSERE** with services in the formats **Starbene Start, Su Misura or Tutti Compresi** or **Benessere** with Prevenzione **Start, Check-up** and solutions to **Improve your lifestyle** and to **Take care**
- **CUCCILO** with the options **Start, Plus or In Touch**



Discover the Prevenzione e Assistenza of Immagina Adesso in the solution of your choice!

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Assistance and ancillary services

DIP - Pre-contractual Information Document for damage insurance products

Insurance Company: Generali Italia S.p.A.

Product: "Immagina Adesso - Modulo PREVENZIONE E ASSISTENZA".



Generali Italia S.p.A. - Tax code and registration with the Companies Register of Treviso - Belluno No. 00409920584 - VAT No. 01333550323 - Share Capital: EUR 1,618,628,450.00 fully paid-up - Certified e-mail (PEC): generalitalia@pec.generaligroup.com. Company registered in Italy with the IVASS Companies Register No. 1.00021, subject to the management and coordination of the sole Shareholder Assicurazioni Generali S.p.A. and belongs to the Generali Group, which is registered under No. 026 in the Register of Insurance Groups.

Full pre-contractual and contractual information on the product is provided in other documents.

What kind of insurance is it?

The Assistance Benefits and Services in this Module are ancillary to CASA, ARMONIA, SALUTE E BENESSERE and CUCCILOLO Modules Covers in combination with which they are offered.



What is covered by the Insurance?

Telephone legal advice (Pronto Avvocato)

Telephone consulting services needed in the context of:

- ✓ Private life;
- ✓ Health, travel and holidays;
- ✓ Real Estate;
- ✓ Road traffic and driving licence;
- ✓ Digital life;
- ✓ Pets.

Prevenzione e Assistenza in combination with Modulo CASA

Benefits and Services for emergencies related to home and private life:

- ✓ Assistenza Casa Start;
- ✓ Assistenza Casa Plus;
- ✓ Casa in Touch.

Prevenzione e Assistenza in combination with the Modulo ARMONIA

✓ Password in Armonia: package of Services and Benefits related to the use of the web.

Prevenzione e Assistenza in combination with the Modulo SALUTE E BENESSERE

Benessere solution

- ✓ Fare Prevenzione Start;
- ✓ Fare Prevenzione Check up;
- ✓ Migliorare lo stile di vita Start;
- ✓ Migliorare lo stile di vita Travel;
- ✓ Prendersi cura Start;
- ✓ Prendersi cura Start - A Vita;



What is NOT covered by the Insurance?

Telephone legal advice (Pronto Avvocato)

The Company does not reimburse the costs of legal assistance to the Insured for the amicable settlement of the dispute and for the proceedings at any instance.

The exclusions are included in the Terms and Conditions of Insurance and are in bold.

Prevenzione e Assistenza in combination with all product Modules Immagina Adesso: CASA, ARMONIA, SALUTE E BENESSERE (Benessere, Starbene Su misura and Starbene Tutti compresi solutions) and CUCCILOLO.

Assistance Benefits are not due for events:

- ✗ occurred during earthquakes, volcanic eruptions, floods, tidal waves and other natural disasters;
- ✗ occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;
- ✗ occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom or the artificial acceleration of atomic particles;
- ✗ caused by fraudulent intent on the part of the Insured;
- ✗ caused by the intervention of public authorities.

The Assistance Benefits in combination with the Modulo CUCCILOLO are also not due for events:

- ✗ wilful misconduct or gross negligence on the part of the Insured, their family members or

- ✓ Prendersi cura Family;
- ✓ Prendersi cura Family - A Vita.

Prevenzione e Assistenza in combination with Modulo SALUTE E BENESSERE

Starbene Su misura and Starbene Tutti compresi solutions

- ✓ **SERVIZI DI PREVENZIONE Starbene**
SERVIZI DI PREVENZIONE Start;
SERVIZI DI PREVENZIONE Plus.
- ✓ **PREVENZIONE E ASSISTENZA Starbene**
Starbene Start;
Starbene Su misura;
Starbene Tutti compresi.

Prevenzione e Assistenza in combination with Modulo CUCCILO

- ✓ **Assistenza Cucciolo Start;**
- ✓ **Assistenza Cucciolo Plus;**
- ✓ **Cucciolo in Touch.**

other relative or relative-in-law living with them, or the persons to whom the animal has been entrusted;

- ✗ participation in hunting activities, sports competitions and similar events, exhibitions, dog/feline trials and competitions;
- ✗ professional use of the animal with the exception of guide dogs for the blind;
- ✗ use of the animal in breach of the legislation in force;
- ✗ accidents or illnesses arising before the commencement of the Cover.

The exclusions are included in the Terms and Conditions of Insurance and are in bold.



Are there limitations of coverage?

The **Prevenzione e Assistenza Covers** that can be combined with **CASA, ARMONIA, SALUTE E BENESSERE Modules (Benessere, Starbene Su misura and Starbene Tutti compresi solutions)** and **CUCCILO** have limits within which **Services and Benefits** are provided.

Functioning limits and conditions are contained in the **Terms and Conditions of Insurance** and are in bold.



Where does the coverage apply?

The Benefits and Services are effective in Italy, the Republic of San Marino and the Vatican City State. Some Benefits have a broader scope, extending to EU countries or worldwide. In any case, countries in a state of declared or de facto belligerency or where popular uprising is taking place are excluded..



What are my obligations?

When taking out the Policy containing these Covers or when activating them on an existing Policy, true, exact and complete representations shall be made on the risk to be insured (Articles 1892, 1893 and 1894 of the Italian Civil Code) and about any other existing policies for the same risks and, during the period of validity of the Covers, written notice shall be given to the Company of any change entailing an increase or decrease in the insured risk (Articles 1897 and 1898 of the Italian Civil Code).

Benefits and Services can be activated by telephone and, in some cases, also digitally.

Untrue, inaccurate, or reticent representations, failure to notify the aggravation of risk, and failure or delay in reporting a Claim, may result in the total or partial loss of Benefits and Services, as well as the termination of the Covers.



When and how do I pay?

Information on payment of the Premium is included in the DIP of the Modulo Generale.



When does the coverage begin and when does it end?

The Covers take effect at 12:00 p.m. on the day of activation indicated in the Policy, if the Premium or the first Premium instalment has been paid; otherwise, they take effect at 12:00 p.m. on the day of payment. If the Policyholder fails to pay the Premiums or subsequent Premium instalments, the insurance is suspended from 12:00 p.m. on the thirtieth day after the due date and resumes at 12:00 p.m. of the day of payment.

The term of the Covers are indicated in the Policy for each and, if tacit renewal is provided for, in the absence of cancellation, the insurance is extended for one year and so on.

Telephone legal advice (Pronto Avvocato) is always provided in combination with all product Modules.

The Covers of Modulo PREVENZIONE E ASSISTENZA that may be purchased in combination with the other Modules are ancillary to those of the Module to which they are respectively combined and cease when they cease.



How can I cancel the policy?

All notices shall be made in writing to the Agency to which the Policy including these Covers is assigned or to the Company by registered letter or by PEC.

In order to prevent the automatic extension of the Covers, if any, the Policyholder or the Company shall send the written notice of cancellation at least 30 days before the expiry date indicated in the Policy or the expiry of the year for which the insurance has been extended.

Since the Covers and Services under this Module are ancillary to the Covers of the Module with which they are respectively combined:

- they cannot be cancelled autonomously;
- they cease in case of cessation following cancellation of the Module Covers to which they are functionally linked.

In case Covers providing a term longer than five years are entered into against the reduction in the Premium that is in any case envisaged for all Covers with a multi-year term, the Policyholder may also exercise their right of withdrawal after five years, by sending an at least 30 days' written notice and with effect from the end of the year in which the right of withdrawal was exercised.

For the Covers and Services under this Module, there is no right of the Policyholder or the Company to withdraw directly due to a Claim. The Covers and Services under this Module cease only in case of withdrawal due to a Claim from the Covers under the Module to which they are functionally linked.

The Pronto Avvocato Cover is functionally linked to all the other Modules and therefore ceases only if all Covers activated under the other Modules further to cancellation or withdrawal cease.

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Assistance and ancillary services

Additional pre-contractual information document for damage insurance products (Non-life Additional DIP)

Insurance Company: GENERALI ITALIA S.p.A.

Product: Immagina Adesso - MODULO PREVENZIONE E ASSISTENZA

Edition: 22.10.2022

The published Non-life Additional DIP is the latest available



This document contains additional and complementary information to that contained in the pre-contractual information document for non-life insurance products (Non-life DIP), to help the potential Policyholder understand in more detail the characteristics of the product, the contractual obligations and the Company's financial situation.

The Policyholder shall read the Terms and Conditions of Insurance before executing the contract.

GENERALI ITALIA S.p.A. is a company belonging to the Generali Group; registered office is at Via Marocchessa, 14 - 31021 Mogliano Veneto (TV) - ITALY; telephone number: 041.5492111; website: www.generali.it; e-mail address: info.it@generali.com; PEC address: generaliiitalia@pec.generaligroup.com.

The Company is authorised by the Italian Ministry of Industry, Trade and Crafts Decree No. 289 of 2/12/1927, and is registered under number 1.00021 with the Insurance Companies Register.

Shareholders' equity as at 31/12/2021: EUR 9,050,863,796 of which EUR 1,618,628,450 related to share capital and EUR 7,130,519,742 to total equity reserves. The figures refer to the latest approved financial statements. The Solvency and Financial Condition Report (SFCR) is available at <https://www.generali.it/note-legali>.

Solvency Capital Requirement: EUR 7,827,344,769.68

Minimum Capital Requirement: EUR 3,359,474,146.09

Eligible Own Funds: EUR 19,238,700,398.43

Solvency ratio: 246% (this ratio represents the ratio between the amount of basic own funds and the amount of the Solvency Capital Requirement required by the Solvency 2 regulations in force since 1 January 2016).

Italian law applies to the contract.



What is covered by the Insurance?

The Prevenzione e Assistenza Covers that can be purchased in combination with the various Modules of the Immagina Adesso product listed in the Non-Life DIP include the Benefits and Services indicated below.

PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO CASA

ASSISTENZA CASA START:

Sending a plumber for emergency works;

Sending an electrician for emergency works;

Sending a locksmith for emergency works;

Emergency works for water damage: cleaning and drying the home;

Sending a glazier for emergency works;

Transfer of furniture;

Moving;

Sending a supervisor;

Hotel expenses;

Cleaning company;

Early return of the Insured while travelling.

ASSISTENZA CASA PLUS: in addition to what is provided for ASSISTENZA CASA START, it includes:

Sending an appliance repair technician within 24 hours;
Sending a Domestic helper;
Sending a plumber;
Sending a carpenter.

CASA IN TOUCH: which can be purchased in combination with the Casa in Touch Kit device and the related telematic Services provided by Generali Jeniot S.p.A., in addition to the provisions on ASSISTENZA CASA PLUS, includes:

In Touch report management
Psychological support.

PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO ARMONIA

PASSWORD IN ARMONIA:

Virus and Malware cleaning Support;
digital device Support;
Computer data recovery/deletion;
Psychological assistance in Italy;
Psychological assistance for minors;
Interpreter available abroad;
Advance payment of basic money;
Secure digital programme.

PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO SALUTE E BENESSERE - Benessere SOLUTION

FARE PREVENZIONE START:

General medical advice;
Neurological advice;
After sports injury advice;
Orthopaedic advice;
Geriatric advice;
Cardiological advice;
Gynaecological advice;
Paediatric advice;
Telephone health guidance;
Finding and sending a family helper;
Sending a doctor;
Ambulance dispatch;
24-hour remote consultation service
Welion card - Access to the health network at reduced rates
Welion card - Access to the dental network

FARE PREVENZIONE CHECK UP:

It provides for the possibility, after one year from the effective date of the Cover and every two years thereafter, to choose one of the Care Programmes under the Terms and Conditions of Insurance and to contact the Operations Centre to carry out the relevant examinations, tests and assessments, at no cost in case of resorting to Affiliated Medical Institutions with direct payment by the Company, within the limits envisaged for reimbursement.

MIGLIORARE LO STILE DI VITA START:

Information for safe sports;
Nutrition counselling;
Psychological support;
Carrying out examinations and tests at home;
Home results delivery;

Home urgent drugs and medical items delivery;
Home groceries delivery;
Household utility payments.

MIGLIORARE LO STILE DI VITA TRAVEL:

General medical advice;
Transfer of patient and transfer of remains;
Other Insured transfer;
Return with insured travelling companion;
Early return;
Accompanying minors when travelling;
Travel of a family member;
Advance payment of basic necessities;
Advance payment of bail.

PRENDERSI CURA START:

Sending a doctor to the home;
Sending a specialist doctor to the home;
Sending a nurse to the home;
Sending a physiotherapist to the home;
Sending an post sports injury physiotherapist to the home;
Sending a physiatrist to the home;
Transport home following discharge;
Transfer to an institute for health care;
Transfer from institute for health care;
Second Opinion;
Care Manager;
Home assistance in case of hospitalisation due to accident or illness of the Insured;
Telemonitoring;
Job Coaching.

PRENDERSI CURA START - A Vita:

Sending a doctor to the home;
Sending a specialist doctor to the home;
Sending a nurse to the home;
Sending a physiotherapist to the home;
Sending an post sports injury physiotherapist to the home;
Sending a physiatrist to the home;
Transport home following discharge;
Transfer to an institute for health care;
Transfer from institute for health care;
Care Manager;
Post hospitalisation integrated home assistance up to 80 years of age;
Telemonitoring;
Job Coaching.

PRENDERSI CURA FAMILY:

Phone caring elderly family member;
Care manager for an elderly family member or disabled child in case of accident or illness of the Insured;
Care manager for an elderly family member's illness or accident;
Home care for the elderly family member or disabled child in case of hospitalisation due to accident or illness of the Insured;
Telemonitoring for the elderly family member or disabled child;
School support for the student Insured;
Sending babysitter/family assistant to the home;
Sending old sitter to the home;
Psychological support for the minor for cyberbullying;
Accompanying the child to school for parental hospitalisation.

PRENDERSI CURA FAMILY - A Vita

Phone caring elderly family member;
Care manager for an elderly family member or disabled child in case of accident or illness of the Insured;
Care manager for an elderly family member's illness or accident;
Home care for the elderly family member or disabled child in case of hospitalisation due to accident or illness of the Insured;
Post hospitalisation integrated home assistance after 80 years of age;
Telemonitoring for elderly family member or disabled child;
School support for student Insured;
Sending babysitter/family assistant to the home;
Sending old sitter to the home;
Psychological support for the minor for cyberbullying;
Accompanying the child to school for parental hospitalisation

PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO SALUTE E BENESSERE - Starbene Su Misura Starbene Tutti compresi

SERVIZI DI PREVENZIONE STARBENE

SERVIZI DI PREVENZIONE START:

Health facility Search service;
Welion card - Access to the health network at reduced rates;
Welion card - Access to the dental network

SERVIZI DI PREVENZIONE PLUS which also provides, in addition to the above:

Remote consulting service;
Second opinion.

PREVENZIONE E ASSISTENZA STARBENE

STARBENE START;

Medical advice;
cardiological advice;
paediatric advice;
gynaecological advice;
Neurological advice;
Sending a doctor to the home in Italy;
Dispatch of an ambulance to the home in Italy;
Dispatch of a nurse to the home in Italy;
Transfer to a hospital in Italy;
Transfer of remains;
Transfer of remains.

STARBENE SU MISURA which provides, in addition to the above for ASSISTENZA START:

Assistance for physiotherapy sessions;
Assistance for physiotherapy sessions for rehabilitation;
Sending a domestic helper;
Early transfer;
Post-injury medical advice;
Info sports in safety.

STARBENE TUTTI COMPRESI which provides, in addition to the above for ASSISTENZA START:

Assistance for physiotherapy sessions;
Assistance for physiotherapy sessions for rehabilitation;
Sending a domestic helper;
Early transfer;
Post-injury medical advice;
Info sports in safety;

Psychological support in Italy;
 Sending a home teacher in Italy;
 Sending a babysitter/family assistant in Italy;
 Sending a family assistant in Italy;
 Phone caring for elderly parents.

PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO CUCCIOLO

ASSISTENZA CUCCIOLO START:

Veterinary advice;
 Nutrition counselling;
 Indication of a Pet sitter;
 Sending of a Pet sitter;
 Indication of veterinary Centres/Clinics in Italy;
 Indication of Animal Pensions;
 Indication of training schools;
 Veterinary info before leaving on a trip;
 Pet friendly places info.

ASSISTENZA CUCCIOLO PLUS: provides, in addition to the above:

Veterinary second opinion;
 Picking up of found animal;
 Reporting of sightings.

CUCCIOLO IN TOUCH: involves, in addition to the above, the use of a telematics device to monitor the dog or cat.

OPTIONS WITH PREMIUM REDUCTION

The CASA IN TOUCH option entails a reduction in the Premium for the Modulo CASA's Fire and Theft Covers to which it is functionally linked.

The CUCCIOLO IN TOUCH option entails a reduction in the Premium for the Family Animal Liability Insurance of the Modulo CUCCIOLO to which it is functionally linked.

OPTIONS WITH PAYMENT OF AN ADDITIONAL PREMIUM

There are no options with payment of an additional Premium.



What is NOT covered by the Insurance?

There is no additional information to that provided in the Non-life DIP.



Are there limitations of coverage?

PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO CASA

The Assistance Benefits in combination with Modulo CASA may each be issued a maximum of 3 times per insurance year and up to the coverage limit indicated below.

BENEFIT	COVER		
	ASSISTENZA CASA START	ASSISTENZA CASA PLUS	CASA IN TOUCH
	COVERAGE LIMIT FOR EXIT AND LABOUR COSTS		
Sending a plumber for emergency works	EUR 300.00 per Claim	EUR 500.00 per Claim	EUR 500.00 per Claim
Sending an electrician for emergency works	EUR 300.00 per Claim	EUR 500.00 per Claim	EUR 500.00 per Claim

BENEFIT	COVER		
	ASSISTENZA CASA START	ASSISTENZA CASA PLUS	CASA IN TOUCH
Sending a locksmith for emergency works	EUR 300.00 per Claim	EUR 500.00 per Claim	EUR 500.00 per Claim
Emergency works for water damage: cleaning and drying the home	EUR 300.00 per Claim	EUR 500.00 per Claim	EUR 500.00 per Claim
Sending a glazier for emergency works	EUR 300.00 per Claim	EUR 500.00 per Claim	EUR 500.00 per Claim
Sending an appliance repair technician within 24 hours		EUR 200.00 per Claim	EUR 200.00 per Claim
Sending a plumber		EUR 500.00 per Claim	EUR 500.00 per Claim
Sending a professional in repairing rolling shutters		EUR 500.00 per Claim	EUR 500.00 per Claim

COVERAGE LIMIT FOR VEHICLE RENTAL COSTS

Transfer of furniture	EUR 300.00 per Claim	EUR 500.00 per Claim	EUR 500.00 per Claim
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COVERAGE LIMIT FOR MOVING COSTS

Moving	EUR 300.00 per Claim	EUR 500.00 per Claim	EUR 500.00 per Claim
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COVERAGE LIMIT

Sending a supervisor	EUR 300.00 per Claim	EUR 500.00 per Claim	EUR 500.00 per Claim
Hotel expenses	EUR 300.00 per Claim/family	EUR 500.00 per Claim/family	EUR 500.00 per Claim/family
Cleaning company	EUR 300.00 per Claim/family	EUR 500.00 per Claim/family	EUR 500.00 per Claim/family
Early return of the Insured while travelling	EUR 300.00 per Claim	EUR 500.00 per Claim	EUR 500.00 per Claim
Sending a Domestic helper		Maximum 12 hours for a maximum of 3 days	Maximum 12 hours for a maximum of 3 days
Psychological support			EUR 600.00 per Claim and year Maximum 6 hours of sessions

PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO ARMONIA

The Assistance Benefits in combination with Modulo ARMONIA may each be issued a maximum of 3 times per insurance year, and the following additional specific limits apply to the Benefits listed below.

BENEFIT	SPECIFIC LIMITS
Virus and Malware Cleaning Support	deliverable exclusively in Italy on digital equipment for own/private use.
Computer data recovery/deletion	1 event per insurance year

BENEFIT	SPECIFIC LIMITS
Psychological assistance in Italy	Maximum 3 sessions per insurance year
Psychological assistance for minors in Italy	Maximum 3 sessions per insurance year
Interpreter available abroad	Maximum 8 working hours
Advance payment of basic cash	Maximum EUR 500.00 per Claim in Italy Maximum EUR 1,000.00 per Claim abroad

PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO SALUTE E BENESSERE - Benessere SOLUTION

FARE PREVENZIONE START

The Assistance Benefits under the Fare Prevenzione Start Cover may each be provided a maximum of three times per insurance year. Furthermore, the following specific limits apply to the Benefits.

BENEFIT	SPECIFIC LIMITS
Finding and sending a family helper	The costs for the Benefit shall be borne by the Organisational Structure up to 5 hours per Claim, usable in no more than 5 days
Sending a doctor	The Benefit is effective on weekdays from 8 p.m. to 8 a.m. and on public holidays
Ambulance dispatch	The Benefit is effective within the limit of a maximum total distance of 200 km (round trip)

For the **24-hour remote advice Service** the Company shall charge a maximum of 5 advice sessions per insurance year for all Insured persons.

FARE PREVENZIONE CHECK UP

For Care Programmes under the Fare Prevenzione Check up Cover, in case that, in the absence of Affiliated Medical Institutions in the Province of residence, they are carried out for reimbursement at non-Participating Medical Institutions, the following limits apply.

Check up Start:	25% uncovered amount with EUR 250.00 limit
Check up Top	25% uncovered amount with EUR 400.00 limit
Top Check-up - A Vita	25% uncovered amount with EUR 500.00 limit

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The **Psychological support** Benefit may be provided a maximum of 6 times with a limit of EUR 1,000.00 per year.

The other Assistance Benefits under the Migliorare lo stile di vita Start Cover may be provided a maximum of three times per insurance year. Furthermore, the following specific limits apply to the Benefits.

BENEFIT	SPECIFIC LIMITS
Nutrition counselling	The Benefit is effective from Monday to Friday from 9 a.m. to 6 p.m. (excluding public holidays during the week)
Home urgent drugs and medical items delivery	The Benefit is effective from Monday to Friday from 9 a.m. to 6 p.m. (excluding public holidays during the week)
Home groceries delivery	Available from Monday to Friday from 9 a.m. to 6 p.m. (excluding public holidays during the week) Up to EUR 50.00 per Claim The costs of purchased food products are borne by the Insured
Household utility payments	Maximum 10 hours per Claim

MIGLIORARE LO STILE DI VITA TRAVEL

The **General medical advice** Benefit is not subject to limits per insurance year.

The other Benefits under the Migliorare lo stile di vita Travel Cover may be issued each a maximum of three times per insurance year. Furthermore, the following specific limits apply to the Benefits.

BENEFIT	SPECIFIC LIMITS
Transfer of other Insured	Up to EUR 210.00 per returns from Italy, Republic of San Marino, Vatican City State Up to EUR 420.00 per return from abroad
Return with insured travelling companion	Up to EUR 210.00 per returns from Italy, Republic of San Marino, Vatican City State Up to EUR 420.00 per return from abroad
Trip of a family member	Up to EUR 250.00
Advance payment of basic expenses	Up to EUR 500.00
Advance payment of bail	Up to EUR 5,000.00

PRENDERSI CURA START

For the **Job Coaching** Benefit, the following specific limits apply:

- The course has a maximum term of 4 months;
- There will be a maximum of 6 sessions of 1 hour each.

The other Assistance Benefits of Prendersi Cura Start Cover may each be paid a maximum of 3 times per insurance year; the following additional specific limits apply to the Benefits summarised below.

BENEFIT	SPECIFIC LIMITS
Sending a general practitioner to the home	The Benefit is effective on weekdays from 8.00 p.m. to 8 a.m. and on public holidays
Sending a specialist practitioner to the home	Maximum 1 visit per Claim
Sending a nurse to the home	Maximum 15 hours per Claim
Sending a physiotherapist to the home	Maximum 5 sessions per Claim
Sending a post sports injury physiotherapist to the home	Maximum 10 sessions
Home transport following discharge	Limit of 300 km total round trip per ambulance Up to EUR 150.00 for a taxi
Return from institute for health care	The Benefit is valid beyond 50 km from the Insured's place of residence
Home assistance in case of hospitalisation due to accident or illness of the Insured or	With a limit of 5 days for hospitalisation without surgery and 10 days for hospitalisation with surgery
Telemonitoring	Maximum for 15 days

The Second opinion service includes one medical opinion per Insured and per insurance year and is provided for Insured persons over 15 years of age.

PRENDERSI CURA START - A VITA

For the **Job Coaching** Benefit, the following specific limits apply:

- the course has a maximum term of 4 months;
- there will be a maximum of 6 sessions of 1 hour each.

The other Assistance Benefits under the Prendersi Cura Start - A Vita Cover may each be paid a maximum of 3 times per insurance year. Furthermore, the following specific limits apply to the Benefits

BENEFIT	SPECIFIC LIMITS
Sending a general practitioner to the home	The Benefit is effective on weekdays from 8.00 p.m. to 8 a.m. and on public holidays.
Sending a specialist practitioner to the home	Maximum 1 visit per Claim
Sending a nurse to the home	Maximum 5 hours per Claim
Sending a physiotherapist to the home	Maximum 5 sessions per Claim
Sending a post sports injury physiotherapist to the home	Maximum 10 sessions
Sending a physiatrist to the home	Maximum 1 callout per Claim.
Home transport following discharge	Limit of 300 km total round trip per ambulance Up to EUR 150.00 for a taxi
Return from institute for health care	The Benefit is valid beyond 50 km from the Insured's place of residence
Post hospitalisation integrated home assistance up to 80 years of age	Maximum for 30 days
Telemonitoring	Maximum 15 days after discharge from the Institute for Health Care.

The Second opinion Service includes one medical opinion per Insured per insurance year.

PRENDERSI CURA FAMILY

The Benefits of Prendersi Cura Family Cover may each be paid a maximum of 3 times per insurance year. The following specific limits apply to the Benefits indicated below.

BENEFIT	SPECIFIC LIMITS
Care Manager for an elderly family member or disabled child in case of accident or illness of the Insured	The Benefit is provided: Monday to Friday from 9:00 a.m. to 6 p.m. only once per insurance period for one person among those falling under the definition of elderly family member or disabled child
Care manager for illness or accident of elderly family member	The Benefit is provided: Monday to Friday from 9:00 a.m. to 6:00 p.m. once per insurance period for only one person among those falling under the definition of elderly family member
Home care for the elderly family member or disabled child in case of hospitalisation due to accident or illness of the Insured	The Benefit is provided for a maximum of: 5 days following hospitalisation without surgery of the Insured 10 days following hospitalisation with surgery of the Insured. The days must be continuous and not divisible
Telemonitoring for the elderly family member or disabled child	Maximum for 15 days
School support for the student ensured	Maximum 3 times per insurance year Maximum 7 hours in 4 weeks usable from 9 a.m. to 6 p.m. (if the Organisational Structure cannot provide the teacher, expenses are reimbursed up to EUR 300.00)

BENEFIT	SPECIFIC LIMITS
Sending a babysitter/family assistant to the home	Maximum 5 hours per Claim, which can be taken in no more than 5 days Any excesses shall be settled directly between the Insured and the babysitter/family assistant sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure
Sending a caregiver to the home	A maximum of 5 hours per Claim, which can be take in no more than 5 days. Any excesses shall be settled directly between the Insured and the caregiver sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.
Child psychological support for cyberbullying	Maximum 6 sessions
Accompanying child to school due to parental hospitalisation	Maximum 5 journeys (round trip) In case it is impossible to organise the journey, the Organisational Structure, subject to its authorisation, shall reimburse the expenses incurred by the Insured up to a maximum of EUR 50.00 per journey.

PRENDERSI CURA FAMILY - A VITA	
Benefits under the Prendersi Cura Family - A Vita Cover may each be paid a maximum of 3 times per insurance year. Furthermore, the following specific additional limits apply to the Benefits	
BENEFIT	SPECIFIC LIMITS
Care Manager for an elderly family member or disabled child in case of accident or illness of the Insured	The Benefit is provided: Monday to Friday from 9:00 a.m. to 6 p.m. only once per insurance period for one person among those falling under the definition of elderly family member or disabled child.
Care manager for illness or accident of elderly family member	The Benefit is provided: Monday to Friday from 9:00 a.m. to 6 p.m. only once per insurance period for one person among those falling under the definition of elderly family member.
Home care for the elderly family member or disabled child in case of hospitalisation due to accident or illness of the Insured	The Benefit is provided for a maximum of: 5 days following hospitalisation without surgery of the Insured 10 days following hospitalisation with surgery of the Insured. The days must be continuous and not divisible.
Post hospitalisation integrated home assistance up to 80 years of age	Maximum for 30 days
Telemonitoring for the elderly family member or disabled child	Maximum for 15 days
School support for the student ensured	Maximum 7 hours in 4 weeks usable from 9 a.m. to 6 p.m. (if the Organisational Structure cannot provide the teacher, expenses are reimbursed up to EUR 300.00).
Sending a babysitter/family assistant to the home	A maximum of 5 hours per Claim, which can be take in no more than 5 days. Any excesses shall be settled directly between the Insured and the babysitter sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.

BENEFIT	SPECIFIC LIMITS
Sending a caregiver to the home	A maximum of 5 hours per Claim, which can be take in no more than 5 days. Any excesses shall be settled directly between the Insured and the babysitter sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.
Child psychological support for cyberbullying	Maximum 6 sessions
Accompanying child to school due to parental hospitalisation	Maximum 5 journeys (round trip) In case it is impossible to plan the journey, the Organisational Structure, subject to its authorisation, shall reimburse the expenses incurred by the Insured up to a maximum of EUR 50.00 per journey.

PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO SALUTE E BENESSERE - Starbene Su misura Starbene Tutti compresi SOLUTIONS

SERVIZI DI PREVENZIONE STARBENE

The following limits apply to the Services below.

SERVICE	STARBENE START	STARBENE PLUS
		LIMITS
Remote advice service	-	The Company shall bear a maximum of 3 advices per insurance year for all Insured persons
Second Opinion	-	1 opinion per insurance year

STARBENE PREVENZIONE E ASSISTENZA

The Benefits Cover may each be paid a maximum of 3 times per insurance year. Furthermore, the following specific limits apply to the Benefits summarised below.

BENEFIT	STARBENE START	STARBENE SU MISURA	STARBENE TUTTI COMPRESI
	SPECIFIC LIMITS		
Sending an ambulance to the home in Italy	The Company shall bear the costs of transport up to EUR 250.00 per Claim and EUR 500.00 per insurance year.	The Company shall bear the costs of transport up to EUR 250.00 per Claim and EUR 500.00 per insurance year.	The Company shall bear the costs of transport up to EUR 250.00 per Claim and EUR 500.00 per insurance year.
Sending a nurse to the home in Italy	Maximum 5 sessions.	Maximum 5 sessions.	Maximum 5 sessions.
Repatriation of remains	The Company shall bear costs up to EUR 5,000.00 per Claim	The Company shall bear costs up to EUR 5,000.00 per Claim	The Company shall bear costs up to EUR 5,000.00 per Claim
Expatriation of remains	The Company shall bear the costs up to EUR 10,000.00 per Claim.	The Company shall bear the costs up to EUR 10,000.00 per Claim.	The Company shall bear the costs up to EUR 10,000.00 per Claim.
Assistance for physiotherapy sessions	-	Maximum 5 sessions	Maximum 5 sessions
Assistance for physiotherapy sessions for rehabilitation	-	Maximum 5 sessions	Maximum 5 sessions

BENEFIT	STARBENE START	STARBENE SU MISURA	STARBENE TUTTI COMPRESI
	SPECIFIC LIMITS		
Sending a Domestic helper	-	Maximum 8 hours	Maximum 8 hours
Early return	-	Maximum EUR 200.00 from Italy Maximum EUR 300.00 from abroad	Maximum EUR 200.00 from Italy Maximum EUR 300.00 from abroad
Psychological support in Italy	-	-	Maximum 5 sessions per insurance year
Sending a home teacher in Italy	-	-	Maximum 5 hours per insurance year
Sending a babysitter/ family helper to the home in Italy	-	-	Maximum 8 hours per Claim
Sending a family assistant in Italy	-	-	Maximum 8 hours per Claim
Phone caring for elderly parents	-	-	Maximum 30 days

PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO CUCCIOLO

The Prevenzione e Assistenza Benefits in combination with Modulo CUCCIOLO may each be provided a maximum of 3 times per insurance year.

For the **Sending of a Pet sitter** Benefit, the fee for the pet sitter is paid by the Organisational Structure for 1 hour per day for a maximum of 5 days. A limit of EUR 75.00 per Claim **for transport expenses is set for the Retrieval** of a found pet Benefit.



What are my obligations? What are the company's obligations?

Reporting a claim:

PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULES CASA, ARMONIA, SALUTE E BENESSERE AND CUCCIOLO

To use the Benefits and to benefit from the Prevenzione e Assistenza Services, the Insured shall call the telephone numbers indicated in the respective sections of the Terms and Conditions of insurance, providing the data listed therein, or, where applicable, activate them directly in digital mode (App. My Generali and the reserved area of the Generali.it website).


All Assistance Benefits shall be provided exclusively upon activation of the Organisational Structure of Europ Assistance, and the Claim shall coincide with the single fact or event that triggers the request.

PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO SALUTE E BENESSERE:

In order to use the Second Opinion, remote advice Service and 24-hour remote consultation Service, the Insured shall contact the Operations Centre of GENERALI WELION S.C.A.R.L.; the Insured may also activate the remote advice Service and 24-hour remote advice Service through their personal area on the Generali.it website or from the MyGenerali App.

In order to benefit from the health Care Programmes of the FARE PREVENZIONE CHECK UP Section under direct assistance/agreement, the Insured shall contact the Operations Centre at least 30 days before the expiry date of the insurance annuity in which the Benefit is payable or use their personal area of the Generali website or the MyGenerali App.

<p>What to do in case of claim?</p>	<p>Direct assistance/under agreement: PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO SALUTE E BENESSERE - SOLUTION Benessere: The Insured may benefit from direct payment by the Company of the expenses for the health care Programmes of the FARE PREVENZIONE CHECK UP Section, by resorting to the Affiliated Medical Institutions after activating the Operations Centre in accordance with the procedures indicated in the Terms and Conditions of insurance. The list of medical Institutions that are part of the Affiliated Medical Institutions is available at www.generali.it.</p> <p>PREVENZIONE E ASSISTENZA IN COMBINATION WITH CASA AND CUCCILO MODULES For Casa in Touch and Cucciolo in Touch Covers, the Company uses Partner Companies which, through a technological platform operating 24 hours a day, every day of the year, receive warnings generated by the in Touch Kit, send specific alerts to the Insured and transmit to Europ Assistance Italia S.p.A. the flow of data necessary for warning management.</p> <p>PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO SALUTE E BENESSERE The management of Second Opinion Services, 24-hour remote advice Service and direct assistance/under agreement for Care Programmes - FARE PREVENZIONE CHECK UP, is entrusted to GENERALI WELION S.C.A.R.L., whose references are indicated in the Terms and Conditions of insurance.</p>
<p>Incorrect statements or reticence</p>	<p>There is no additional information to that provided in the Non-life DIP.</p>
<p>Obligations of the company</p>	<p>The exercise of the right of withdrawal on the ground of reconsideration renders any Claim made ineffective.</p>
<p>Management by other companies: TELEPHONE LEGAL ADVICE (Pronto Avvocato)</p>	<p>The management of Telephone Legal Advice Services is entrusted to D.A.S. Difesa Automobilistica Sinistri S.p.A., whose contact details and telephone numbers are indicated in the relevant section of the Terms and Conditions of insurance.</p>
<p>PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULES CASA, ARMONIA, SALUTE E BENESSERE AND CUCCILO</p>	<p>The management of Assistance Claims is entrusted to Europ Assistance Italia S.p.A., whose contact details and telephone numbers are indicated in the relevant sections of the Terms and Conditions of Insurance.</p>
<p>Statute of limitations:</p>	<p>rights arising from the contract other than the right to payment of Premium instalments (which is time-barred in one year from the individual due dates) are time-barred within two years from the day on which the event on which the right is based occurred, pursuant to Article 2952 of the Italian Civil Code.</p>

 When and how do I pay?	
<p>Premium</p>	<p>There is no additional information to that provided in the Non-life DIP.</p>
<p>Refund</p>	<p>If the contract was placed entirely by means of distance communication techniques, in case the Policyholder exercises their right of withdrawal, the Company shall, within 30 days of receipt of the notice of withdrawal, refund the Premium paid, net of tax.</p>

Refund	In case of cessation of the Covers following withdrawal due to Claim from the Module in combination, the Policyholder is entitled, within 15 days of the effective date of the withdrawal, to reimbursement of any Premium paid and not used, net of tax.
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When does the coverage begin and when does it end?

Term	<p>PREVENZIONE E ASSISTENZA IN COMBINATION WITH MODULO SALUTE E BENESSERE - Benessere SOLUTION:</p> <p>FARE PREVENZIONE CHECK UP</p> <p>The Insured may carry out:</p> <ul style="list-style-type: none"> - the first care programme during the insurance year following the date of activation of the Cover; - subsequent care programmes during the second insurance year following the one in which it could perform the previous one.
Suspension	It is not possible to suspend the insurance coverage during the contract.



How can I cancel the policy?

Reconsideration after taking out of the Insurance	If the contract has been placed entirely through distance communication techniques, the Policyholder may withdraw within 14 days from entering into the contract by written request to be sent to the Agency to which the policy is assigned or to the Company by registered letter with acknowledgement of receipt or PEC.
Termination	There is no additional information to that provided in the Non-life DIP.



Who is this product aimed at?

Immagina Adesso - Modulo PREVENZIONE E ASSISTENZA is aimed at the target customers identified with reference to the individual Modules concerned and reported in detail in the relevant Additional DIPs. The Module is addressed to the customer who has expressed the need for Assistance and help.



What costs do I incur?

Brokers for the sale of this insurance receive on average 22.30% of the taxable Premium paid by the Policyholder for commission-type remuneration.

HOW CAN I LODGE COMPLAINTS AND RESOLVE DISPUTES?

There is no additional information to that provided in the Additional DIP of Modulo Generale.

WARNING: FOR THIS CONTRACT, THE COMPANY HAS AN INTERNET AREA RESERVED FOR THE POLICYHOLDER ("HOME INSURANCE"), THEREFORE AFTER EXECUTING IT YOU WILL BE ABLE TO CONSULT THIS AREA AND USE IT TO TELEMATICALLY MANAGE THE CONTRACT ITSELF.

Module Structure

Modulo PREVENZIONE E ASSISTENZA is an integral part of the Immagina Adesso insurance contract and contains the Specific Terms and Conditions of the following Covers:

- Pronto Avvocato
- Prevenzione e Assistenza Covers and Services

The Covers are effective if they are stated in the Policy and if the relevant Premium has been paid.

The Specific Terms and Conditions are made up in turn of:

- the Definitions;
- the Rules specific to the individual Covers and Services activated, which contain the specific discipline of those Covers and Services;
- the Common Provisions, which contain the rules common to all activated Covers and Services.

SPECIFIC TERMS AND CONDITIONS - DEFINITIONS

In the Specific Terms and Conditions of this Set, the following terms have the following meaning:

Accident	An event due to a fortuitous, violent and external cause resulting directly and exclusively in objectively ascertainable body injury resulting in death, permanent invalidity or temporary disability.
Accident of the animal	An event due to a fortuitous, violent and external cause that results directly and exclusively in body injury to the animal that is objectively ascertainable.
Accidental Damage	Damage directly caused by external causes, such as falls or impacts, which impairs the functioning of the digital equipment.
Affiliated Medical Institutions	Healthcare facilities consisting of Health Care Institutes, medical clinics and doctors, affiliated with the Operations Centre, which provide the Benefits, the cost of which is borne by the Company in the name and on behalf of the Insured, within the limits of the contractual terms and conditions.
Alert	Alert, by sms or e-mail, sent by the Digitale Sicuro.com platform informing the Insured of a risk level for their personal and image data.
Benefits	Assistance provided to the Insured. These benefits are provided using the Organisational Structure acting on behalf of the Company.
Casa In touch Kit	Kit of electronic devices labelled "In Touch Casa Kit" and approved according to the European directive RED:2014/53/EU, consisting of a central unit, a call button, an integrated hands-free set, an integrated SIM card, an energy detachment sensor, an electrical spike detection sensor, a back-up battery, a door/window opening sensor, a flood sensor, a camera, a smoke sensor, which collects information from the sensors and sends warnings to the Organisational Structure and on the "Immagine Casa" App.
Claim	The single fact or event that may occur during the term of the insurance, which triggers the Insured's request for assistance and which is covered.
Cucciolo in Touch Device	Technological device labelled, in this case, "self-installing geolocation collar," certified according to European Directive RED:2014/53/EU and consisting of a central unit to be placed on the Animal's collar.
Cyberbullying	It is a type of continuous, repeated, offensive and systematic cyber-attack carried out using network tools.
DAS	D.A.S. Difesa Automobilistica Sinistri S.p.A. with registered office at via Enrico Fermi 9/B -37135 Verona - Toll-free number 800 880 880 - fax number 045/8351023.

Digital Equipment	Activity aimed at restoring or reconfiguring the operability of the digital equipment due to breakdown or malfunction impairing the use of the device; malfunction caused by accidental damage is excluded.
General Terms and Conditions of Subscription	The general terms and conditions of subscription to the “Casa in Touch” and/or “Cucciolo in Touch” services of Generali Jeniot S.p.A..
Hospitalisation	In patient stay in an Institute for Health Care, also on a Day Hospital basis.
Institute for Health Care	Public hospital, clinic or nursing home, whether affiliated with the Italian National Health Service or private, regularly authorised for hospital care. Spas, convalescent and convalescent homes, and clinics for dietary and aesthetic purposes.
Operations Centre	Structure managed by GENERALI WELION S.C.A.R.L. with registered office in Trieste, Via Machiavelli 4, post code 34132, share capital EUR 10,000.00, fully paid-up, registered in the Companies Register of Venezia Giulia with VAT No. 01202150320, belonging to the Generali Group and subject to the Company’s management and coordination, operating from Monday to Friday from 08:00 a.m. to 10:00 p.m. and on Saturdays from 08:00 a.m. to 2:00 p.m. (excluding public holidays) which, by virtue of a specific agreement, shall contact the Insured for whom the respective Covers are active, on behalf of and at the expense of the Company, to manage and provide the care and advisory services and healthcare benefits guaranteed by the contract, in the cases, with the methods and within the various limits foreseen in the contract, using third parties who, for the services indicated in the Terms and Conditions of Insurance, are operational 24 hours a day and in certain cases, also make use of medical personnel.
Organisational Structure	EUROP ASSISTENZA ITALIA S.p.A. with registered office in Assago Milano (MI) via del Mulino, 4 - Tax Code 80039790151, VAT No. 01333550323, registered in the Companies Register of Milan, REA 754519, and in Section I of the Insurance and Reinsurance Companies Register under No. 1.00108, a Company belonging to the Generali Group, registered in the Insurance Groups Register, consisting of persons in charge, personnel (doctors, technicians, operators), equipment and facilities (centralised and non-centralised) operating 24 hours a day, every day of the year and which, pursuant to a specific agreement and on behalf of the Company, liaises with the Insured, organises and provides the Benefits within the limits set forth in the contract and whose costs are borne by the Company.
Pet	The dog or cat owned by the Policyholder/Insured.
Support Structure	Generali Jeniot S.p.A. or another company appointed by the same, which, through a technological platform operating 24/7, receives alarm warnings generated by the In touch Casa Kit and sends warnings to the Insured and the data flow required to manage the warning to the Organisational Structure, which shall provide the Benefits.
Tort	Any act committed in breach of the rules of the Italian legal system, other than breach of contract.

SPECIFIC TERMS AND CONDITIONS Pronto Avvocato

WHEREAS

In relation to the regulations introduced by Legislative Decree No. 209 of 7 September 2005 - Title XI, Chapter II, Articles 163 and 164, the Company has chosen to entrust the management of Legal Protection claims to D.A.S. Difesa Automobilistica Sinistri S.p.A., with registered office at via Enrico Fermi 9/B - Verona - Toll-free number 800 880 880 - fax 045/8351023, hereinafter referred to as DAS.

All complaints, documents and any other elements relating to those Claims shall be sent to the latter.



What is covered by the Insurance?

Art. 1.1 Insured

This Cover shall apply in favour of the Policyholder and the persons included in their family status, and also in favour of the persons who are cohabiting with the Policyholder according to their registry upon the occurrence of the event for which legal advice is sought by telephone.

Art. 1.2 Telephone legal advice

Through DAS, the Company offers access to a telephone legal advice service provided by experienced legal advisors for the purpose of:

- deal properly with legal disputes;
- correctly set up notices addressed to counterparties, such as claims for compensation or formal warnings;
- obtain clarification of laws, decrees and regulations in force.

Art. 1.2.1 Scope of validity

The Cover is valid in the following areas:

a. PRIVATE LIFE

Telephone legal advice is effective in case of:

1. damage suffered by the Insured to the person or their belongings due to a third-party tort;
2. disputes of a contractual nature, relating to the purchase of goods and services, for private life;
3. requests for specific information on the economic regime of marriage, adoption, fostering, protection of minors.

b. HEALTH, TRAVEL AND HOLIDAYS

Telephone legal advice is effective in case of:

1. disputes with tour operators, travel agencies or transport carriers for breaches pertaining to the purchase of travel/holiday and related services;
2. disputes or proceedings for events occurring during the journey and stay at the tourist resort;
3. disputes against hospitals, nursing homes or doctors for damages suffered due to negligence or inadequacy of the professional activity carried out to the Insured as a patient.

c. REAL ESTATE

Legal advice by telephone works in the context of owning or managing one's own home in the case of:

1. non-contractual damage suffered to the building or the things therein due to third party tort;
2. disputes concerning any disturbance that limits or excludes the use of the building, or of the common parts in the case of a home in a condominium;
3. disputes concerning works of maintenance, repair and renovation of the building;
4. disputes concerning the provision of services or purchase of goods relating to the building.

d. ROAD TRAFFIC AND DRIVING LICENCE

Telephone legal advice is effective in case of:

1. criminal proceedings following an accident caused by the Insured;



2. need to submit applications against the measure that deprived the Insured of their driving licence following a road accident caused them;
3. need to submit requests for the release of the vehicle involved in a road accident caused by the Insured;
4. need to submit applications and/or opposition to an administrative penalty for a highway code violation;
5. verification of the requirements to object a repair job carried out on one's own vehicle by mechanics or coachbuilders;
6. information requests on the direct compensation procedure for motor claims and the highway code.

e. DIGITAL LIFE

Telephone legal advice is effective in case of:

1. damages suffered due to third party tort as an Internet user, more specifically to ascertain whether and how to request the amendment or deletion of online publications infringing one's rights;
2. disputes of a contractual nature, relating to the online purchase of goods and services, for private life;
3. disputes of a contractual nature with the provider of the internet connection service for private use;
4. requests for information relating to the Italian Consumer Code and data protection legislation.

f. PETS

Telephone legal advice is effective in case of:

1. disputes with third parties for damage suffered by one's pet;
2. disputes with veterinarians or other suppliers of goods and services for pets, for alleged failures, of their own or the supplier;
3. requests for information on national regulations concerning the ownership and/or keeping of pets.

Art. 1.3 When an event is considered under the cover

The event for which telephone legal advice is sought is deemed to have occurred at the time when the Insured, the other party or a third party allegedly started breaching the law or the contract.

To determine the date of the event, the following shall be considered:

- a. the date on which the first breach, even if alleged, of a law by the Insured occurred, in the case of criminal proceedings;
- b. the date of the first event giving rise to the right to compensation, in cases of claims for non-contractual damage suffered or caused by the Insured;
- c. the date on which the first breach, even alleged, of a contract by the Insured or the other party occurred, in the case of civil law disputes of a contractual nature;
- d. the date on which the first breach is established, in cases of opposition against administrative sanctions.

The Cover is effective for events occurring from 12:00 p.m. on the day the contract is entered into.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

The Company does not reimburse the costs of legal assistance to the Insured for the amicable settlement of the dispute and/or for the proceedings at any instance.



Where does the coverage apply?

Art. 3.1 Where the Covers apply

The Cover applies in Italy and in relation to Italian regulations.



APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate the advice

To request legal advice by telephone, **the Insured shall contact DAS on the toll-free number 800 880 880 and on +39 02 8295 1155 for requests from abroad, active from Monday to Friday from 8:00 a.m. to 6:00 p.m.**, providing the Policy number and a telephone number where they can be contacted.

Art. 1.2 Exclusion of liability

The Company and DAS are not liable for the work of the legal advisors, nor may they be held liable for the use of the advice provided in any disputes commenced by the Insured, nor may they be called upon to indemnify the Insured against any expenses or reimbursements due for any reason as a result of those disputes, since they are lodged by the Insured in the their own name and on their own behalf.

SPECIFIC TERMS AND CONDITIONS Prevenzione e Assistenza

CASA Prevenzione e Assistenza

ASSISTENZA CASA START



What is covered by the Insurance?

Art. 1.1 Sending a plumber for emergency works

What is covered by the Insurance

In case of a breakdown in the home system, the Organisational Structure shall send a plumber to the Insured.

What is NOT covered by the Insurance

The following do not trigger the Benefit:

- breakdown or malfunction of mobile appliances (washing machine, dishwasher, etc.);
- events due to breakdown of taps and mobile pipes connected or not connected to the aforementioned mobile appliances and events due to the negligence of the Insured;
- supply interruptions by the utility company or bursting pipes outside the building;
- plugging of mobile sanitation pipes;
- overflow due to sewer overflow;
- breakdowns or malfunctioning of the boiler and burner.

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 300.00 per claim shall be borne by the Organisational Structure.

The costs of materials necessary for the repair shall be borne by the Insured.

Art. 1.2 Sending an electrician for emergency works

What is covered by the Insurance

In case of a breakdown in the home system, the Organisational Structure shall send an electrician to the Insured.

What is NOT covered by the Insurance

The following do not trigger the Benefit:

- short circuit for contact failure caused by the Insured;
- interruption of the electricity supply by the power utility;
- breakdowns to the power supply cable of the utility company pertaining to the home.

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 300.00 per Claim shall be borne by the Organisational Structure.

The costs of materials necessary for the repair shall be borne by the Insured.

Art. 1.3 Sending a locksmith for emergency works

What is covered by the Insurance

The Organisational Structure will send a locksmith to the Insured in case of:

- loss or breakage of keys, failure or burglary of the lock or alarm system, theft or attempted theft making access to the home impossible;

- breakdown seriously impairing the functioning of the entrance door or other means of locking the home, the security of which is no longer guaranteed.

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 300.00 per Claim shall be borne by the Organisational Structure.

The costs of materials necessary for the repair shall be borne by the Insured.

Art. 1.4 Emergency works for water damage: cleaning and drying the home

What is covered by the Insurance

In case of a request for works to save or redevelop the home and its contents following damage caused by water spillage, the Organisational Structure shall send personnel specialised in drying techniques to the Insured.

The Benefit is activated in the following cases:

- a. flooding or infiltration in any part caused by a break, blockage or breakdown of fixed plumbing pipes;
- b. failure to drain the sewage from home the sanitation caused by blockage of the fixed drainage pipes of the building's plumbing system.

What is NOT covered by the Insurance

The Organisational Structure shall not provide the Benefit:

- **For case a) for Claims due to:**
 - **breakdowns and blockages in taps or mobile pipes, whether or not connected to any appliance (washing machine, etc.);**
 - **breaking of the home external plumbing;**
 - **negligence of the Insured;**
 - **interruption of supply by the power utility.**
- **For case b) for Claims due to an overflow resulting from:**
 - **sewer regurgitation;**
 - **clogging of mobile sanitation pipes.**

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 300.00 per Claim shall be borne by the Organisational Structure.

The costs of materials necessary for the repair shall be borne by the Insured.

Art. 1.5 Sending a glazier for emergency works

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, resulting in the breaking of the home exterior glass, the security of which is no longer guaranteed, the Organisational Structure shall send a glazier to the Insured.

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 300.00 per Claim shall be borne by the Organisational Structure.

The cost of materials necessary for the repair shall be borne by the Insured.

Art. 1.6 Transfer of furniture

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, for which it is necessary to move objects from the home to another location, the Organisational Structure, depending on local availability, shall make a vehicle available to the Insured, for which driving is permitted with a B category driving licence.

The Benefit is effective from Monday to Friday from 9.00 a.m. to 6 p.m., excluding public holidays during the week.

Limitations of coverage apply

Rental costs (in accordance with the conditions required by the rental) up to a maximum of EUR 300.00 per Claim shall be borne by the Organisational Structure.

Art. 1.7 Moving

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, as a result of which the home is uninhabitable for a period of no less than 30 days from the date of the event, the Organisational Structure shall arrange for the moving of the Insured's furniture to the new home or storage facility in Italy.

In case the Insured has already transported part or all of the objects in the home to other locations, the Organisational Structure shall move the remaining objects only.

The Benefit is effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Limitations of coverage apply

Moving costs up to a maximum of EUR 300.00 per Claim shall be borne by the Organisational Structure.

The costs of any storage, as well as any other charges not included in the moving costs, shall be borne by the Insured.

Art. 1.8 Sending a supervisor

What is covered by the Insurance

In case of fire, explosion, bursting, flooding, vandalism, theft or attempted theft affecting the home and causing damage to the entrances such as to make it necessary to guard the building, the Insured shall contact the Organisational Structure, which shall activate a supervisory company, authorised pursuant to Article 134 TULPS (Testo unico delle leggi di pubblica sicurezza - Consolidated Text of Laws on Public Security), which shall send a person to guard the property.

Limitations of coverage apply

The cost of the relevant expense up to a maximum of EUR 300.00 per Claim shall be borne by the Organisational Structure.

Any surplus shall be borne by the Insured, at rates agreed between the Organisational Structure and the supervising body.

Art. 1.9 Hotel expenses

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, as a result of which the Insured's home is damaged to such an extent that they cannot stay overnight, the Organisational Structure shall arrange for the Insured's reservation and accommodation.

Limitations of coverage apply

The cost of the relevant expense up to a maximum of EUR 300.00 per Claim/family shall be borne by the Organisational Structure.

Art. 1.10 Cleaning company

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, for which an exceptional cleaning of the Insured's home is necessary, the Organisational Structure shall send a cleaning company to the Insured.

Limitations of coverage apply

The cost of the relevant expense up to a maximum of EUR 300.00 per Claim/family shall be borne by the Organisational Structure.

Art. 1.11 Early return of the Insured while travelling

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, whereby the home is damaged to such an extent that the Insured must return home early by a means other than those initially planned, the Organisational Structure shall provide the Insured with an airline ticket (economy class) or train ticket (first class).

In case of an early return where it is necessary to abandon one's vehicle, the organisational structure will provide the Insured with an airline ticket (economy class) or train ticket (first class) to retrieve the vehicle. The entire expense shall be borne by the Organisational Structure.

The Insured shall receive the Benefit only after providing the Organisational Structure with adequate documentation on the causes of the early return.

Limitations of coverage apply

The cost of the relevant expense up to a maximum of EUR 300.00 per Claim shall be borne by the Organisational Structure.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- a. occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;
- b. occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;
- c. occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;
- d. caused by fraudulent intent on the part of the Insured;
- e. caused by the intervention of public authorities.



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

All assistance Benefits listed, which the Company provides through the Organisational Structure of Europ Assistance, shall be provided a maximum of three times per year and up to the coverage limit indicated in each individual Benefit, subject to the limits set forth therein.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits indicated in the specific section of the Policy, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply:

Benefit	Deductible/Uncovered Amount	Limit of Indemnity
Sending a plumber for emergency works	-	EUR 300.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Sending an electrician for emergency works	-	EUR 300.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Sending a locksmith for emergency works	-	EUR 300.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Emergency works for water damage: cleaning and drying the home	-	EUR 300.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Sending a glazier for emergency works	-	EUR 300.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Transfer of furniture	-	EUR 300.00 per Claim for the costs of vehicle hiring.
Moving	-	EUR 300.00 per Claim for moving costs. The costs of any storage and any other charges not included in the moving costs shall be borne by the Insured.
Sending a supervisor	-	EUR 300.00 per Claim
Hotel expenses	-	EUR 300.00 per Claim/family
Cleaning company	-	EUR 300.00 per Claim/family
Early return of the Insured while travelling	-	EUR 300.00 per Claim



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits apply in Italy, the Republic of San Marino and the Vatican City State unless a broader scope of application is expressly specified in the individual Benefit.

When in the Benefits reference is made to Italy, that reference shall be deemed to extend to the Republic of San Marino and the Vatican City State.

Benefits involving a return trip are only valid for Insured persons with residence in Italy, the Republic of San Marino or the Vatican City State.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all Benefits **only after contacting the Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the benefit, the Insured shall notify:

- a. name and surname;
- b. type of benefit they need;
- c. Policy number and band code indicated in the Policy in the Prevenzione e Assistenza section;
- d. any medical/veterinary documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

ASSISTENZA CASA PLUS



What is covered by the Insurance?

Art. 1.1 Sending a plumber for emergency works

What is covered by the Insurance

In case of a breakdown in the home system, the Organisational Structure shall send a plumber to the Insured.

What is NOT covered by the Insurance

The following do not trigger the Benefit:

- breakdown or malfunction of mobile appliances (washing machine, dishwasher, etc.);
- events due to breakdown of taps and mobile pipes connected or not connected to the aforementioned mobile appliances and events due to the negligence of the Insured;
- supply interruptions by the utility company or bursting pipes outside the building;
- plugging of mobile sanitation pipes;
- overflow due to sewer overflow;
- breakdowns or malfunctioning of the boiler and burner.

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The costs of materials necessary for the repair shall be borne by the Insured.

Art. 1.2 Sending an electrician for emergency works

What is covered by the Insurance

In case of a breakdown in the home system, the organisational structure shall send an electrician to the Insured.

What is NOT covered by the Insurance

The following do not trigger the Benefit:

- short circuit for contact failure caused by the Insured;
- interruption of the electricity supply by the power utility;
- breakdowns to the power supply cable of the power utility company pertaining to the home.

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The costs of materials necessary for the repair shall be borne by the Insured.

Art. 1.3 Sending a locksmith for emergency works

What is covered by the Insurance

The Organisational Structure will send a locksmith to the Insured in case of:

- loss or breakage of keys, failure or burglary of the lock or alarm system, theft or attempted theft making access to the home impossible;
- breakdown seriously impairing the functioning of the entrance door or other means of locking the home, the security of which is no longer guaranteed.

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The costs of materials necessary for the repair shall be borne by the Insured.

Art. 1.4 Emergency works for water damage: cleaning and drying the home

What is covered by the Insurance

In case of a request for works to save or redevelop the home and its contents following damage caused by water spillage, the Organisational Structure shall send personnel specialised in drying techniques to the Insured.

The Benefit is activated in the following cases:

- a. flooding or infiltration in any part caused by a break, blockage or breakdown of fixed plumbing pipes;
- b. failure to drain the sewage from home the sanitation caused by blockage of the fixed drainage pipes of the building's plumbing system.

What is NOT covered by the Insurance

The Organisational Structure shall not provide the Benefit:

- For case a) for Claims due to:
 - breakdowns and blockages in taps or mobile pipes, whether or not connected to any appliance (washing machine, etc.);
 - breaking of the home external plumbing;
 - negligence of the Insured;
 - interruption of supply by the power utility.
- For case b) for Claims due to an overflow resulting from:
 - sewer regurgitation;
 - clogging of mobile sanitation pipes.

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The costs of materials necessary for the repair shall be borne by the Insured.

Art. 1.5 Sending a glazier for emergency works

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, resulting in the breaking of the home exterior glass, the security of which is no longer guaranteed, the Organisational Structure shall send a glazier to the Insured.

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The cost of materials necessary for the repair shall be borne by the Insured.

Art. 1.6 Transfer of furniture

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, for which it is necessary

to move objects from the home to another location, the Organisational Structure, depending on local availability, shall make a vehicle available to the Insured, for which driving is permitted with a B category driving licence.

The Benefit is effective from Monday to Friday from 9,00 a.m. to 6 p.m., excluding public holidays during the week.

Limitations of coverage apply

Rental costs (in accordance with the conditions required by the hirer) up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

Art. 1.7 Moving

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, as a result of which the home is uninhabitable for a period of no less than 30 days from the date of the event, the Organisational Structure shall arrange for the moving of the Insured's furniture to the new home or storage facility in Italy.

In case the Insured has already transported part or all of the objects in the home to other locations, the Organisational Structure shall move the remaining objects only.

The Benefit is effective from Monday to Friday from 9,00 a.m. to 6 p.m., excluding public holidays during the week.

Limitations of coverage apply

Moving costs up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The costs of any storage, as well as any other charges not included in the moving costs, shall be borne by the Insured.

Art. 1.8 Sending a supervisor

What is covered by the Insurance

In case of fire, explosion, bursting, flooding, vandalism, theft or attempted theft affecting the home and causing damage to the entrances such as to make it necessary to guard the building, the Insured shall contact the Organisational Structure, which shall activate a supervisory company, authorised pursuant to Article 134 TULPS (Testo unico delle leggi di pubblica sicurezza - Consolidated Text of Laws on Public Security), which shall send a person to guard the property.

Limitations of coverage apply

The cost of the relevant expense up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

Any surplus shall be borne by the Insured, at rates agreed between the Organisational Structure and the supervising body.

Art. 1.9 Hotel expenses

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, as a result of which the Insured's home is damaged to such an extent that they cannot stay overnight, the Organisational Structure shall arrange for the Insured's reservation and accommodation.

Limitations of coverage apply

The cost of the relevant expense up to a maximum of EUR 500.00 per Claim/family shall be borne by the Organisational Structure.

Art. 1.10 Cleaning company

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, for which an exceptional cleaning of the Insured's home is necessary, the Organisational Structure shall send a cleaning company to the Insured.

Limitations of coverage apply

The cost of the relevant expense up to a maximum of EUR 500.00 per Claim/family shall be borne by the Organisational Structure.

Art. 1.11 Early return of the Insured while travelling

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, whereby the home is damaged to such an extent that the Insured must return home early by a means other than those initially planned, the Organisational Structure shall provide the Insured with an airline ticket (economy class) or train ticket (first class).

In case of an early return where it is necessary to abandon one's vehicle, the Organisational Structure will provide the Insured with an airline ticket (economy class) or train ticket (first class) to retrieve the vehicle. The entire expense shall be borne by the Organisational Structure.

The Insured shall receive the Benefit only after providing the Organisational Structure with adequate documentation on the causes of the early return.

Limitations of coverage apply

The cost of the relevant expense up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

Art. 1.12 Sending an appliance repair technician within 24 hours

What is covered by the Insurance

In case works are requested for breakdowns to a washing machine, tumble dryer, dishwasher, refrigerator, air conditioner and freezer that are not covered by the warranty (i.e., when the manufacturer's warranty period and the legal warranty period borne by the seller have already expired), the Organisational Structure shall send a technician within 24 hours of the report (excluding Saturdays, Sundays or public holidays).

What is NOT covered by the Insurance

The following are excluded:

- **the costs of materials necessary for the repair shall be borne by the Insured;**
- **appliances covered by the manufacturer's or seller's warranty, which follow the procedures set out in existing warranties for repairs.**

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 200.00 per Claim shall be borne by the Organisational Structure.

Art. 1.13 Sending a Domestic helper

What is covered by the Insurance

In case of fire, theft or attempted theft, duly reported to the public safety authorities, for which the insured premises require cleaning and tidying up in order to restore normal living conditions, the Organisational Struc-

ture shall send one or more affiliated domestic helpers. The cost for works up to 12 hours over not more than 3 days shall be borne by the Organisational Structure.

Art. 1.14 Sending a plumber

What is covered by the Insurance

In case thermohydraulic works are requested following stoppage of boilers or water heaters, the Organisational Structure shall send a craftsman within 24 hours of the report (excluding Saturdays, Sundays or public holidays) to restore the operation of the boilers or the gas water heaters due to problems upstream or downstream of the same. Exit and labour costs necessary for the repair up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The Cover is effective from Monday to Friday, excluding public holidays during the week.

Limitations of coverage apply

The costs of the material necessary for the repair are borne by the Insured.

Art. 1.15 Sending a professional in repairing rolling shutters

What is covered by the Insurance

In case a professional in repairing rolling shutters is requested following breaking or failure of the belt winding system, the organisational structure shall send a craftsman within the next 24 hours (excluding Saturdays, Sundays or public holidays). Exit and labour costs necessary for the repair up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The Cover is effective from Monday to Friday, excluding public holidays during the week.

Limitations of coverage apply

The costs of the material necessary for the repair are borne by the Insured.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- a. **occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;**
- b. **occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;**
- c. **occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;**
- d. **caused by fraudulent intent on the part of the Insured;**
- e. **caused by the intervention of public authorities.**



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

All assistance Benefits listed, which the Company provides through the Organisational Structure of Europ Assistance, shall be provided a maximum of three times per year and up to the coverage limit indicated in each individual Benefit, subject to the limits set forth therein.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits indicated in the specific section of the Policy, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply:

Benefit	Deductible/Uncovered Amount	Limit of Indemnity
Sending a plumber for emergency works	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Sending an electrician for emergency works	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Sending a locksmith for emergency works	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Emergency works for water damage: cleaning and drying the home	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Sending a glazier for emergency works	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Transfer of furniture	-	EUR 500.00 per Claim for the costs of vehicle hiring.
Moving	-	EUR 500,00 per Claim for moving costs. The costs of any storage and any other charges not included in the moving costs shall be borne by the Insured.
Sending a supervisor	-	EUR 500.00 per Claim
Hotel expenses	-	EUR 500.00 per Claim/family
Cleaning company	-	EUR 500.00 per Claim/family
Early return of the Insured while travelling	-	EUR 500.00 per Claim
Sending an appliance repair technician within 24 hours	-	EUR 200.00 per Claim for exit and labour costs. The costs of materials necessary for the repair shall be borne by the Insured.
Sending a Domestic helper	-	Maximum 12 hours for a maximum of 3 days
Sending a plumber	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials necessary for the repair shall be borne by the Insured
Sending a professional in repairing rolling shutters	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials necessary for the repair shall be borne by the Insured



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits apply in Italy, the Republic of San Marino and the Vatican City State unless a broader scope of application is expressly specified in the individual Benefit.

When in the Benefits reference is made to Italy, that reference shall be deemed to extend to the Republic of San Marino and the Vatican City State.

Benefits involving a return trip are only valid for Insured persons with residence in Italy, the Republic of San Marino or the Vatican City State.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all Benefits **only after contacting the Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the Benefit, the Insured shall notify:

- a. name and surname;
- b. type of benefit they need;
- c. Policy number and band code indicated in the specific section of the Policy in the Prevenzione e Assistenza section;
- d. any medical/veterinary documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

CASA IN TOUCH



What is covered by the Insurance?

The Casa in Touch Cover is offered in combination with the Casa in Touch Kit and the relevant telematic Services provided by Generali Jeniot S.p.A. and regulated by the General Terms and Conditions of Subscription.

Art. 1.1 Sending a plumber for emergency works

What is covered by the Insurance

In case of a breakdown in the Home system, the Organisational Structure shall send a plumber to the Insured.

What is NOT covered by the Insurance

The following do not trigger the Benefit:

- breakdown or malfunction of mobile appliances (washing machine, dishwasher, etc.);
- events due to breakdown of taps and mobile pipes connected or not connected to the aforementioned mobile appliances and events due to the negligence of the Insured;
- supply interruptions by the utility company or bursting pipes outside the building;
- plugging of mobile sanitation pipes;
- overflow due to sewer overflow;
- breakdowns or malfunctioning of the boiler and burner.

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The costs of materials necessary for the repair shall be borne by the Insured.

Art. 1.2 Sending an electrician for emergency works

What is covered by the Insurance

In case of a breakdown in the home system, the Organisational Structure shall send an electrician to the Insured.

What is NOT covered by the Insurance

The following do not trigger the Benefit:

- short circuit for contact failure caused by the Insured;
- interruption of the electricity supply by the power utility;
- breakdowns to the power supply cable of the utility company pertaining to the home.

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The costs of materials necessary for the repair shall be borne by the Insured.

Art. 1.3 Sending a locksmith for emergency works

What is covered by the Insurance

The Organisational Structure will send a locksmith to the Insured in case of:

- loss or breakage of keys, failure or burglary of the lock or alarm system, theft or attempted theft making access to the home impossible;
- breakdown seriously impairing the functioning of the entrance door or other means of locking the home, the security of which is no longer guaranteed.

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The costs of materials necessary for the repair shall be borne by the Insured.

Art. 1.4 Emergency works for water damage: cleaning and drying the home

What is covered by the Insurance

In case of a request for works to save or redevelop the home and its contents following damage caused by water spillage, the Organisational Structure shall send personnel specialised in drying techniques to the Insured.

The Benefit is activated in the following cases:

- a. flooding or infiltration in any part caused by a break, blockage or breakdown of fixed plumbing pipes;
- b. failure to drain the sewage from home the sanitation caused by blockage of the fixed drainage pipes of the building's plumbing system.

What is NOT covered by the Insurance

The Organisational Structure shall not provide the Benefit:

For case a) for Claims due to:

- **breakdowns and blockages in taps or mobile pipes, whether or not connected to any appliance (washing machine, etc.);**
- **breaking of the home external plumbing;**
- **negligence of the Insured;**
- **interruption of supply by the power utility.**

For case b) for overflow damage resulting from:

- **sewer regurgitation;**
- **clogging of mobile sanitation pipes.**

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The costs of materials necessary for the repair shall be borne by the Insured.

Art. 1.5 Sending a glazier for emergency works

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, resulting in the breaking of the home exterior glass, the security of which is no longer guaranteed, the Organisational Structure shall send a glazier to the Insured.

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The cost of materials necessary for the repair shall be borne by the Insured.

Art. 1.6 Transfer of furniture

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, for which it is necessary

to move objects from the home to another location, the organisational structure, depending on local availability, shall make a vehicle available to the Insured, for which driving is permitted with a B category driving licence.

The Benefit is effective from Monday to Friday from 9.00 a.m. to 6 p.m., excluding public holidays during the week.

Limitations of coverage apply

Rental costs (in accordance with the conditions required by the rental) up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

Art. 1.7 Moving

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, as a result of which the home is uninhabitable for a period of no less than 30 days from the date of the event, the Organisational Structure shall arrange for the moving of the Insured's furniture to the new home or storage facility in Italy.

In case the Insured has already transported part or all of the objects in the home to other locations, the Organisational Structure shall move the remaining objects only.

The Benefit is effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Limitations of coverage apply

Moving costs up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The costs of any storage, as well as any other charges not included in the moving costs, shall be borne by the Insured.

Art. 1.8 Sending a supervisor

What is covered by the Insurance

In case of fire, explosion, bursting, flooding, vandalism, theft or attempted theft affecting the home and causing damage to the entrances such as to make it necessary to guard the building, the Insured shall contact the Organisational Structure, which shall activate a supervisory company, authorised pursuant to Article 134 TULPS (Testo unico delle leggi di pubblica sicurezza - Consolidated Text of Laws on Public Security), which shall send a person to guard the property.

Limitations of coverage apply

The cost of the relevant expense up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

Any surplus shall be borne by the Insured, at rates agreed between the Organisational Structure and the supervising body.

Art. 1.9 Hotel expenses

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, as a result of which the Insured's home is damaged to such an extent that they cannot stay overnight, the Organisational Structure shall arrange for the Insured's reservation and accommodation.

Limitations of coverage apply

The cost of the relevant expense up to a maximum of EUR 500.00 per Claim/family shall be borne by the Organisational Structure.

Art. 1.10 Cleaning company

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, for which an exceptional cleaning of the Insured's home is necessary, the Organisational Structure shall send a cleaning company to the Insured.

Limitations of coverage apply

The cost of the relevant expense up to a maximum of EUR 500.00 per Claim/family shall be borne by the Organisational Structure.

Art. 1.11 Early return of the Insured while travelling

What is covered by the Insurance

In case of fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft, whereby the home is damaged to such an extent that the Insured must return home early by a means other than those initially planned, the Organisational Structure shall provide the Insured with an airline ticket (economy class) or train ticket (first class).

In case an early return where it is necessary to leave your vehicle, the Organisational Structure shall make a plane ticket (economy class) or train ticket (first class) to retrieve the vehicle available to the Insured. The entire expense shall be borne by the Organisational Structure.

The Insured shall receive the Benefit only after providing the Organisational Structure with adequate documentation on the causes of the early return.

Limitations of coverage apply

The cost of the relevant expense up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

Art. 1.12 Sending an appliance repair technician within 24 hours

What is covered by the Insurance

In case works are requested for breakdowns to a washing machine, tumble dryer, dishwasher, refrigerator, air conditioner and freezer that are not covered by the warranty (i.e., when the manufacturer's warranty period and the legal warranty period borne by the seller have already expired), the Organisational Structure shall send a technician within 24 hours of the report (excluding Saturdays, Sundays or public holidays).

What is NOT covered by the Insurance

The following are excluded:

- **the costs of materials necessary for the repair shall be borne by the Insured;**
- **appliances covered by the manufacturer's or seller's warranty, which follow the procedures set out in existing warranties for repairs.**

Limitations of coverage apply

Exit and labour costs up to a maximum of EUR 200.00 per Claim shall be borne by the Organisational Structure.

Art. 1.13 Sending a Domestic helper

What is covered by the Insurance

In case of fire, theft or attempted theft, duly reported to the public safety authorities, for which the insured premises require cleaning and tidying up in order to restore normal living conditions, the Organisational Struc-

ture shall send one or more affiliated domestic helpers. The cost for works up to 12 hours over not more than 3 days shall be borne by the Organisational Structure.

Art. 1.14 Sending a plumber

What is covered by the Insurance

In case thermohydraulic works are requested following stoppage of boilers or water heaters, the organisational structure shall send a craftsman within 24 hours of the report (excluding Saturdays, Sundays or public holidays) to restore the operation of the boilers or the gas water heaters due to problems upstream or downstream of the same.

The Benefit is effective from Monday to Friday, excluding public holidays during the week.

Limitations of coverage apply

The exit and labour costs necessary for the repair up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The costs of the material necessary for the repair are borne by the Insured.

Art. 1.15 Sending a professional in repairing rolling shutters

What is covered by the Insurance

In case a professional in repairing rolling shutters is requested following breaking or failure of the belt winding system, the Organisational Structure shall send a craftsman within the next 24 hours (excluding Saturdays, Sundays or public holidays).

The benefit is available from Monday to Friday, excluding public holidays

There are limitations of coverage

The exit and labour costs necessary for the repair up to a maximum of EUR 500.00 per Claim shall be borne by the Organisational Structure.

The costs of the material necessary for the repair are borne by the Insured.

Art. 1.16 In Touch report management

What is covered by the Insurance

The correct installation and operation of the Casa in Touch Kit, as set forth under the Casa in Touch Kit Installation Article in the What are my obligations? What are the company's obligations? section of the RULES OPERATING IN CASE OF A CLAIM and under the General Terms and Conditions of Subscription, activate the In touch report management service.

When the Casa in Touch Kit detects smoke, water on the ground, movement within the home (provided that the relevant sensors have been installed and activated), or a prolonged absence of electricity in the home, it shall transmit the reports to the Insured and the Support Structure.

The Support Structure shall send the data necessary for the management of the report to the Organisational Structure, which:

- shall notify the Insured to the indicated contacts, by telephone contact, SMS message, e-mail; telephone contact, SMS message and e-mail may only be made if they work properly;
- in case the Insured cannot be found, shall contact further contact details at the contacts indicated by the Insured;
- shall provide the assistance Benefits set forth under the insurance.

Art. 1.17 Psychological support

What is covered by the Insurance

In case of psychological trauma, following theft or attempted theft in the Insured's home, the Insured shall contact the Organisational Structure, which shall set up a psychological counselling or reimburse (only after having shown a proper invoice) similar sessions with a medical specialist of the patient's choice.

Limitations of coverage apply

The Benefit shall be effective up to a maximum of 6 hours' sessions, with an overall limit of EUR 600.00 per Claim and per year.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;
- occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;
- occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;
- caused by fraudulent intent on the part of the Insured;
- caused by the intervention of public authorities.



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

All assistance Benefits listed, which the Company provides through the Organisational Structure of Europ Assistance, shall be provided a maximum of three times per year and up to the coverage limit indicated in each individual benefit, subject to the limits set forth therein.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits indicated in the specific section of the Policy, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Benefit	Deductible/Uncovered Amount	Limit of Indemnity
Sending a plumber for emergency works	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Sending an electrician for emergency works	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.

Benefit	Deductible/Uncovered Amount	Limit of Indemnity
Sending a locksmith for emergency works	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Emergency works for water damage: cleaning and drying the home	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Sending a glazier for emergency works	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials for the repair shall be borne by the Insured.
Transfer of furniture	-	EUR 500.00 per Claim for the costs of vehicle hiring.
Moving	-	EUR 500.00 per Claim for moving costs. The costs of any storage and any other charges not included in the moving costs shall be borne by the Insured
Sending a supervisor	-	EUR 500.00 per Claim
Hotel expenses	-	EUR 500.00 per Claim/family
Cleaning company	-	EUR 500.00 per Claim/family
Early return of the Insured while travelling	-	EUR 500.00 per Claim
Sending an appliance repair technician within 24 hours	-	EUR 200.00 per Claim for exit and labour costs. The costs of materials necessary for the repair shall be borne by the Insured.
Sending a Domestic helper	-	Maximum 12 hours for a maximum of 3 days.
Sending a plumber	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials necessary for the repair shall be borne by the Insured
Sending a professional in repairing rolling shutters	-	EUR 500.00 per Claim for exit and labour costs. The costs of materials necessary for the repair shall be borne by the Insured
In Touch report management	-	-
Psychological support	-	EUR 600.00 per Claim and per year Maximum 6 hours' sessions



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits apply in Italy, the Republic of San Marino and the Vatican City State unless a broader scope of application is expressly specified in the individual Benefit.

When in the Benefits reference is made to Italy, that reference shall be deemed to extend to the Republic of San Marino and the Vatican City State.

Benefits involving a return trip are only valid for Insured persons with residence in Italy, the Republic of San Marino or the Vatican City State.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 Installation of Casa in Touch Kit

The Benefits under the In Touch report management Article are conditional on the correct installation and activation of the Casa in Touch Kit and relevant sensors by the Insured in accordance with the General Terms and Conditions of Subscription, on the Insured's compliance with the instructions set forth under the relevant user manual and in the General Terms and Conditions of Subscription, and on the existence of the conditions of use detailed therein.

For any queries relating to the installation or correct functioning of the Casa in Touch Kit, the Insured shall contact the supplier of the same.

In no event shall the Company be liable for failure to operate or improper installation of the Casa in Touch Kit.

Art. 1.2 How to activate assistance

The Insured may activate all Benefits **only after contacting the Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the Benefit, the Insured shall notify:

- a. name and surname;
- b. type of benefit they need;
- c. Policy number and band code indicated in the specific section of the Policy in the Prevenzione e Assistenza section;
- d. any medical/veterinary documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

PREVENZIONE E ASSISTENZA ARMONIA

PASSWORD IN ARMONIA



What is covered by the Insurance?

Art. 1.1 Virus and Malware Cleaning Support

What is covered by the Insurance

In case of suspected computer virus/malware attacks, found out by the Insured through an alert sent by the Digitale Sicuro.com platform on which the customer shall register in advance in accordance with the procedures set forth in the Digitale Sicuro Programme Article, the Organisational Structure shall contact a specialised technician to activate all the procedures to clean up the virus/malware.

The costs of the intervention shall be borne by the Organisational Structure. The Benefit shall be provided exclusively in Italy on digital equipment for own/private use.

The Benefit is effective from Monday to Friday from 9.00 a.m. to 6 p.m., excluding public holidays during the week.

What is NOT covered by the Insurance

The retrieval of any lost data is excluded.

Art. 1.2 Digital device support

What is covered by the Insurance

In case of breakdown or malfunction of one of their digital equipment, the Insured shall contact the Organisational Structure, which shall activate the digital assistance service. A specialised technician shall contact the Insured to assist them by telephone to solve the problem encountered. Remote access to the device is also envisaged, should the technician's intervention fail to solve the problem. If necessary, the Organisational Structure will send a specialised computer technician who will carry out the repair at the Insured's home (in Italy). The costs for sending the technician shall borne by the Organisational Structure.

The Benefit shall be effective from Monday to Saturday from 8 a.m. to 9 p.m.

Art. 1.2.1 Obligations of the Insured

What is covered by the Insurance

The Insured undertakes to collaborate with the Organisational Structure, providing it with all the information useful to define the nature of the breakdown or malfunction.

The Insured shall bear the cost of the intervention, the causes of which are due to:

- broken digital equipment due to accidental damage;
- lack of essential hardware elements (e.g., cables);
- lack of internet connection;
- interruption of electricity supply or adjustments to the telephone system;
- adjustments to the telephone system;
- problems to be resolved by the Insured with their operator.

What is NOT covered by the Insurance

The costs of spare parts and any other repair costs are excluded.



Furthermore, the Company is not obliged to provide assistance for all claims caused by or dependent on:

- a. lack of internet service due to temporary disruption or suspension/limitation of supply by the operator for technical/administrative reasons;
- b. network quality lower than the stated requirements and necessary for the remote intervention, i.e., a connection of at least 2 mbps download, 0.80 mbps upload, in which case digital assistance shall be provided exclusively via telephone consultation;
- c. interruption of electricity supply by the operator;
- d. devices that are not CE-certified and, accordingly, are not considered to be compliant with all EU provisions requiring its use or with performances that may not be supported in our country;
- e. devices that do not allow remote access on which only telephone advice may be given;
- f. network malfunction;
- g. systems and devices owned and/or managed by a third-party operator;
- h. malfunction caused by installation not carried out by the supplier (if foreseen or recommended by the manufacturer) or by the use of unauthorised accessories;
- i. malfunction due to manufacturing defects and hidden defects;
- j. accidental damages.

Art. 1.3 Computer data recovery/deletion

What is covered by the Insurance

In case of requests for assistance in computer data recovery (photos, videos, audio files, personal documents, accounts of various kinds), the Organisational Structure shall provide a single licence to download a programme necessary for online data recovery that the Insured can use independently.

If the problem is not resolved, the Organisational Structure shall provide:

- a telephone support service with a technician;
- all instructions to ship the disc to the technical centre to restore the Insured's data.

The costs of shipping the disc and recovering the data shall be borne by the Company for only one event per insurance year.

The Insured who chooses to send the entire device shall be liable for any damage occurring during transport and shall pay the costs thereof.

If it is not possible to restore the data, due to damage to the disk hardware or software, the data shall be securely deleted, in agreement with the Insured.

The Organisational Structure shall bear the cost of securely deleting the data and disposing the device.

Please note that for the data recovery service from Tablets, Smartphones or SSD cards, the devices shall be destroyed and no return will be possible in any way.

How the coverage works

The Benefit applies on condition that:

- the antivirus programme has been installed and updated;
- the data recovery programme has been updated according to the software conditions of use.

What is NOT covered by the Insurance

This Benefit does not apply to accidents:

- caused by negligence, fraudulent intent or gross negligence of the Insured;



- caused by wear and tear or lack of maintenance of the insured devices;
- caused by defects known to the Insured when the Policy was taken out;
- occurred in connection with the professional or commercial activity of the Insured;
- occurred in connection with data and files that the Insured was not authorised to use (e.g., “pirated copies” or software for which no right to use existed);
- caused by the spillage of liquids, unless they are the result of natural events (e.g., floods);
- caused by damage resulting from mugging, robbery/extortion or attempted or perpetrated theft when the device is then found;
- resulting from assembly and disassembly activities not related to maintenance/overhaul work, as well as damage occurred during testing or trial operations, in case of tampering or in the presence of a non-original card;
- occurred to the Insured’s devices due to any lack of conformity falling within the Manufacturer’s responsibility.

Moreover, the Benefit does not apply:

- for data that have been saved on Micro SD.

Art. 1.4 Psychological assistance in Italy

What is covered by the Insurance

In case of reputational damage resulting from improper use of the Insured’s personal data and/or image, for which psychological support is required, the Insured shall contact the Organisational Structure, which shall put the Insured in contact with the affiliated psychologist closest to the Insured’s location.

The Benefit applies:

- for a maximum of 3 sessions per insurance year,
- Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.5 Psychological assistance for minors in Italy

What is covered by the Insurance

In case of psychological trauma following cyberbullying, for which psychological support for underage children is required, the Insured may contact the Organisational Structure, which shall put the Insured in contact with the affiliated psychologist closest to the Insured’s location.

The Benefit applies:

- for a maximum of 3 sessions per insurance year,
- Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.6 Interpreter available abroad

What is covered by the Insurance

In case of loss - theft - robbery, mugging of one’s credit card, to the Insured abroad and having troubles pressing charges due to the language, the Organisational Structure shall send an interpreter on site for the necessary.

The Benefit is effective for a maximum of 8 working hours.

Art. 1.7 Advance payment of basic cash

What is covered by the Insurance

The Organisational Structure shall pay the invoices on the spot, as an advance, on behalf of the Insured who shall incur unforeseen expenses and cannot pay them directly and immediately due to a credit card block.

The Insured shall disclose the reason for the request, provide copy of the report to the competent authority, the amount of the sum required, their contact information, and references that enable the Organisational Structure to verify the terms of the cover to repay the advanced amount; they shall repay the sum advanced within one month from the date of the advance, otherwise, in addition to the sum advanced, they shall also pay interest at the current legal rate.

What is NOT covered by the Insurance

The following activities are excluded from the Benefit:

- **currency transfers abroad that involve violation of the relevant provisions in force in Italy or in the country where the Insured is located;**
- **cases in which the Insured is unable to provide the Organisational Structure with adequate guarantees of repayment.**

Limitations of coverage apply

The Benefit applies up to:

- **EUR 500 if the Accident occurred in Italy;**
- **EUR 1,000 if the Accident occurred abroad.**

Art. 1.8 Secure digital programme

What is covered by the Insurance

The Policyholder may access the Digitale Sicuro programme, which consists of a series of services that can be accessed through the Digitale Sicuro portal.

The services can be accessed through the www.digitalesicuro.com portal, which can be accessed through the Company's customer area (MyGenerali, available at www.generali.it or APP downloadable through app store - iOS 10.0 or more recent version - Android 4.4 or more recent version).

By registering and accessing the services, the user accepts these terms of use in their entirety.

Art. 1.8.1 Portal security

The data managed by the platform are processed in a safe and secure environment. Data are encrypted both during transmission and when stored in the platform. The channels used for transmission shall always be considered secure channels. The platform is accessed via authentication credentials provided by the user during registration. Passwords must comply with the minimum security conditions set forth under the legislation in force.

Art. 1.8.2 Description of services

To access the portal, it is necessary to have: an Internet browser that supports 128-bit encryption; an e-mail account; an Internet connection compatible with the above; and sufficient storage capacity on one's computer's hard disk.

Art. 1.8.3 Online data protection for fixed devices

The "Online Data Security Suite" includes two software packages that protect personal data while using a PC. More specifically, the installed software protects against malware, keystroke interception and against phishing attacks. Software can be downloaded and installed up to a maximum of three times.

- **PhishBlock®:** allows users to surf the internet with confidence, protecting them from possible theft of their personal data through scam websites; in case of attempts to access scam websites, the user is warned in advance, so that they can block their access;
- **DataScrambler®:** offers protection from Trojans and spyware that try to acquire confidential information by intercepting data typed on the keyboard or by accessing the built-in webcam on users' computers. The software communicates with the user's browser and shows how the keys typed by the user are replaced by

other fonts, giving evidence of how the user's information is protected at all times. The use of the software is subject to the user's acceptance of specific conditions.

The suite can be installed on laptops and PCs running Windows 7 or more recent operating systems. OS X operating system is not supported. If a Windows partition is installed in the OS X operating system, the software can only be installed and will only run in the context of this partition.

Art. 1.8.4 Online data protection for mobile devices

The "Mobile Security Suite" can be used on Android and IOS systems. A maximum of three installations are envisaged. The available software programs are:

- **Secure Browser:** protects the user from online fraud and identity theft by preventing the possible capture of personal or financial data entered by the user while surfing the Internet. The browser also blocks access to websites that are known to contain malware.
- **Secure Keypad:** if activated and used by the user, protects against interception of data during typing (e.g., password or credit card).

Art. 1.8.5 Internet and dark web data monitoring

The service presupposes that the user enters the personal data they wish to be monitored by the platform in the specific section of the portal. The platform carries out monitoring activities in the following environments:

- **the internet:** through the portal, the service searches the Internet for personal data and combinations of data that the user has entered and for which it requires monitoring. Risk situations may be related to the presence of personal user data on unprotected websites or on websites that do not provide for personal user registration,
- **dark web** (i.e., an area of the web that is not accessible through standard navigation channels, protected by encryption technologies; special software, configurations and authorisations are required to access it): in this case, the monitoring service uses a large database of stolen data, information and credentials. The database is updated daily using a large and diverse number of sources.

Both in the case of Internet and dark web searches, the search uses an advanced false positive detection system, allowing the user to be alerted, by e-mail and/or text message, to situations of potential risk to which their data are exposed. By accessing the portal, the user can view more information about the identified risk situation.

Art. 1.8.6 Online identity monitoring dashboard

By activating the data monitoring service, the user can check the degree of risk to which their identity is exposed. The level of risk is calculated based on the collection of personal data that the user has entered on the platform, the web and the dark web, and varies depending on the number and type of data and the environment in which they are collected.

Every month the user receives an e-mail including a report indicating, based on the platform's findings in the previous month, the level of risk to which they are exposed; this way the user always has an up-to-date view of their risk level.

Art. 1.8.7 24h/7 Customer Support

In the portal, the user can find useful information on how to behave, in a preventive manner, so to keep them protected when surfing the Internet. Furthermore, the user finds useful information on what action to take in the event of identity theft/loss of personal documents.

The Organisational Structure is available by telephone 24 hours a day, 7 days a week to:

- support the user in using the portal,
- provide advice in case of risk situations reported to the user by the platform,
- provide information on the correct procedure to follow in case of identity theft, loss or theft of personal documents.

Art. 1.8.8 Ownership of the service

The owner of the service is the person who has subscribed to this assistance solution, to whom the Organisational Structure provides Benefits under this programme.

Its term and possible renewal and expiry are therefore bound to the contract.

Art. 1.8.9 Withdrawal from the service

At any time, the user may request the closure of the account and the termination of the monitoring services provided, by contacting Europ Assistance's Secure Digital Team at the telephone number indicated on the portal or by sending an email to digitale.sicuro@europassistance.it. In case the relationship is terminated, the account shall be closed, after notification to the user.

Art. 1.8.10 Data control

In case of autonomous data entry by the user into the platform, the user shall be solely responsible for the correctness of the data entered. Accordingly, the user assumes all risks relating to any errors or omissions in the completion thereof.

Art. 1.8.11 Data storage

Upon expiry of the contract under which the services of the Digitale Sicuro programme are provided, the service will end and the user's account will be closed. User data will be stored as required by law.

Art. 1.8.12 Personal use and abuse

The services are subject to conditions of lawful and fair use. Accordingly, the user shall use the service for personal use only, in a manner that does not offend public morality and in any case in compliance with the limits set forth under the contract.

In case of breach of the principles above, the Company reserves the right, after notifying the user, to interrupt the provision of services in whole or in part.

Art. 1.8.13 Exclusion of liability

The Company shall not be held liable for any direct or indirect damages, losses or costs resulting from the use of the digitalesicuro.com portal or the inability to use it.

More specifically, the user hereby represents as of now that the Company is not liable for the total and/or partial non-functioning of the digitalesicuro.com portal caused by lack of and/or partial coverage of the Internet service, through which the service works properly.

Furthermore, the Company shall not be held liable for:

- any damages of any kind and for any reason whatsoever suffered as a result of delays, interruptions or suspensions of the services provided, not dependent on the Company's actions or due to force majeure or fortuitous events, in the use of the portal,
- any damages against the user or third parties due to the user's failure to comply with or knowledge of the technical and procedural specifications of the services.

Art. 1.8.14 Amendment of the conditions of use of the service

The Company reserves the right to unilaterally amend these Conditions of Use of the Secure Digital Programme in case they shall be adapted to comply to legal or regulatory provisions or for its own organisational needs. Those amendments shall be notified to the Company via an e-mail notice to the address indicated by the user, with reasonable notice.

Art. 1.8.15 Notices

The Company and the user agree that all communications relating to the Digitale Sicuro programme shall be validly made and fully effective if made by e-mail, to the addresses indicated by the user on the platform. Accordingly, the user expressly agrees to receive all Notices relating to their profile in digital form, by e-mail or by notices published on the portal. Furthermore, the user authorises the Company to send periodic announcements relating to the product, such as e-mails in case of temporary unavailability of the website for maintenance work.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;**
- occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;**
- occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;**
- caused by fraudulent intent on the part of the Insured;**
- caused by the intervention of public authorities.**



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

All assistance Benefits listed, which the Company provides through the organisational structure of Europ Assistance, shall be provided a maximum of three times per year and up to the coverage limit indicated in each individual benefit, subject to the limits set forth therein.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits indicated in the specific section of the Policy, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Benefit	Deductible/Uncovered Amount	Limit of Indemnity
Virus and Malware Cleaning Support	-	Benefit that may be deliverable exclusively in Italy on digital equipment for own/private use.
Digital device support	-	-
Computer data recovery/deletion	-	1 event per insurance year for costs related to disc shipment and data recovery.
Psychological assistance in Italy	-	Maximum 3 sessions per insurance year.
Psychological assistance for minors in Italy	-	Maximum 3 sessions per insurance year.
Interpreter available abroad	-	Maximum 8 working hours.

Benefit	Deductible/Uncovered Amount	Limit of Indemnity
Advance payment of basic cash	-	EUR 500.00 per Claim in Italy EUR 1,000.00 per Claim abroad
Secure digital programme	-	-



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits apply in Italy, the Republic of San Marino and the Vatican City State unless a broader scope of application is expressly specified in the individual Benefit.

When in the Benefits reference is made to Italy, that reference shall be deemed to extend to the Republic of San Marino and the Vatican City State.

However, Benefits do not apply to those countries that are in a state of declared or de facto belligerency. Countries are considered as such:

- indicated in the https://watchlists.ihsmarket.com/services/watchlistinspector.aspx?watchlist_id=a661e336-c342-4965-b1e7-70980edf8cc2 website reporting a risk rating of 4.0 or higher;”
- those whose belligerent status has been made publicly known.

Benefits are also not provided in countries where, at the time of the claim and/or request for assistance, civil unrest is taking place.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all benefits only after contacting the Organisational Structure at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the benefit, the Insured shall notify:

- a. name and surname;
- b. type of benefit they need;
- c. Policy number and band code indicated in the specific section of the Policy in the Prevenzione e Assistenza section;
- d. any medical/veterinary documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

Prevenzione e Assistenza Benessere

FARE PREVENZIONE START



What is covered by the Insurance?

Art. 1.1 General medical advice

What is covered by the Insurance

If the Insured, following an accident or illness, needs medical advice by telephone, they may contact the doctors at the Organisational Structure 24 hours a day, 7 days a week.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided based on the information acquired from the Insured, so please remember that for a complete assessment of your health condition it is always necessary seek medical advice from your doctor.

The Benefit is not subject to limits per insurance year.

Art. 1.2 Specialist medical advice

Art. 1.2.1 Neurological advice

What is covered by the Insurance

If, following an accident or illness, the Insured needs advice by telephone from a Neurologist and cannot find their specialist, they may contact the Organisational Structure 24 hours a day, 7 days a week. It shall plan the advice based on its specialists' availability.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided based on the information acquired from the Insured, so please remember that for a complete assessment of your health condition it is always necessary seek medical advice from your doctor.

Art. 1.2.2 Post sports injury advice

What is covered by the Insurance

In case the Insured needs medical advice to assess either their health or the most appropriate benefit, following a sports injury, they may contact the Organisational Structure's doctors 24 hours a day, 7 days a week for an advice over the telephone.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided based on the information acquired from the Insured, so please remember that for a complete assessment of your health condition it is always necessary seek medical advice from your doctor.

Art. 1.2.3 Orthopaedic advice

What is covered by the Insurance

If, following an accident, the Insured needs advice by telephone from an orthopaedic and cannot find their specialist, they may contact the Organisational Structure 24 hours a day, 7 days a week. It shall plan the advice based on its specialists' availability.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided based on the information acquired from the Insured, so please remember that for a complete assessment of your health condition it is always necessary seek medical advice from your doctor.

Art. 1.2.4 Geriatric advice

What is covered by the Insurance

If, in case of an accident or illness, the Insured needs telephone advice from a Geriatrician and cannot find their

specialist, they may contact the Organisational Structure 24 hours a day, 7 days a week. It shall plan the advice based on its specialists' availability.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided based on the information acquired from the Insured, so please remember that for a complete assessment of your health condition it is always necessary seek medical advice from your doctor.

Art. 1.2.5 Cardiological advice

What is covered by the Insurance

If, in case of accident or illness, the Insured needs advice by telephone from a Cardiologist and cannot find their specialist, they may contact the Organisational Structure 24 hours a day, 7 days a week. It shall plan the advice based on its specialists' availability.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided based on the information acquired from the Insured, so please remember that for a complete assessment of your health condition it is always necessary seek medical advice from your doctor.

Art. 1.2.6 Gynaecological advice

What is covered by the Insurance

If, in case of accident or illness, the Insured needs advice by telephone from a Gynaecologist and cannot find their specialist, they may contact the Organisational Structure 24 hours a day, 7 days a week. It shall plan the advice based on its specialists' availability.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided based on the information acquired from the Insured, so please remember that for a complete assessment of your health condition it is always necessary seek medical advice from your doctor.

Art. 1.2.7 Paediatric advice

What is covered by the Insurance

If, in case of accident or illness, the Insured needs advice by telephone from a Paediatrician and cannot find their specialist, they may contact the Organisational Structure 24 hours a day, 7 days a week. It shall plan the advice based on its specialists' availability.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided based on the information acquired from the Insured, so please remember that for a complete assessment of your health condition it is always necessary seek medical advice from your doctor.

Art. 1.3 Telephone health helpline

What is covered by the Insurance

If the Insured, following an accident or illness, needs information on the National Health Service or private health service, they may obtain it by calling the Organisational Structure, which shall provide all information regarding:

- rights of the various types of beneficiaries (freelancers, public and private employees, retired persons, etc.);
- location of the various ASL (Azienda Sanitaria Locale - Local Health Authority) offices and institutes for health care;
- national and international health facilities and any specialisations;
- advice on paperwork, documents and competent offices;
- health care abroad, reciprocity treaties with EU and non-EU countries;
- private clinics, hospitals, emergency centres;
- medical specialists;
- drugs.

Limitations of coverage apply

The Benefit is effective from Monday to Friday from 9.00 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.4 Finding and sending a family helper

What is covered by the Insurance

If, following accident or illness, the Insured cannot take care of the main household tasks, the Organisational Structure shall provide the name of a family helper in the area where the Insured is located, subject to local availability.

Limitations of coverage apply

The costs of the Benefit shall be borne by the Organisational Structure up to 5 hours per claim, usable in no more than 5 days.

Any excesses shall be settled directly between the Insured and the family helper sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.

Art. 1.5 Sending a doctor

What is covered by the Insurance

If, following an accident or illness, the Insured needs a doctor from 8 p.m. to 8 a.m. or on public holidays and cannot find one, the Organisational Structure, having ascertained the need for the Benefit, shall send an affiliated doctor and bear the costs.

If one of the affiliated doctors cannot intervene personally, the Organisational Structure shall plan, instead, the transfer of the Insured to the nearest suitable medical centre, by ambulance.

Limitations of coverage apply

The Benefit is effective on weekdays from 8 p.m. to 8 a.m. and on public holidays.

Art. 1.6 Ambulance dispatch

What is covered by the Insurance

If, following an accident or illness, the Insured needs to be transported by ambulance, the latter shall be dispatched to the location and the relevant expenses shall be borne by the Organisational Structure.

Limitations of coverage apply

The Benefit is effective within the limit of a maximum total distance of 200 kilometres (round trip).

Art. 1.7 24-hour remote advice service

What is covered by the Insurance

In case of need, the Insured can access a remote (telephone/video) medical advice service that provides:

- a. Medical health information on vaccinations;
- b. Immediate medical opinion;
- c. Online health guide.

The detailed aspects of the service are indicated below:

a. Medical health information on vaccinations:

- A Service that, in case of need, enables the Insured to contact a general doctor, who shall provide information on:
- compulsory vaccinations required by Italian law (which vaccines, how they are administered, vaccination calendar);

- recommended vaccinations in view of travelling to other countries in the world (timing, methods of administration).

b. Immediate medical opinion:

Service through which the Insured can seek **remote medical advice** to complain of sudden health problems in **real time** and receive, by telephone, **an immediate medical evaluation with possible therapeutic or follow-up indications**.

c. Online health guide:

Health information service on:

- Italian public and private healthcare facilities: location and specialisations;
- administrative aspects of health activity (bureaucratic information, exemption from payment, etc.);
- specialised medical centres for particular diseases in Italy;
- drugs (composition, indications and side effects).

The requested information shall be provided at the time of the first contact with the Insured.

For complex enquiries on administrative aspects of healthcare or specialised medical centres, the information service may be provided within 24 hours; in that case, a doctor will call the Insured back and the latter will be asked to leave a contact number, if not already known.

Limitations of coverage apply

The Company shall bear the costs of the service for a maximum of 5 remote advices in total for all Insured persons per insurance year.

The service is not suitable:

- **in case of imminent danger to life;**
- **when it is advisable to activate the Medical Emergency Service.**

Art. 1.8 Welion card - Access to the health network at reduced rates

In case of benefits not envisaged in the specific section of the Policy or in case the coverage limit envisaged for the specific Cover has been used up, the Insured may access the Affiliated Facilities' network benefitting from reduced rates.

Reductions are available stating, during the booking process, to be Generali Insured and presenting the voucher to the selected facility together with a valid identity document.

The voucher is available in the personal area of the Generali.it website or from the MyGenerali App. The list of affiliated facilities is available on the Generali.it website

Art. 1.9 Welion card - Access to the dental network

In case of benefits not envisaged in the specific section of the Policy or in case the coverage limit envisaged for the specific Cover has been used up, the Insured may access the Affiliated Facilities' network benefitting from reduced rates.

Reductions are available stating, during the booking process, to be Generali Insured and presenting the voucher to the selected facility together with a valid identity document.

The voucher is available in the personal area of the Generali.it website or from the MyGenerali App. The list of affiliated facilities is available on the Generali.it website



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;
- occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;
- occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;
- caused by fraudulent intent on the part of the Insured;
- caused by the intervention of public authorities.

There are no exclusions for 24-hour remote advice service, Access to the health network at reduced rates and Access to the dental network.



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

Subject to the special conditions indicated for each Benefit, the Company shall provide the same through

Europ Assistance's Organisational Structure for a maximum of three times per year and up to the coverage limit indicated in each individual Benefit.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Benefit	Limits to the benefit
General medical advice	-
Specialist medical advice	
- Neurological advice	Maximum 3 times per insurance year
- Post sports injury advice	Maximum 3 times per insurance year
- Orthopaedic advice	Maximum 3 times per insurance year
- Cardiological advice	Maximum 3 times per insurance year
- Gynaecological advice	Maximum 3 times per insurance year
- Paediatric advice	Maximum 3 times per insurance year
Telephone health helpline	Maximum 3 times per insurance year

Benefit	Limits to the benefit
Finding and sending a family helper	Maximum 3 times per insurance year The costs of the Benefit shall be borne by the Organisational Structure up to 5 hours per claim, usable in no more than 5 days. Any excesses shall be settled directly between the Insured and the family helper sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.
Sending a doctor	Maximum 3 times per insurance year The Benefit is effective on weekdays from 8 p.m. to 8 a.m. and on public holidays.
Ambulance dispatch	Maximum 3 times per insurance year The Benefit is effective within the limit of a maximum total distance of 200 kilometres (round trip)
24-hour remote advice service	Maximum 5 total advices for all Insured persons per insurance year
Welion card - Access to the health network at reduced rates	The Insured shall bear the reduced costs of health benefits
Welion card - Access to the dental network	The Insured shall bear the reduced costs of health benefits



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits are effective in Italy, the Republic of San Marino and the Vatican City State.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured can benefit from the **24-hour, 7 days a week, h24 remote advice service by directly accessing their personal area on the Generali.it website or the MyGenerali App**, or by calling the following numbers from Monday to Friday from 08:00 a.m. to 10:00 p.m. and on Saturdays from 08:00 a.m. to 2:00 p.m., excluding public holidays:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

The Insured may activate **all other Benefits** only after contacting the **Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 11552

When claiming the Benefit, the Insured shall notify:

g. name and surname;

h. type of benefit they need;



- i. Policy number and band code indicated in the Policy in the Prevenzione e Assistenza section;
- j. any medical documentation depending on the type of Cover taken out;
- k. address of the place where they are located;
- l. telephone number where they can be reached during assistance.

To find information relating to the Policy, the Insured may access the MyGenerali reserved area, which can be accessed on the www.generali.it website or from the MyGenerali App.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.



FARE PREVENZIONE CHECKUP



What is covered by the Insurance?

Art. 1.1 Check up Start

What is covered by the Insurance

The Insured over 25 years of age may receive the medical benefits under one of the care programmes chosen from among those indicated below, divided into care programmes dedicated to Insured Women (Per Lei), dedicated to Insured Men (Per Lui) and available to all (Per Tutti).

Per Lei

GYNAECOLOGICAL CARE - C3371

Benefits	Specialist gynaecological examination
	Vaginal cytology - Pap Test
	HPV papilloma virus research
	Transvaginal or suprapubic pelvic ultrasound

COMPREHENSIVE BREAST CARE - C3734

Benefits	Specialist breast examination
	Bilateral mammography
	Breast ultrasound

Per Lui

UROLOGICAL CARE - C3735

Benefits	Specialist urological examination
	Ultrasound lower abdomen (prostate and urinary tract study)
	Total and free PSA
	Complete urine test
	Azotemia and Creatininemia

Per Tutti

CARDIOLOGICAL AND CEREBROVASCULAR CARE - C3737

Benefits	Specialist cardiological examination with ECG
	Stress electrocardiogram
	Cholesterolaemia (HDL, LDL and Total) and Triglycerides
	Homocysteine
	Eco - Colour - Doppler TSA
	Blood glucose, PCR
	Electrolytic panel
	Echocardiogram

LUNG DISEASE CARE - C3743

Benefits	Lung specialist examination
	Complete spirometry
	Complete hemogram
	Chest X-ray (if clinically justified by the specialist)

The Insured aged 25 years or less may receive medical benefits under one of the care programmes chosen from among those indicated below.

Per Tutti

CARDIOLOGY CARE - C3355

Benefits	Specialist examination
	Electrocardiogram

CARDIOLOGY CARE - C3375

Benefits	Cardiology examination
	Electrocardiogram
	Urine test
	AST (Got) and ALT (Gpt)
	Cholesterol (HDL, LDL and Total) and Triglycerides
	Complete hemogram
	PT e PTT
	Blood glucose
	Homocysteine
Electrolyte framework (sodium, potassium and calcium)	

How the coverage works

Care programmes are not envisaged for the Insured benefitting from the free coverages indicated in points c) to h) of the Free coverage for children under ten years old Article of the Specific Terms and Conditions - Common Provisions of the Modulo SALUTE E BENESSERE - Benessere, section With what operational conditions do we insure?

Art. 1.2 Check up Top

What is covered by the Insurance

The Insured over 25 years of age may receive the medical benefits under one of the care programmes chosen from among those indicated below, divided into care programmes dedicated to Insured Women (Per Lei), dedicated to Insured Men (Per Lui) and available to all (Per Tutti).

Per Lei

GYNAECOLOGICAL CARE - C3371

Benefits	Specialist gynaecological examination
	Vaginal cytology - Pap Test
	HPV papilloma virus research
	Transvaginal or suprapubic pelvic ultrasound

COMPREHENSIVE BREAST CARE - C3734

Benefits	Specialist breast examination
	Bilateral mammography
	Breast ultrasound

LOWER LIMB VASCULAR CARE - C3367

Benefits	Specialist angiology examination
	Arterial and venous echo-colour doppler of lower limbs

Per Lui

UROLOGICAL CARE - C3735

Benefits	Specialist urological examination
	Ultrasound lower abdomen (prostate and urinary tract study)
	Total and free PSA
	Complete urine test
	Azotemia and Creatininemia

ANDROLOGY CARE - C3353

Benefits	Specialist andrology examination with scrotal ultrasound.
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Per Tutti

CARDIOLOGICAL AND CEREBROVASCULAR CARE - C3737

Benefits	Specialist cardiological examination with ECG
	Stress electrocardiogram
	Cholesterolaemia (HDL, LDL and Total) and Triglycerides
	Homocysteine
	Eco - Colour - Doppler TSA
	Blood glucose, PCR
	Electrolytic panel
	Echocardiogram

DERMATOLOGICAL CARE - C3738

Benefits	Specialist dermatological examination with study of skin biotype and phototype
	Manual skin mapping

GASTROENTEROLOGICAL HEPATOLOGICAL CARE - C3739

Benefits	Specialist gastroenterological or internist examination
	ALT, AST, LDH, FA ("fosfatasi alcalinica" - alkaline phosphatase), GGT, Amylase
	Blood glucose, Sideraemia, Bilirubinemia, Hemogram
	Cholesterolaemia (HDL, LDL and Total) and Triglycerides
	Hepatitis B and C markers
	Faecal occult blood detection (1 sample)
	Complete abdomen ultrasound

NEPHROLOGY CARE - C3740

Benefits	Specialist nephrology examination
	Complete urine test
	Azotemia, Creatininemia, Creatinine Clearance and Uricemia
	Ultrasound of kidneys and urinary tract
	Electrolytic panel
	Serum protein electrophoresis

OPHTHALMOLOGICAL CARE - C3582

Benefits	Specialist eye examination
	Fundus oculi study
	Ocular tone
	Visus measurement

OSTEOPOROSIS CARE - C3742

Benefits	Specialist physiatric or orthopaedic or rheumatological examination
	MOC
	Calcium assay in blood and urine
	Complete urine test
	Vitamin D

OTORHINOLARYNGOLOGICAL CARE - C3356

Benefits	Specialist otorhinolaryngological examination
	Audiometric examination

LUNG DISEASE CARE - C3743

Benefits	Lung specialist examination
	Complete spirometry
	Complete hemogram
	Chest X-ray (if clinically justified by the specialist)

THYROID CARE - C3744

Benefits	Specialist endocrinological examination
	Thyroid ultrasound
	TSH
	FT3
	FT4
	Anti-Tg and anti-TPO antibodies

NEUROLOGICAL CARE - C3752

Benefits	Specialist neurological examination
	Evoked potentials

The Insured aged 25 years or less may receive medical benefits under one of the care programmes chosen from among those indicated below.

Per Tutti

CARDIOLOGY CARE - C3355

Benefits	Specialist examination
	Electrocardiogram

CARDIOLOGY CARE - C3375

Benefits	Cardiology examination
	Electrocardiogram
	Urine test
	AST (Got) and ALT (Gpt)
	Cholesterol (HDL, LDL and Total) and Triglycerides
	Complete hemogram
	PT e PTT
	Blood glucose
	Homocysteine
	Electrolyte framework (sodium, potassium and calcium)

DERMATOLOGICAL CARE - C3360

Benefits	Specialist dermatological examination
	Manual skin mapping

OPHTHALMOLOGICAL CARE - C3582

Benefits	Specialist eye examination
	Fundus oculi study
	Ocular tone
	Visus measurement

How the coverage works

Care programmes are not envisaged for the Insured benefitting from the free coverages indicated in points c) to h) of the Free coverage for children under ten years old Article of the Specific Terms and Conditions - Common Provisions of the Modulo SALUTE E BENESSERE - Benessere, section With what operational conditions do we insure?

Art. 1.2.1 Dental care

What is covered by the Insurance

The Insured who can use the care programmes indicated under the Check up Top Article may also use the following benefits under the dental care programme:

- a tartar ablation session;
- a dental check-up.

Limitations of coverage apply

All benefits other than those included in the Dental care programme listed in the What is covered by the Insurance section of this Article are not covered by the insurance policy and the relevant costs shall be borne by the Insured.

Art. 1.3 Check-up Top - A Vita

What is covered by the Insurance

The Insured may receive medical benefits under one of the care programmes chosen from among those indicated below in the CARE PROGRAMMES CHECK UP TOP LIST - A VITA.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Benefit	Limits to the benefit
Check up Start	Expected uncovered amount in case of reimbursement 25%. Indemnity limit in case of reimbursement EUR 250.00.
Check up Top	Expected uncovered amount in case of reimbursement 25%. Indemnity Limit in case of reimbursement EUR 400.

Benefit	Limits to the benefit
Dental care	- 1 tartar ablation session; - 1 dental check-up.
Top Check-up - A Vita	Expected uncovered amount in case of reimbursement 25%. Indemnity Limit in case of reimbursement EUR 500,00.



When does the coverage begin and when does it end?

Art. 2.1 When can the Check-Ups be done

The Insured may use:

- the first care programme from the start date of the programme indicated in the Policy until the end of the insurance year;
- subsequent care programmes during the second insurance year following the one in which it could perform the previous one.

✓ When can a check-up be performed?

EXAMPLE: Effective date of the programme indicated in the Policy: 19/01/2020.

The first care programme can be used from 19/01/2020 until 19/01/2021.

The second care programme can be used from 19/01/2022 until 19/01/2023. The first care programme can be used from 19/01/2024 until 19/01/2025.

Art. 2.1.1 When can the dental care be accessed

The dental care programme may only be provided **during the insurance years in which the Health Care Programme - Check up Top may be provided.**

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate Check-ups

To use the health benefits provided for under one of the care programmes, the Insured shall contact the Operations Centre.

The Insured shall call at least 30 days prior to the expiry date of the insurance year in which the benefit may be provided Monday to Friday from 8:00 a.m. to 10:00 p.m. and Saturday from 8:00 a.m. to 2:00 p.m., excluding public holidays

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

The Insured may access and activate the service by entering the Customer Area areaclienti.generali.it either via the Internet or via the MyGenerali generali.it/mygenerali App from their policy details.

For more details, please refer to the **APPLICABLE LAWS IN CASE OF A CLAIM, Direct Assistance - Activation modes of the Modulo SALUTE E BENESSERE - Benessere Article.**

To request reimbursement in the cases provided for under Articles Modes of Use of the Check-up and When can the Check ups be done, the Insured - after the check-up - shall follow the following procedures:



The request for reimbursement can be submitted at the Agency to which the contract is connected or via the Internet, by accessing the service the Customer Area areaclienti.generalit either via the Internet or via the App MyGenerali generalit/mygenerali from your policy details. All expenses shall be duly documented, by submitting supporting documentation for the expenditure incurred.

Art. 1.2 How to activate the dental care programme

To use the dental care programme and thus obtain information or request/confirm an appointment, the Insured shall contact the Operations Centre.

The Insured shall call at least 30 days prior to the expiry date of the insurance year in which the benefit may be provided Monday to Friday from 8:00 a.m. to 10:00 p.m. and Saturday from 8:00 a.m. to 2:00 p.m., excluding public holidays

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

The Insured may access and activate the service by entering the Customer Area areaclienti.generalit either via the Internet or via the MyGenerali generalit/mygenerali App from their policy details.

The Insured shall provide the Operations Centre with the following data:

- Policy number
- name and surname of the Insured requesting the service;
- place or telephone number for further contact.

Art. 1.3 Modes of use of the Check ups

The health care programme is carried out **through the direct assistance of Affiliated Medical Institutions** by activating the Operations Centre.

If, in the Insured's Province of residence, there are no Affiliated Medical Institutions, the benefits indicated under the chosen Programme may be used by the Insured on their behalf at another non-participating medical institution. In this case, **the Insured may request reimbursement of the expenses incurred with the application of the Uncovered Amount and within the limits of Indemnity set forth under the SUMMARY TABLE OF DEDUCTIONS, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY** in the "Are there limitations of coverage?"

The outcome of the benefits are not disclosed to the Company and the Operations Centre.

All investigations under the booked Programme shall be carried out; any further investigations are the responsibility of the Insured.

The Programme may be booked only if the Premium has been paid.

Art. 1.3.1 Mode of use of the dental care programme

The dental care programme is only carried out under direct care at the network of dentists' offices affiliated with the Dental Network.

The Insured is entitled to use the Dental Network at the rates set forth under the fee schedule of the affiliated offices and to benefit from discounts for all not listed benefits.

MIGLIORARE LO STILE DI VITA START



What is covered by the Insurance?

Art. 1.1 Information for safe sports

What is covered by the Insurance

If the Insured needs information on practicing sporting activity safely, they may contact the Organisational Structure, which shall plan a telephone consultation with a specialist, who shall provide them with:

- useful indications to prevent sports injuries;
- suggestions to practice sports suitable according to age and physical condition.

There are limitations of coverage

The Benefit is effective from 9 a.m. to 6 p.m. from Monday to Friday, excluding public holidays during the week.

Art. 1.2 Nutrition counselling

What is covered by the Insurance

If the Insured wishes to receive nutrition and dietary information by telephone for a healthy and correct diet, they may contact the Organisational Structure, which shall plan the advice using its specialists.

There are limitations of coverage

The Benefit is effective from 9 a.m. to 6 p.m. from Monday to Friday, excluding public holidays during the week.

Art. 1.3 Psychological support

What is covered by the Insurance

If the Insured, following an accident or illness that resulted in hospitalisation, requires medical benefits for psychological support, they may contact the Organisational Structure, which shall plan the psychological support counselling or reimburse similar sessions carried out by a medical specialist of the patient's choice.

Limitations of coverage apply

The Organisational Structure shall bear the Benefit expenses up to a maximum of 6 sessions with a limit of EUR 1,000.00 per year.

The Benefit is effective from 9 a.m. to 6 p.m. from Monday to Friday, excluding public holidays during the week.

Art. 1.4 Carrying out examinations and tests at home

What is covered by the Insurance

If the Insured, following an accident or illness that has resulted in at least one night of hospitalisation, needs to have blood samples/ultrasound scans taken at home, they may contact the Organisational Structure, which, having ascertained the need for the benefit, shall send the professional to the Insured's home at their own expense.

Limitations of coverage apply

The costs of the tests shall be borne by the Insured.

The Benefit is effective from 9 a.m. to 6 p.m. from Monday to Friday, excluding public holidays during the week.



Art. 1.5 Delivery of results at home

What is covered by the Insurance

If the Insured, following an accident or illness that resulted in at least one night of hospitalisation, undergoes diagnostic tests in facilities located in the Province of residence and cannot leave their home due to serious health reasons certified by their doctor, the Organisational Structure shall deliver at its own expense the results of those tests to the Insured or to the doctor they have indicated.

Limitations of coverage apply

The costs of tests shall be borne by the Insured.

Art. 1.6 Home urgent drugs and medical items delivery

What is covered by the Insurance

If the Insured, following an accident or illness that has resulted in at least one night of hospitalisation, needs drugs and/or medical items as prescribed by a doctor and cannot leave their home due to serious health reasons certified by their doctor, the Organisational Structure, after collecting the relevant prescription from the Insured, shall deliver the items prescribed by the doctor.

The Insured shall notify the reason for the request and specify their location and telephone number.

Limitations of coverage apply

The cost of drugs and/or medical items shall be borne by the Insured.

The Benefit is effective from 9 a.m. to 6 p.m. from Monday to Friday, excluding public holidays during the week.

Art. 1.7 Home groceries delivery

What is covered by the Insurance

If the Insured, following an accident or illness that has resulted in at least one night of hospitalisation, needs to purchase basic food supplies and is unable to leave their home due to serious health reasons certified by their doctor, they may contact the Organisational Structure, which shall send an agent to deliver the items requested. If the agent cannot carry out the activity personally, the Organisational Structure may authorise the reimbursement of the expenses incurred by the Insured for shipping and delivery.

Limitations of coverage apply

The Benefit is effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

If the agent cannot carry out the activity personally, the Organisational Structure may authorise the reimbursement of the expenses incurred by the Insured only for shipping and delivery up to EUR 50.00 per Claim.

The costs relating to the purchase of food products shall be borne by the Insured

Art. 1.8 Household utility payments

What is covered by the Insurance

If the Insured, following an accident or illness resulting in at least one night of hospitalisation, needs to carry out tasks related to the payment of home utilities through postal bills or other administrative means and is unable to do so independently, the Organisational Structure, having ascertained the need, shall plan the requested benefits and bear the relevant expenses.

Limitations of coverage apply

The amounts due for home utilities shall be borne by the Insured.

The Benefit shall be provided by the Organisational Structure for up to 10 hours per Claim.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;
- occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;
- occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;
- caused by fraudulent intent on the part of the Insured;
- caused by the intervention of public authorities.



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

Subject to the special conditions indicated for each Benefit, the Company shall provide the same through Europ Assistance's Organisational Structure for a maximum of three times per year and up to the coverage limit indicated in each individual Benefit.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply:

Benefit	Limits to the benefit
Information for safe sports	Maximum 3 times per insurance year
Nutrition counselling	Maximum 3 times per insurance year The Benefit is effective from Monday to Friday from 9 a.m. to 6 p.m. (excluding public holidays during the week)
Psychological support	Maximum 6 sessions with a limit of EUR 1,000.00
Carrying out examinations and tests at home	Maximum 3 times per insurance year
Delivery of results at home	Maximum 3 times per insurance year
Home urgent drugs and medical items delivery	Maximum 3 times per insurance year The Benefit is effective from Monday to Friday from 9 a.m. to 6 p.m. (excluding public holidays during the week)

Benefit	Limits to the benefit
Home groceries delivery	Maximum 3 times per insurance year Available from Monday to Friday from 9 a.m. to 6 p.m. (excluding public holidays during the week) Up to EUR 50.00 per Claim The costs of purchased food products are borne by the Insured
Household utility payments	Maximum 3 times per insurance year Maximum 10 hours per Claim



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits are effective in Italy, the Republic of San Marino and the Vatican City State.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all benefits **only after contacting the Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the Benefit, the Insured shall notify:

- name and surname;
- type of benefit they need;
- Policy number and band code indicated in the Policy in the Prevenzione e Assistenza section;
- any medical documentation depending on the type of Cover taken out;
- address of the place where they are located;
- telephone number where they can be reached during assistance.

To find information relating to the Policy, the Insured may access the MyGenerali reserved area, which can be accessed on the www.generali.it website or from the MYGenerali app.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

MIGLIORARE LO STILE DI VITA TRAVEL



What is covered by the Insurance?

Art. 1.1 General medical advice

What is covered by the Insurance

If the Insured, following an accident or illness, needs medical advice by telephone, they may contact the doctors at the Organisational Structure 24 hours a day, 7 days a week.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided based on the information acquired from the Insured, so please remember that for a complete assessment of your health condition it is always necessary seek medical advice from your doctor.

The Benefit is not subject to limits per insurance year.

Art. 1.2 Medical return and return of the remains

What is covered by the Insurance

If the conditions of the Insured while travelling, following an accident or sudden illness, ascertained through direct contact or other means of communication between the Organisational Structure's doctors and the doctor treating them on site, makes it necessary to return to Italy for hospitalisation in an Institute for Health Care or to their residence, the Organisational Structure shall plan, and bear the relevant expenses, transportation by the means deemed most suitable among the following:

- medical aircraft;
- scheduled airline, economy class and possibly on a stretcher;
- train, first class and possibly in a sleeping car;
- ambulance (or vessel transporting the wounded) with unlimited mileage.

If deemed necessary by the Organisational Structure's doctors, transport also includes medical or paramedical assistance provided by an individual.

The Organisational Structure, if it has returned of the Insured bearing the relevant expenses, shall have the right to request from the Insured any unused travel ticket.

In case of death of the Insured, the Organisational Structure shall plan and transport the remains to the place of burial in Italy.

If it is necessary to identify the body, or the local legal provisions prevent its transportation, the Organisational Structure shall provide family member residing in Italy with a return train ticket (first class) or aeroplane ticket (economy class) to the place of death.

What is NOT covered by the Insurance

In case of patient return, the Benefit does not cover illnesses or injuries that, in the opinion of the doctors, can be treated locally or that do not prevent the Insured from continuing the trip, and infectious diseases if the transport involves violation of national or international regulations.

In case of the return of the remains, the expenses of any retrieval of the remains and the funeral service are not included in the Benefit.

Limitations of coverage apply

The patient return from countries other than Italy, the Republic of San Marino, the Vatican City State, all European countries and countries in the Mediterranean Basin (Algeria, Cyprus, Egypt, Canary Islands, Israel, Lebanon, Libya, Madeira, Morocco, Syria, Tunisia, Turkey) is carried out only by economy class airline.

The transport of the remains Benefit only applies in countries where branches or correspondents of the Organisational Structure exist.

Art. 1.3 Return of other Insured persons

What is covered by the Insurance

In case of return of the Insured for medical reasons in accordance with the terms and conditions of the Patient return and return of the remains Benefit, if the insured persons travelling with them are unable to return by the means initially established, the Organisational Structure shall provide them with a train ticket (first class) or aeroplane ticket (economy class) for their return from the trip to their residence.

The Organisational Structure has the right to request any travel tickets not used for the return journey.

Limitations of coverage apply

The expenses of the Benefit shall be borne by the Organisational Structure up to:

- EUR 210.00 if the return journey is from Italy, Republic of San Marino, Vatican City State;
- EUR 420.00 if the return journey is from abroad.

Art. 1.4 Return with insured travelling companion

What is covered by the Insurance

In the event of return of the Insured for medical reasons under the conditions of the Patient return and return of the remains Benefit, for which the Organisational Structure's doctors do not deem it necessary to provide medical assistance during transport, a return journey of the Insured at their residence or place of hospitalisation in Italy shall be planned with a travelling companion (also insured) using the same means of transport as the Insured.

The Organisational Structure has the right to request from the Insured's travelling companion any travel ticket not used for the return journey.

What is NOT covered by the Insurance

Travelling companion's living expenses are excluded from the Benefit.

Limitations of coverage apply

The expenses of the Benefit shall be borne by the Organisational Structure up to:

- EUR 210.00 if the return journey is from Italy, Republic of San Marino, Vatican City State;
- EUR 420.00 if the return journey is from abroad.

Art. 1.5 Early return

What is covered by the Insurance

If the Insured, while travelling, is forced to return to their residence before the planned date and by a means of transport other than that originally planned, due to the death (as per the date on the death certificate issued by the registry office) or hospitalisation with imminent danger to life of a family member (only if spouse/individual living with the Insured as a conjugal partner, brother, sister, parent, father/mother-in-law, son-in-law, daughter-in-law), the Organisational Structure shall provide, and bear the relevant expenses expense, a return ticket - first class train ticket or economy class aeroplane ticket - to the place of death, hospitalisation or burial.

The Benefit is also valid in the case fire, explosion, bursting, lightning, flooding, vandalism, theft or attempted theft damage the Insured's home making it necessary to return home early using a means other than that initially planned.

If the Insured is travelling with a minor, provided the latter is also insured, early return is planned for both.



If the Insured, to return home early, is forced to leave their vehicle, an additional train ticket (first class) or aeroplane ticket (economy class) is provided to them for the subsequent retrieval.

Limitations of coverage apply

Upon return, if the Insured is unable to provide documentation proving the cause of the return, they shall reimburse the expenses incurred by the Organisational Structure.

Art. 1.6 Accompanying minors when travelling

What is covered by the Insurance

If the Insured, while travelling, following an accident or illness, is unable to take care of their children under the age of 15 who are travelling with them, the Organisational Structure shall provide, and bear the relevant expenses, a round-trip train ticket (first class) or aeroplane ticket (economy class) to enable a family member residing in Italy to reach the minors, take care of them and return them to their residence in Italy.

What is NOT covered by the Insurance

Family companion's living expenses are excluded from the Benefit.

Art. 1.7 Trip of a family member

What is covered by the Insurance

If the Insured, while travelling, is admitted to an institute for health care following an accident or sudden illness and the doctors deem that they shall be transferred after at least 7 days, the Organisational Structure shall provide a family member residing in Italy with a return train ticket (first class) or aeroplane ticket (economy class) to the place of hospitalisation and bear the relevant expenses.

If necessary, the Organisational Structure shall book a hotel on site for the family member of the Insured who is hospitalised.

What is NOT covered by the Insurance

Hotel expenses other than room accommodation and breakfast are excluded from the Benefit.

There are limitations of coverage

The expenses of the Benefit shall be borne by the Organisational Structure up to EUR 250.00.

Art. 1.8 Advance payment of basic expenses

What is covered by the Insurance

If the Insured incurs unforeseen expenses as a result of theft, robbery, damage, non-delivery of luggage, sudden illness or accident, the Organisational Structure shall pay, on their behalf, as an advance, invoices/receipts that they are unable to pay directly.

What is NOT covered by the Insurance

Currency transfers abroad that involve violation of the relevant provisions in force in Italy or in the country where the Insured is located are excluded from the Benefit.

Limitations of coverage apply

For the Benefit, the Organisational Structure shall advance up to EUR 500.00. If the amount of the invoices/receipts exceeds EUR 500.00, the Benefit shall be effective from the moment that, in Italy, the Organisational Structure has received adequate bank or other guarantees deemed adequate and up to EUR 5,000.00.

The EUR 500.00 advance, in case of theft, loss, non-delivery or damage to luggage, can be used to purchase basic goods.

This Benefit shall be provided in accordance with the currency transfer regulations in force in Italy and in the country where the Insured is temporarily located; the Insured shall return the amount to the Organisational Structure upon them coming back no later than 30 days from the date of the advance; if the amount is returned after 30 days from the date of the advance, the Insured shall pay interest at the current bank rate current bank rate.

This Benefit is only effective in countries where there are branches or agents of the Organisational Structure.

Art. 1.9 Advance payment of bail

What is covered by the Insurance

If the Insured is arrested or threatened to be arrested and is therefore required to pay a bail to the foreign authorities to be released and is unable to do so directly and immediately, the Organisational Structure shall pay the bail on the spot as an advance on behalf of the Insured.

The Benefit is effective from the moment that, in Italy, the Organisational Structure has received adequate bank guarantees.

The Insured shall return the amount to the Organisational Structure upon them coming back no later than 30 days from the date of the advance; if the amount is returned after 30 days from the date of the advance, the Insured shall pay interest at the current bank rate current bank rate.

What is NOT covered by the Insurance

The following activities are excluded from the Benefit:

- currency transfers abroad that entail violation of the relevant provisions in force in Italy or in the country where the Insured is located;
- cases in which the Insured is unable to provide the Organisational Structure, in Italy, with adequate guarantees of repayment.

Limitations of coverage apply

The Organisational Structure advances the payment of the bail up to EUR 5,000.00.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;
- occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;
- occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;
- caused by fraudulent intent on the part of the Insured;
- caused by the intervention of public authorities.



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

Subject to the special conditions indicated for each Benefit, the Company shall provide the same



through Europ Assistance's Organisational Structure for a maximum of three times per year and up to the coverage limit indicated in each individual Benefit.

All Benefits are effective provided that each period of continuous stay abroad, during each year of validity of the Cover, does not exceed 60 days.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply:

Benefit	Limits to the benefit
General medical advice	-
Medical return and return of the remains	Maximum 3 times per insurance year
Transfer of other Insured	Maximum 3 times per insurance year Up to EUR 210.00 per returns from Italy, Republic of San Marino, Vatican City State Up to EUR 420.00 per returns from abroad
Return with insured travelling companion	Maximum 3 times per insurance year Up to EUR 210.00 per returns from Italy, Republic of San Marino, Vatican City State Up to EUR 420.00 per returns from abroad
Early return	Maximum 3 times per insurance year
Accompanying minors when travelling	Maximum 3 times per insurance year
Trip of a family member	Maximum 3 times per insurance year Up to EUR 250.00
Advance payment of basic expenses	Maximum 3 times per insurance year Up to EUR 500.00
Advance payment of bail	Maximum 3 times per insurance year Up to EUR 5.000.00



Where does the coverage apply?

Art. 4.1 Territorial validity

Benefits are effective worldwide.

Benefits do not apply to those countries that are in a state of declared or de facto belligerency. Countries are considered as such:

- indicated in the https://watchlists.ihsmarkit.com/services/watchlistinspector.aspx?watchlist_id=a661e336-c342-4965-b1e7-70980edf8cc2 with a risk rating of 4.0 or higher';
- those whose belligerent status has been made publicly known.

Benefits are also not provided in countries where, at the time of the claim and/or request for assistance, civil unrest is taking place.

When in the Benefits reference is made to Italy, that reference shall be deemed to extend to the Republic of San Marino and the Vatican City State.

Benefits involving a return trip are only valid for Insured persons with residence in Italy, the Republic of San Marino or the Vatican City State.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all benefits only after contacting the Organisational Structure at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the Benefit, the Insured shall notify:

- a. name and surname;
- b. type of benefit they need;
- c. Policy number and band code indicated in the Policy in the Prevenzione e Assistenza section;
- d. any medical documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

To find information relating to the Policy, the Insured may access the MyGenerali reserved area, which can be accessed on the www.generali.it website or from the MyGenerali App.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

PRENDERSI CURA START



What is covered by the Insurance?

Art. 1.1 Sending healthcare professionals to the home

Art. 1.1.1 Sending a general practitioner to the home

What is covered by the Insurance

If, following an accident or illness, the Insured needs a doctor from 8 p.m. to 8 a.m. or on public holidays and cannot find one, the Organisational Structure, having ascertained the need for the benefit, shall send an affiliated doctor and bear the costs.

If one of the affiliated doctors cannot intervene personally, the Organisational Structure shall plan, instead, the transfer of the Insured to the nearest suitable medical centre, by ambulance.

Limitations of coverage apply

The Benefit is effective on weekdays from 8 p.m. to 8 a.m. and on public holidays.

Art. 1.1.2 Sending a specialist practitioner to the home

What is covered by the Insurance

If, following an accident or illness, the Insured urgently needs to fix an appointment with a specialist, the Organisational Structure, having ascertained the need for the benefit, shall send an affiliated doctor and bear the relevant expenses.

If one of the affiliated doctors cannot intervene personally, the Organisational Structure shall plan, instead, the transfer of the Insured to the nearest suitable medical centre, by ambulance.

Limitations of coverage apply

The expenses of the Benefit shall be borne by the Organisational Structure up to 1 appointment per Claim. The Benefit shall be effective within the following hours:

- on weekdays from 8 p.m. to 8 a.m.;
- Saturdays and the day before public holidays from 2.00 p.m. to 12.00 p.m.;
- on public holidays 24 hours a day.

Art. 1.1.3 Sending a nurse to the home

What is covered by the Insurance

If the Insured, following an accident or illness, needs nursing assistance, they may contact the Organisational Structure, which, upon receipt of a medical certificate certifying the pathology suffered and the indication of the treatment to be carried out, shall send a nurse directly to the Insured and bear the relevant expenses.

Limitations of coverage apply

The expenses of the Benefit shall be borne by the Organisational Structure up to 15 hours per Claim.

Art. 1.1.4 Sending a physiotherapist to the home

What is covered by the Insurance

If the Insured, following simple trauma or fractures and/or for basic cardiovascular rehabilitation resulting from an accident, requires the assistance of a physiotherapist at home, the Organisational Structure shall send a physiotherapist to the Insured's home and shall bear the relevant expenses.

Limitations of coverage apply

The expenses of the Benefit shall be borne by the Organisational Structure up to 5 appointments per Claim.

Any excesses shall be settled directly between the Insured and the physiotherapist sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.

Art. 1.1.5 Sending a post sports injury physiotherapist to the home

What is covered by the Insurance

If the Insured, after the Sending a physiotherapist at home Benefit, needs to continue physiotherapy sessions, they may contact the Organisational Structure, which shall send the physiotherapist to their home.

Limitations of coverage apply

The expenses of the Benefit shall be borne by the Organisational Structure up to 10 appointments per Claim.

Any excesses shall be settled directly between the Insured and the physiotherapist sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.

Art. 1.1.6 Sending a psychiatrist to the home

What is covered by the Insurance

If the Insured, in case of an accident or illness that has resulted in hospitalisation, requires, according to the prescriptions of the discharging health professionals, to be sent a psychiatrist to their home, they may contact the Organisational Structure, which shall plan the appointment and bear the relevant expenses.

Limitations of coverage apply

At least 48 hours' notice to the Organisational Structure is required to plan the service.

Art. 1.2 Home transport following discharge

What is covered by the Insurance

If the Insured, following an accident or illness, requires transportation from the institute for health care where they were hospitalised to their home, the Organisational Structure shall directly send an ambulance or taxi to enable the Insured, and any accompanying person, to reach the Insured's home.

Limitations of coverage apply

Expenses for the Benefit shall be borne by the Organisational Structure within the limit of 300 kilometres of total distance (round trip) for the ambulance and up to EUR 150.00 for the taxi.

Art. 1.3 Transfer to specialised institutes for health care

What is covered by the Insurance

If the Insured's condition - as ascertained through contact between the Organisational Structure's doctors and the doctor treating the Insured - following an accident or illness, requires transfer to a specialist institute for health care as it cannot be treated within the hospital organisation in the region of residence, the Organisational Structure, bearing the relevant expenses, shall:

- identify and book the institute for health care deemed best equipped to specifically treat the Insured's injuries or pathology;
- plan the Insured's transport by the means most suited to their condition;
- assist the Insured during transport with medical or paramedical staff, if deemed necessary by the Organisational Structure's doctors.

What is NOT covered by the Insurance

Transfers for the purpose of carrying out rehabilitation treatments and those where the transport involves the violation of national or international health regulations do not trigger the Benefit.

Art. 1.4 Return from institute for health care

What is covered by the Insurance

If the Insured, once discharged from the institute for health care in Italy after at least 1 night hospitalisation due to accident or illness (following the Transfer to a specialised institute for health care Benefit), is unable to return to their place of residence by the means of transport initially planned, the Organisational Structure shall plan transport by the means deemed most suitable to their condition and bear the relevant expenses. If deemed necessary by the Organisational Structure's doctors, transport also includes the assistance of a doctor or paramedic.

Limitations of coverage apply

The Benefit is valid beyond 50 km from the Insured's place of residence.

Art. 1.5 Second Opinion

What is covered by the Insurance

If necessary, the Insured may contact the Operations Centre to request a second medical opinion following a diagnosis, or diagnostic tests.

Second opinions are provided, through Affiliated Medical Institutions, in the following areas:

- Oncology,
- Cardiology,
- General practice.

Limitations of coverage apply

There is 1 medical opinion per Insured per insurance year. The service is provided to Insured persons over the age of 15.

The Insured shall provide all medical documentation in their possession for the proper provision of the service.

Art. 1.6 Care Manager

What is covered by the Insurance

If the Insured has suffered an accident or illness and needs social care counselling, the Organisational Structure provides them with a Care Manager, who, after an in-depth telephone interview with the Insured and family members, assesses the various care needs. If deemed necessary, the Care Manager may plan an inspection at the Insured's home.

Upon completion of their assessments, the Care Manager shall notify the Insured in writing and by telephone interview of:

- the most appropriate care programme for their condition with an indication of the correct professionals needed and the hourly/daily scheduling of interventions;
- any changes to the logistics of the Home with evidence of any architectural barriers or hazards to be removed;
- parameters to be monitored;
- where to find the necessary aids and devices;
- how to obtain health/social services at local facilities with information on which offices to contact;
- how to obtain the resources made available by the NHS (National Health Service).

The Care Manager may request any medical documentation to support their assessment

Limitations of coverage apply

The Benefit is effective from 9 a.m. to 6 p.m. from Monday to Friday, excluding public holidays during the week.

Art. 1.7 Home assistance in case of hospitalisation due to accident or illness of the Insured

What is covered by the Insurance

If the Insured, following an accident or illness that resulted in hospitalisation, after the assessment of the Care Manager and as prescribed by their doctor, needs to continue hospitalisation at home, they may contact the Organisational Structure.

Once the need for the Benefit has been ascertained, the procedures to access and provide the service shall be defined, in agreement with the Insured's doctors, by the Care Manager and the doctors of the Organisational Structure with the intervention of their own medical or paramedical staff.

Limitations of coverage apply

The Benefit is provided for a maximum of:

- **5 days following hospitalisation without surgery;**
- **10 days following hospitalisation with surgery. The days must be continuous and not divisible.**

Agreement with the Insured's doctor and at least 48 hours' notice to the Organisational Structure are required to plan the service.

Art. 1.8 Telemonitoring

What is covered by the Insurance

The Insured, following the Post hospitalisation integrated home assistance Benefit, and upon written request by the Insured's doctor, may activate the Organisational Structure, which shall plan and manage the dispatch to the Insured's home of a system for monitoring certain clinical data used by the medical and paramedical staff assisting the Insured.

Limitations of coverage apply

The Organisational structure directly bears the costs of the telemonitoring system up to a maximum of 15 days after discharge from the institute for health care.

Telephone connection costs shall be borne by the Insured.

Agreement with the Insured's doctor and at least 72 hours' notice to the Organisational Structure are required to plan the Benefit.

Art. 1.9 Job Coaching

What is covered by the Insurance

If the Insured has suffered an accident with physical injury such that they can no longer work as certified by a permanent total disability, the Organisational Structure shall provide them with a coach expert in career counselling who shall schedule **6 individual sessions of one hour each** to support them in the process of professional re-employment.

Sessions shall cover the following subjects:

ANALYSIS

- Presentation of the programme.
- Individual and professional profile analysis.
- Skills assessment.
- Orientation and redefinition of professional objective.

PREPARATION

- Comparison with the market.
- Definition gap to be bridged.
- Definition of self-marketing tools.
- Identification of contact channels.

RESEARCH CAMPAIGN

- Opportunity analysis.
- Preparation for interviews.

FOLLOW UP

- Monitoring of activities undertaken.
- Identification of improvement actions.

Limitations of coverage apply

The programme lasts up to 4 months from the date of activation of the Organisational Structure.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;**
- occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes, riots;**
- occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;**
- caused by fraudulent intent on the part of the Insured;**
- caused by the intervention of public authorities.**

No exclusions for the Second opinion.



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

Subject to the special conditions indicated for each Benefit, the Company shall provide the same through Europ Assistance's Organisational Structure for a maximum of three times per year and up to the coverage limit indicated in each individual Benefit.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limitations apply:

Benefit	Limits to the benefit
Sending healthcare professionals to the home:	
- Sending a general practitioner to the home	Maximum 3 times per insurance year The Benefit is effective on weekdays from 8.00 p.m. to 8 a.m. and on public holidays.
- Sending a specialist practitioner to the home	Maximum 3 times per insurance year Maximum 1 appointment per Claim
- Sending a nurse to the home	Maximum 3 times per insurance year Maximum 15 hours per Claim
- Sending a physiotherapist to the home	Maximum 3 times per insurance year Maximum 5 appointments per Claim
- Sending a post sports injury physiotherapist to the home	Maximum 3 times per insurance year Maximum 10 appointments
- Sending a physiatrist to the home	Maximum 3 times per insurance year
Home transport following discharge	Maximum 3 times per insurance year 300 km total round trip for ambulance Up to 150.00 euro for taxi
Transfer to specialised institute for health care	Maximum 3 times per insurance year
Return from institute for health care	Maximum 3 times per insurance year Beyond 50 km from the Insured's place of residence
Second Opinion	Maximum 1 time per Insured per insurance year
Care Manager	Maximum 3 times per insurance year
Home assistance in case of hospitalisation due to accident or illness of the Insured	Maximum 3 times per insurance year 5 days for hospitalisation without surgery 10 days for hospitalisation with surgery
Telemonitoring	Maximum 3 times per insurance year Maximum for 15 days
Job Coaching	The programme lasts up to 4 months. 6 sessions of 1 hour each



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits are effective in Italy, the Republic of San Marino and the Vatican City State.

When in the Benefits reference is made to Italy, that reference shall be deemed to extend to the Republic of San Marino and the Vatican City State.

Benefits involving a return trip are only valid for Insured persons with residence in Italy, the Republic of San Marino or the Vatican City State.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

For the Insured to use the **Second opinion** service, they shall contact the **Operations Centre** Monday to Friday from 08:00 to 22:00 and Saturday from 08:00 to 14:00, excluding public holidays, at the following numbers:

from Italy on toll-free number 800 880 880

from abroad at +39 02 8295 1155

For **all other Benefits**, the Insured shall contact the **Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the Benefit, the Insured shall notify:

- a. name and surname;
- b. type of benefit they need;
- c. Policy number and band code indicated in the Policy in the Prevenzione e Assistenza section;
- d. any medical documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

To find information relating to the Policy, the Insured may access the MyGenerali reserved area, which can be accessed on the www.generali.it website or from the MyGenerali app.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

PRENDERSI CURA START - A VITA



What is covered by the Insurance?

Art. 1.1 Sending healthcare professionals to the home

Art. 1.1.1 Sending a general practitioner to the home

What is covered by the Insurance

If, **following an accident or illness**, the Insured needs a doctor **from 8 p.m. to 8 a.m. or on public holidays** and cannot find one, the Organisational Structure, having ascertained the need for the benefit, shall send an affiliated doctor and bear the costs.

If one of the affiliated doctors cannot intervene personally, the Organisational Structure shall plan, instead, the transfer of the Insured to the nearest suitable medical centre, by ambulance.

Limitations of coverage apply

The Benefit is effective on weekdays from 8 p.m. to 8 a.m. and on public holidays.

Art. 1.1.2 Sending a specialist practitioner to the home

What is covered by the Insurance

If, **following an accident or illness**, the Insured urgently needs to fix an appointment with a specialist, the Organisational Structure, having ascertained the need for the benefit, shall send an affiliated doctor and bear the relevant expenses.

If one of the affiliated doctors cannot intervene personally, the Organisational Structure shall plan, instead, the transfer of the Insured to the nearest suitable medical centre, by ambulance.

Limitations of coverage apply

The expenses of the Benefit shall be borne by the Organisational Structure up to 1 appointment per Claim.

The Benefit shall be effective within the following hours:

- on weekdays from 8 p.m. to 8 a.m.;
- Saturdays and the day before public holidays from 2.00 p.m. to 12.00 p.m.;
- on public holidays 24 hours a day.

Art. 1.1.3 Sending a nurse to the home

What is covered by the Insurance

If the Insured, **following an accident or illness**, needs nursing assistance, they may contact the Organisational Structure, which, upon receipt of a **medical certificate** certifying the pathology suffered and the indication of the treatment to be carried out, shall send a nurse directly to the Insured and bear the relevant expenses.

Limitations of coverage apply

The expenses of the Benefit shall be borne by the Organisational Structure up to 5 hours per Claim.

Art. 1.1.4 Sending a physiotherapist to the home

What is covered by the Insurance

If the Insured, **following simple trauma or fractures** and/or **for basic cardiovascular rehabilitation resulting from an accident**, requires the assistance of a physiotherapist at home, the Organisational Structure shall send a physiotherapist to the Insured's home and shall bear the relevant expenses.

Limitations of coverage apply

The expenses of the Benefit shall be borne by the Organisational Structure up to 5 appointments per Claim.

Any excesses shall be settled directly between the Insured and the physiotherapist sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.

Art. 1.1.5 Sending a post sports injury physiotherapist to the home

What is covered by the Insurance

If the Insured, after the Sending a physiotherapist at home Benefit, needs to continue physiotherapy sessions, they may contact the Organisational Structure, which shall send the physiotherapist to their home.

Limitations of coverage apply

The expenses of the Benefit shall be borne by the Organisational Structure up to 10 appointments per Claim.

Any excesses shall be settled directly between the Insured and the physiotherapist sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.

Art. 1.1.6 Sending a physiatrist to the home

What is covered by the Insurance

If the Insured, **in case of an accident or illness** that has resulted in **hospitalisation**, requires, according to the prescriptions of the discharging health professionals, to be sent a physiatrist to their home, they may contact the Organisational Structure, which shall plan the appointment and bear the relevant expenses.

Limitations of coverage apply

At least 48 hours' notice to the Organisational Structure is required to plan the service.

The expenses of the Benefit shall be borne by the Organisational Structure up to 1 appointment per Claim.

Art. 1.2 Home transport following discharge

What is covered by the Insurance

If the Insured, **following an accident or illness**, requires transportation from the institute for health care where they were hospitalised to their home, the Organisational Structure shall directly send an ambulance or taxi to enable the Insured, and any accompanying person, to reach the Insured's home.

Limitations of coverage apply

Expenses for the Benefit shall be borne by the Organisational Structure within the limit of 300 kilometres of total distance (round trip) for the ambulance and up to EUR 150.00 for the taxi.

Art. 1.3 Transfer to specialised institutes for health care

What is covered by the Insurance

If the Insured's condition - **as ascertained through contact between the Organisational Structure's doctors and the doctor treating the Insured** - following an **accident or illness**, requires transfer to a specialist institute for health care as it cannot be treated within the hospital organisation in the region of residence, the Organisational Structure, bearing the relevant expenses, shall:

- identify and book the institute for health care deemed best equipped for the specific treatment of the Insured Person's injuries or pathology;

- plan the Insured's transport by the means most suited to their condition;
- assist the Insured during transport with medical or paramedical staff, if deemed necessary by the Organisational Structure's doctors.

What is NOT covered by the Insurance

Transfers for the purpose of carrying out rehabilitation treatments and those where the transport involves the violation of national or international health regulations do not trigger the Benefit.

Art. 1.4 Return from institute for health care

What is covered by the Insurance

If the Insured, once discharged from the institute for health care in Italy after **at least 1 night hospitalisation due to accident or illness** (following the Transfer to a specialised institute for health care Benefit), is unable to return to their place of residence by the means of transport initially planned, the Organisational Structure shall plan transport by the means deemed most suitable to their condition and bear the relevant expenses. If deemed necessary by the Organisational Structure's doctors, transport also includes the assistance of a doctor or paramedic.

Limitations of coverage apply

The Benefit is valid beyond 50 km from the Insured's place of residence.

Art. 1.5 Care Manager

What is covered by the Insurance

If the Insured has suffered an **accident or illness** and needs social care counselling, the Organisational Structure provides them with a Care Manager, who, after an in-depth telephone interview with the Insured and family members, assesses the various care needs. If deemed necessary, the Care Manager may plan an inspection at the Insured's home.

Upon completion of their assessments, the Care Manager shall notify the Insured in writing and by telephone interview of:

- the most appropriate care programme for their condition with an indication of the correct professionals needed and the hourly/daily scheduling of interventions;
- any changes to the logistics of the Home with evidence of any architectural barriers or hazards to be removed;
- parameters to be monitored;
- where to find the necessary aids and devices;
- how to obtain health/social services at local facilities with information on which offices to contact;
- how to obtain the resources made available by the NHS (National Health Service).

The Care Manager may request any medical documentation to support their assessment.

Limitations of coverage apply

The Benefit is effective from 9 a.m. to 6 p.m. from Monday to Friday, excluding public holidays during the week.

Art. 1.6 Post hospitalisation integrated home assistance up to 80 years of age

What is covered by the Insurance

If the Insured, following an **accident or illness resulting in at least 1 night hospitalisation**, is **not self-sufficient** in carrying out everyday life **simple acts and requires assistance at home**, they may contact the Organisational Structure.



Non-self-sufficiency in carrying out everyday life **simple acts** means **the inability to manage independently, without the assistance of another person, 3 of the 6 everyday life functions** listed below.

- **Bathing or showering:** the ability to wash oneself in the tub or shower and also to get in and out of the tub or shower or wash oneself satisfactorily some other way
- **Dressing and undressing:** the ability to put on, take off, fasten or unfasten any type of piece of clothing and possibly also braces, artificial limbs or other prosthetic devices
- **Body hygiene:** using the bathroom independently (going to the toilet, wiping, dressing)
- **Mobility:** ability to move from bed to a chair or wheelchair and vice versa and to move around the house from one room to another on the same floor
- **Contenance:** the ability to go to the toilet or otherwise urinate and defecate so as to maintain a satisfactory level of personal hygiene
- **Drinking and eating:** ability to drink and swallow food prepared by others without help

Once the need for the Benefit has been ascertained, the procedures to access and provide the service shall be defined, in agreement with the Insured's doctors, by the Care Manager and the doctors of the Organisational Structure with the intervention of their own medical or paramedical, health and social and/or assistance and social staff, identifying and reporting according to appropriate staff availability.

Limitations of coverage apply

The Benefit is provided for a **maximum of 30 days**.

The days must be **continuous and not divisible**.

Agreement with the Insured's doctor **and at least 48 hours' notice to the Organisational Structure are required to plan the service**.

Art. 1.7 Telemonitoring

What is covered by the Insurance

The Insured, following the Post hospitalisation integrated home assistance Benefit, **and upon written request by the Insured's doctor**, may activate the Organisational Structure, which shall plan and manage the dispatch to the Insured's home of a system for monitoring certain clinical data used by the medical and paramedical staff assisting the Insured.

Limitations of coverage apply

The Organisational structure directly bears the costs of the telemonitoring system up to a maximum of 15 days after discharge from the institute for health care.

Telephone connection costs shall be borne by the Insured.

Agreement with the Insured's doctor and at least 72 hours' notice to the Organisational Structure are required to plan the Benefit.

Art. 1.8 Job Coaching

What is covered by the Insurance

If the Insured has suffered an **accident with physical injury** such that they can no longer work as **certified by a permanent total disability**, the Organisational Structure shall provide them with a coach expert in career counselling who shall schedule **6 individual sessions of one hour each** to support them in the process of professional re-employment.

Sessions shall cover the following subjects:

ANALYSIS

- Presentation of the programme.
- Individual and professional profile analysis.
- Skills assessment.
- Orientation and redefinition of professional objective.

PREPARATION

- Comparison with the market.
- Definition gap to be bridged.
- Definition of self-marketing tools.
- Identification of contact channels.

RESEARCH CAMPAIGN

- Opportunity analysis.
- Preparation for interviews.

FOLLOW UP

- Monitoring of activities undertaken.
- Identification of improvement actions.

Limitations of coverage apply

The programme lasts up to 4 months from the date of activation of the Organisational Structure.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;**
- occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;**
- occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;**
- caused by fraudulent intent on the part of the Insured;**
- caused by the intervention of public authorities.**



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

Subject to the special conditions indicated for each Benefit, the Company shall provide the same through Europ Assistance's Organisational Structure for a maximum of three times per year and up to the coverage limit indicated in each individual Benefit.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits, the Company **is not obliged to provide indemnities or alternative benefits** of any kind by way of set-off.



SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limitations apply:

Benefit	Limits to the benefit
Sending healthcare professionals to the home:	
- Sending a general practitioner to the home	Maximum 3 times per insurance year The Benefit is effective on weekdays from 8.00 p.m. to 8 a.m. and on public holidays.
- Sending a specialist practitioner to the home	Maximum 3 times per insurance year Maximum 1 appointment per Claim
- Sending a nurse to the home	Maximum 3 times per insurance year Maximum 5 hours per Claim
- Sending a physiotherapist to the home	Maximum 3 times per insurance year Maximum 5 appointments per Claim
- Sending a post sports injury physiotherapist to the home	Maximum 3 times per insurance year Maximum 10 appointments
- Sending a physiatrist to the home	Maximum 3 times per insurance year Maximum 1 appointment per Claim.
Home transport following discharge	Maximum 3 times per insurance year 300 km total round trip for ambulance Up to 150.00 euro for taxi
Transfer to specialised institute for health care	Maximum 3 times per insurance year
Return from institute for health care	Maximum 3 times per insurance year Beyond 50 km from the Insured's place of residence
Care Manager	Maximum 3 times per insurance year
Post hospitalisation integrated home assistance up to 80 years of age	Maximum 3 times per insurance year Maximum for 30 days
Telemonitoring	Maximum 3 times per insurance year Maximum for 15 days
Job Coaching	The programme lasts up to 4 months. 6 sessions of 1 hour each



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits are effective in Italy, the Republic of San Marino and the Vatican City State.

When in the Benefits reference is made to Italy, that reference shall be deemed to extend to the Republic of San Marino and the Vatican City State.

Benefits involving a return trip are only valid for Insured persons with residence in Italy, the Republic of San Marino or the Vatican City State.



When and how do I pay?

Art. 5.1 Premium adjustment according to the age of the Insured

Without prejudice to the provisions of Modulo Generale with reference to payment of the Premium, the effective date of the Covers and the means of payment of the Premium, the latter shall be adjusted annually according to the aging of the Insured.

The adjustment applies **only and exclusively after the initial expiry of five years** with the following criteria:

- 3% increase over the previous insurance year, up to the year in which the Insured reaches the age of 64;
- 5% increase over the previous insurance year, from the year in which the Insured reaches the age of 65.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all Benefits **only after contacting the Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the Benefit, the Insured shall notify:

- a. name and surname;
- b. type of benefit they need;
- c. Policy number and band code indicated in the Policy in the Prevenzione e Assistenza section;
- d. any medical documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

To find information relating to the Policy, the Insured may access the MyGenerali reserved area, which can be accessed on the www.generali.it website or from the MyGenerali app.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU

Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

PRENDERSI CURA FAMILY



What is covered by the Insurance?

Art. 1.1 Phone caring elderly family member

What is covered by the Insurance

If the Insured, as a result of accident or illness, is unable to contact their elderly family member (assisted) or to communicate with them, the Organisational Structure shall plan, in agreement with the Insured and the family member (assisted), a programme of telephone calls to stimulate the elderly person's social life in a period of potential loneliness related to the relative's temporary absence.

The Organisational Structure, after agreeing with the Insured and their elderly family member on a call time between **9 a.m. and 6 p.m.**, calls **the assisted person** daily.

The Organisational Structure makes **3 call attempts** during the day and alerts the Insured or the person designated by them if it fails to contact the assisted person.

The Insured is responsible for obtaining the family member's (assisted) consent to be contacted by the Organisational Structure.

The phone call **is not intended to assess the health condition** of the assisted person and/or to manage any emergency and/or urgent situations. Accordingly, the Organisational Structure shall not contact any emergency and/or urgent services. It should be noted that telephone contact is not made by healthcare staff who are able to assess the health condition of the assisted person.

The Care Manager may request any medical documentation to support their assessment.

Limitations of coverage apply

To provide the Benefits, the Insured shall activate the Organisational Structure with at least 48 hours' notice.

Calls are made between 9 a.m. and 6 p.m. for a maximum of 30 days.

Art. 1.2 Care Manager for an elderly family member or disabled child in case of accident or illness of the Insured

What is covered by the Insurance

If the Insured, following an accident or illness that has resulted in an at least 1 night hospitalisation, is no longer able to take care their non-self-sufficient elderly family member or disabled child and needs social care counselling, the Organisational Structure shall provide a Care Manager, who, after an in-depth telephone interview, shall assess the various care needs.

The Care Manager shall plan an inspection at the elderly family member's home or at the Insured's home in the case of a disabled child, if they deem it is necessary.

The Care Manager may request any medical documentation to support their assessment. Upon completion of their assessments, the Care Manager shall provide, in writing and by telephone interview:

- indications as to the most appropriate care programme in light of the conditions of the elderly family member or disabled child with an indication of the correct professionals needed and the hourly/daily scheduling of interventions;
- indication of any changes to the logistics of the home with evidence of any architectural barriers or hazards to be removed;
- indication of the parameters of the elderly family member or disabled child to be monitored;

- where to find the necessary aids and devices;
- how to obtain health/social services at local facilities with information on which offices to contact;
- how to obtain the resources made available by the NHS (National Health Service).

Limitations of coverage apply

The consent of the elderly family member or guardian is required for the provision of the Benefit.

The Benefit may be requested for only one person from among those falling under the definition of an elderly family member or disabled child and shall be provided from Monday to Friday from 9:00 a.m. to 6:00 p.m. and only once per insurance period.

Art. 1.3 Care manager for illness or accident of elderly family member

What is covered by the Insurance

If the Insured's elderly family member, following an accident or illness, is no longer self-sufficient and the Insured needs social care counselling, the Organisational Structure shall provide them with a Care Manager, who, after an in-depth telephone interview with the Insured and the family member, shall assess the various care needs. The Care Manager shall plan an inspection at the Insured's elderly family member's home, if they deem it is necessary.

Upon completion of their assessments, the Care Manager shall provide, in writing and by telephone interview:

- indications as to the most appropriate care programme in light of the conditions of the elderly family member with an indication of the correct professionals needed and the hourly/daily scheduling of interventions;
- indication of any changes to the logistics of the home with evidence of any architectural barriers or hazards to be removed;
- indication of the parameters of the elderly family member to be monitored;
- where to find the necessary aids and devices;
- how to obtain health/social services at local facilities with information on which offices to contact;
- how to obtain the resources made available by the NHS (National Health Service).

The Care Manager may request any medical documentation to support their assessment.

Limitations of coverage apply

The consent of the elderly family member or guardian is required for the provision of the benefit.

The Benefit may be requested for only one person from among those falling under the definition of an elderly family member and shall be provided from Monday to Friday from 9:00 a.m. to 6:00 p.m. and only once per insurance period.

Art. 1.4 Home care for the elderly family member or disabled child in case of hospitalisation due to accident or illness of the Insured

What is covered by the Insurance

If the Insured, following an accident or illness resulting in an at least 1-night hospitalisation, is unable to take care of an elderly family member or disabled child and needs home care for the family member, the Organisational Structure shall provide the Insured with a Care Manager.

Once the Care Manager has ascertained the need for the benefit, the procedures to access and provide the service shall be defined, in agreement with the Insured's doctors, by the doctors of the Organisational Structure with the intervention of their own medical or paramedical staff.

Agreement with the family member's doctor and at least 48 hours' notice to the Organisational Structure are required to plan the service.

Limitations of coverage apply

The Benefit is provided for a maximum of:

- **5 days following hospitalisation without surgery of the Insured;**
- **10 days following hospitalisation with surgery of the Insured. The days must be continuous and not divisible.**

Art. 1.5 Telemonitoring for the elderly family member or the disabled child

What is covered by the Insurance

If, following the Care Manager's assessment, it becomes necessary to activate a system to monitor the clinical data of the elderly family member or disabled child, the Insured may activate the Organisational Structure, which shall plan and manage the dispatch of the Insured's home.

Limitations of coverage apply

The Organisational structure directly bears the costs of the telemonitoring system up to a maximum of 15 days after discharge from the institute for health care.

Telephone connection costs shall be borne by the Insured.

Agreement with the Insured's doctor and at least 72 hours' notice to the Organisational Structure are required to plan the Benefit.

Art. 1.6 School support for the student insured

What is covered by the Insurance

If the Insured under the age of 13, following an accident or illness resulting in absence from school of more than 30 continuous class days as certified, needs the support of a teacher to catch up with classes, they may contact the Organisational Structure, which shall send a teacher to the home. If it is not possible to find the teacher, the Organisational Structure shall reimburse the expenses incurred upon submittal of the relevant documentation.

Limitations of coverage apply

The Organisational Structure shall bear the Benefit's expenses up to a total of 7 hours over a period of 4 weeks, available from 9 a.m. to 6 p.m.

If it is not possible to find the teacher, the Organisational Structure shall reimburse the expenses incurred upon submittal of the relevant documentation up to EUR 300,00 per Claim.

Art. 1.7 Sending a babysitter/family assistant to the home

What is covered by the Insurance

If the Insured, following an **accident or illness resulting in hospitalisation for more than 3 days**, is unable to take care of a child under the age of 14 or a disabled child (with a non-serious disability and who does not require medical or nursing staff), the Organisational Structure shall provide the name of one or more babysitters/home help in the area where the Insured is located, subject to local availability. In the case of a disabled child, appropriate medical documentation proving the disability shall be produced.

Limitations of coverage apply

The costs for the Benefit shall be borne by the Organisational Structure up to 5 hours per claim, usable in no more than 5 days.

Any excesses shall be settled directly between the Insured and the babysitter/home help sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.

Art. 1.8 Sending a caregiver to the home

What is covered by the Insurance

If the Insured, following an accident or illness, is unable to take care of a cohabiting family member over 75 years of age, the Organisational Structure, having ascertained the need for the Benefit, shall send a Healthcare Assistant and/or indicate the company capable of sending social care staff (carer), subject to local availability.

Limitations of coverage apply

The costs for the Benefit shall be borne by the Organisational Structure up to 5 hours per claim, usable in no more than 5 days.

Any excesses shall be settled directly between the Insured and the caregiver sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.

Art. 1.9 Child psychological support for cyberbullying

What is covered by the Insurance

If the Insured's underage child has suffered cyberbullying and needs psychological support, the Organisational Structure shall refer the child to a psychologist, directly or through the Insured's doctor.

The Insured shall notify the name of the Doctor, if any, and their telephone number.

Limitations of coverage apply

The expenses of the Benefit shall be borne by the Organisational Structure up to 6 appointments.

Art. 1.10 Accompanying child to school due to parental hospitalisation

What is covered by the Insurance

If the Insured, following an accident or illness resulting in hospitalisation for more than 1 day, is unable to accompany their children under 13 years of age to school, they may contact the Organisational Structure, which shall plan taxi transport for the child from home to school and back.

Limitations of coverage apply

The Organisational Structure shall plan up to a maximum of 5 transports (round trip). In case it is impossible to organise the journey, the Organisational Structure, subject to its authorisation, shall reimburse the expenses incurred by the Insured up to a maximum of EUR 50.00 per journey.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- a. occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;
- b. occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;
- c. occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of particles;
- d. caused by fraudulent intent on the part of the Insured;
- e. caused by the intervention of public authorities.



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

Subject to the special conditions indicated for each Benefit, the Company shall provide the same through Europ Assistance's Organisational Structure for a maximum of three times per year and up to the coverage limit indicated in each individual Benefit.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Benefit	Limits to the benefit
Phone caring elderly family member	Maximum 3 times per insurance year
Care Manager for an elderly family member or disabled child in case of accident or illness of the Insured	Maximum 3 times per insurance year The Benefit shall be provided: - Monday to Friday from 9:00 a.m. to 6 p.m. - only once per insurance period for one person among those falling under the definition of elderly family member or disabled child.
Care manager for illness or accident of elderly family member	Maximum 3 times per insurance year The Benefit shall be provided: - Monday to Friday from 9:00 a.m. to 6 p.m. - only once per insurance period - for only one person among those falling under the definition of elderly family member.
Home care for the elderly family member or disabled child in case of hospitalisation due to accident or illness of the Insured	Maximum 3 times per insurance year The Benefit shall be provided up to: - 5 days following hospitalisation without surgery of the Insured; - 10 days following hospitalisation with surgery of the Insured. The days must be continuous and not divisible.
Telemonitoring for the elderly family member or disabled child	Maximum 3 times per insurance year Maximum for 15 days
School support for the student ensured	Maximum 3 times per insurance year Maximum 7 hours in 4 weeks usable from 9 a.m. to 6 p.m. (if the Organisational Structure cannot provide the teacher, expenses are reimbursed up to EUR 300.00)
Sending a babysitter/family assistant to the home	Maximum 3 times per insurance year A maximum of 5 hours per Claim, which can be take in no more than 5 days. Any excesses shall be settled directly between the Insured and the babysitter/family assistant sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.

Benefit	Limits to the benefit
Sending a caregiver to the home	Maximum 3 times per insurance year A maximum of 5 hours per Claim, which can be take in no more than 5 days. Any excesses shall be settled directly between the Insured and the caregiver sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.
Child psychological support for cyberbullying	Maximum 3 times per insurance year Maximum 6 sessions
Accompanying child to school due to parental hospitalisation	Maximum 3 times per insurance year Maximum 5 transports (round trip) In case it is impossible t° organise the journey, the Organisational Structure, subject to its authorisation, shall reimburse the expenses incurred by the Insured up to a maximum of EUR 50.00 per journey.



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits are effective in Italy, the Republic of San Marino and the Vatican City State.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all Benefits **only after contacting the Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the Benefit, the Insured shall notify:

- name and surname;
- type of benefit they need;
- Policy number and band code indicated in the Policy in the Prevenzione e Assistenza section;
- any medical documentation depending on the type of Cover taken out;
- address of the place where they are located;
- telephone number where they can be reached during assistance.

To find information relating to the Policy, the Insured may access the MyGenerali reserved area, which can be accessed on the www.generali.it website or from the MyGenerali app.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.



PRENDERSI CURA FAMILY - A VITA



What is covered by the Insurance?

Art. 1.1 Phone caring elderly family member

What is covered by the Insurance

If the Insured, as a result of accident or illness, is unable to contact their elderly family member (assisted) or to communicate with them, the Organisational Structure shall plan, in agreement with the Insured and the family member (assisted), a programme of telephone calls to stimulate the elderly person's social life in a period of potential loneliness related to the relative's temporary absence.

The Organisational Structure, after agreeing with the Insured and their elderly family member on a call time between **9 a.m. and 6 p.m.**, calls **the assisted person** daily.

The Organisational Structure makes **3 call attempts** during the day and alerts the Insured or the person designated by them if it fails to contact the assisted person.

The Insured is responsible for obtaining the family member's (assisted) consent to be contacted by the Organisational Structure.

The phone call **is not intended to assess the health condition** of the assisted person and/or to manage any emergency and/or urgent situations. Accordingly, the Organisational Structure shall not contact any emergency and/or urgent services. It should be noted that telephone contact is not made by healthcare staff who are able to assess the health condition of the assisted person.

The Care Manager may request any medical documentation to support their assessment.

Limitations of coverage apply

To provide the Benefits, the Insured shall activate the Organisational Structure with at least 48 hours' notice.

Calls are made between 9 a.m. and 6 p.m. for a maximum of 30 days.

Art. 1.2 Care Manager for an elderly family member or disabled child in case of accident or illness of the Insured

What is covered by the Insurance

If the Insured, following **an accident or illness that has resulted in an at least 2-night hospitalisation**, is no longer able to take care their non-self-sufficient elderly family member or disabled child and needs social care counselling, the Organisational Structure shall provide a Care Manager, who, after an in-depth telephone interview, shall assess the various care needs.

The Care Manager shall plan an inspection at the elderly family member's home or at the Insured's home in the case of a disabled child, if they deem it is necessary.

The Care Manager may request any medical documentation to support their assessment.

Upon completion of their assessments, the Care Manager shall provide, in writing and by telephone interview:

- indications as to the most appropriate care programme in light of the conditions of the elderly family member or disabled child with an indication of the correct professionals needed and the hourly/daily scheduling of interventions;
- indication of any changes to the logistics of the home with evidence of any architectural barriers or hazards to be removed;



- indication of the parameters of the elderly family member or disabled child to be monitored;
- where to find the necessary aids and devices;
- how to obtain health/social services at local facilities with information on which offices to contact;
- how to obtain the resources made available by the NHS (National Health Service).

Limitations of coverage apply

The consent of the elderly family member or guardian is required for the provision of the Benefit.

The Benefit may be requested for only one person from among those falling under the definition of an elderly family member or disabled child and shall be provided from Monday to Friday from 9:00 a.m. to 6:00 p.m. and only once per insurance period.

Art. 1.3 Care manager for illness or accident of elderly family member

What is covered by the Insurance

If the Insured's elderly family member, following **an accident or illness**, is no longer self-sufficient and the Insured needs social care counselling, the Organisational Structure shall provide them with a Care Manager, who, after an in-depth telephone interview with the Insured and the family member, shall assess the various care needs. The Care Manager shall plan an inspection at the Insured's elderly family member's home, if they deem it is necessary.

Upon completion of their assessments, the Care Manager shall provide, in writing and by telephone interview:

- indications as to the most appropriate care programme in light of the conditions of the elderly family member with an indication of the correct professionals needed and the hourly/daily scheduling of interventions;
- indication of any changes to the logistics of the home with evidence of any architectural barriers or hazards to be removed;
- indication of the parameters of the elderly family member to be monitored;
- where to find the necessary aids and devices;
- how to obtain health/social services at local facilities with information on which offices to contact;
- how to obtain the resources made available by the NHS (National Health Service).

The Care Manager may request any medical documentation to support their assessment.

Limitations of coverage apply

The consent of the elderly family member or guardian is required for the provision of the benefit.

The Benefit may be requested for only one person from among those falling under the definition of an elderly family member and shall be provided from Monday to Friday from 9:00 a.m. to 6:00 p.m. and only once per insurance period.

Art. 1.4 Home care for the elderly family member or disabled child in case of hospitalisation due to accident or illness of the Insured

What is covered by the Insurance

If the Insured, following **an accident or illness resulting in an at least 2 nights of hospitalisation**, is unable to take care of an elderly family member or disabled child and needs home care for the family member, the Organisational Structure shall provide the Insured with a Care Manager.

Once the Care Manager has ascertained the need for the benefit, the procedures to access and provide the service shall be defined, in agreement with the Insured's doctors, by the doctors of the Organisational Structure with the intervention of their own medical or paramedical staff.

Limitations of coverage apply

Agreement with the family member's doctor and at least 48 hours' notice to the Organisational Structure are required to plan the service.

The Benefit is provided for a maximum of:

- 5 days following hospitalisation without surgery of the Insured;
- 10 days following hospitalisation with surgery of the Insured.

The days must be continuous and not divisible.

The benefit is valid until the Insured is 80 years old.

Art. 1.5 Post hospitalisation integrated home assistance after 80 years of age

What is covered by the Insurance

If the Insured, following an **accident or illness resulting in at least 1 night hospitalisation, is not self-sufficient** in carrying out everyday life **simple acts and requires assistance at home**, they may contact the Organisational Structure.

Non-self-sufficiency in carrying out everyday life **simple acts** means **the inability to manage independently, without the assistance of another person, 3 of the 6 everyday life functions** listed below.

- **Bathing or showering:** the ability to wash oneself in the tub or shower and also to get in and out of the tub or shower or wash oneself satisfactorily some other way
- **Dressing and undressing:** the ability to put on, take off, fasten or unfasten any type of piece of clothing and possibly also braces, artificial limbs or other prosthetic devices
- **Body hygiene:** using the bathroom independently (going to the toilet, wiping, dressing)
- **Mobility:** ability to move from bed to a chair or wheelchair and vice versa and to move around the house from one room to another on the same floor
- **Contenance:** the ability to go to the toilet or otherwise urinate and defecate so as to maintain a satisfactory level of personal hygiene
- **Drinking and eating:** ability to drink and swallow food prepared by others without help

Once the need for the Benefit has been ascertained, the procedures to access and provide the service shall be defined, in agreement with the Insured's doctors, by the Care Manager and the doctors of the Organisational Structure with the intervention of their own medical or paramedical, health and social and/or assistance and social staff, identifying and reporting according to appropriate staff availability.

Limitations of coverage apply

The Benefit is provided for a **maximum of 30 days**.

The days must be **continuous and not divisible**.

Agreement with the Insured's doctor **and at least 48 hours' notice to the Organisational Structure are required to plan the service**.

Art. 1.6 Telemonitoring for the elderly family member or the disabled child

What is covered by the Insurance

If, following the Care Manager's assessment, it becomes necessary to activate a system to monitor the clinical data of the elderly family member or disabled child, the Insured may activate the Organisational Structure, which shall plan and manage the dispatch of the Insured's home.

Limitations of coverage apply

The Organisational structure directly bears the costs of the telemonitoring system up to a maximum of 15 days after discharge from the institute for health care.

Telephone connection costs shall be borne by the Insured.

Agreement with the Insured's doctor and at least 72 hours' notice to the Organisational Structure are required to plan the Benefit.

Art. 1.7 School support for the student insured

What is covered by the Insurance

If the Insured under the age of 13, following an **accident or illness resulting in absence from school of more than 30 continuous class days as certified**, needs the support of a teacher to catch up with classes, they may contact the Organisational Structure, which shall send a teacher to the home. If it is not possible to find the teacher, the Organisational Structure shall reimburse the expenses incurred upon submittal of the relevant documentation.

Limitations of coverage apply

The Organisational Structure shall bear the Benefit's expenses up to a total of 7 hours over a period of 4 weeks, available from 9 a.m. to 6 p.m.

If it is not possible to find the teacher, the Organisational Structure shall reimburse the expenses incurred upon submittal of the relevant documentation up to EUR 300,00 per Claim.

Art. 1.8 Sending a babysitter/family assistant to the home

What is covered by the Insurance

If the Insured, following an **accident or illness resulting in hospitalisation for more than 3 days**, is unable to take care of a child under the age of 14 or a disabled child (suffering from a disability that is not serious and does not require medical personnel or nurse), the Organisational Structure shall provide the name of one or more babysitters/home help in the area where the Insured is located, subject to local availability.

In the case of a disabled child, appropriate medical documentation proving the disability shall be produced.

Limitations of coverage apply

The costs for the Benefit shall be borne by the Organisational Structure up to 5 hours per claim, usable in no more than 5 days.

Any excesses shall be settled directly between the Insured and the babysitter/home help sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.

Art. 1.9 Sending a caregiver to the home

What is covered by the Insurance

If the Insured, following **an accident or illness**, is unable to take care of a cohabiting family member over 75 years of age, the Organisational Structure, having ascertained the need for the benefit, shall send a Healthcare Assistant and/or indicate the company capable of sending social care staff (carer), subject to local availability.

Limitations of coverage apply

The costs for the Benefit shall be borne by the Organisational Structure up to 5 hours per claim, usable in no more than 5 days.

Any excesses shall be settled directly between the Insured and the caregiver sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.

Art. 1.10 Child psychological support for cyberbullying

What is covered by the Insurance

If the Insured's underage child has suffered cyberbullying and needs psychological support, the Organisational Structure shall refer the child to a psychologist, directly or through the Insured's doctor.

The Insured shall notify the name of the Doctor, if any, and their telephone number.

Limitations of coverage apply

The expenses of the Benefit shall be borne by the Organisational Structure up to 6 appointments.

Art. 1.11 Accompanying child to school due to parental hospitalisation

What is covered by the Insurance

If the Insured, following **an accident or illness resulting in hospitalisation for more than 1 day**, is unable to accompany their children under 13 years of age to school, they may contact the Organisational Structure, which shall plan taxi transport for the child from home to school and back.

Limitations of coverage apply

The Organisational Structure shall plan up to a maximum of 5 transports (round trip). In case it is impossible to organise the journey, the Organisational Structure, subject to its authorisation, shall reimburse the expenses incurred by the Insured up to a maximum of EUR 50.00 per journey.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- a. occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;
- b. occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;
- c. occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of particles atomic particles;
- d. caused by fraudulent intent on the part of the Insured;
- e. caused by the intervention of public authorities.



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

Subject to the special conditions indicated for each Benefit, the Company shall provide the same through Europ Assistance's Organisational Structure for a maximum of three times per year and up to the coverage limit indicated in each individual Benefit.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits, the Company **is not obliged to provide indemnities or alternative benefits** of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Benefit	Limits to the benefit
Phone caring elderly family member	Maximum 3 times per insurance year
Care Manager for an elderly family member or disabled child in case of accident or illness of the Insured	Maximum 3 times per insurance year The Benefit shall be provided: <ul style="list-style-type: none"> - Monday to Friday from 9:00 a.m. to 6 p.m. - only once per insurance period for one person among those falling under the definition of elderly family member or disabled child.
Care manager for illness or accident of elderly family member	Maximum 3 times per insurance year The Benefit shall be provided: <ul style="list-style-type: none"> - Monday to Friday from 9:00 a.m. to 6 p.m. - only once per insurance period - for only one person among those falling under the definition of elderly family member.
Home care for the elderly family member or disabled child in case of hospitalisation due to accident or illness of the Insured	Maximum 3 times per insurance year The Benefit shall be provided up to: <ul style="list-style-type: none"> - 5 days following hospitalisation without surgery of the Insured; - 10 days following hospitalisation with surgery of the Insured. The days must be continuous and not divisible.
Post hospitalisation integrated home assistance up to 80 years of age	Maximum 3 times per insurance year Maximum for 30 days
Telemonitoring for the elderly family member or disabled child	Maximum 3 times per insurance year Maximum for 15 days
School support for the student ensured	Maximum 3 times per insurance year Maximum 7 hours in 4 weeks usable from 9 a.m. to 6 p.m. (if the Organisational Structure cannot provide the teacher, expenses are reimbursed up to EUR 300.00)
Sending a babysitter/family assistant to the home	Maximum 3 times per insurance year A maximum of 5 hours per Claim, which can be take in no more than 5 days. Any excesses shall be settled directly between the Insured and the babysitter/family assistant sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.
Sending a caregiver to the home	Maximum 3 times per insurance year A maximum of 5 hours per Claim, which can be take in no more than 5 days. Any excesses shall be settled directly between the Insured and the caregiver sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.
Child psychological support for cyberbullying	Maximum 3 times per insurance year Maximum 6 sessions
Accompanying child to school due to parental hospitalisation	Maximum 3 times per insurance year Maximum 5 transports (round trip) In case it is impossible to organise the journey, the Organisational Structure, subject to its authorisation, shall reimburse the expenses incurred by the Insured up to a maximum of EUR 50.00 per journey.



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits are effective in Italy, the Republic of San Marino and the Vatican City State.



When and how do I pay?

Art. 5.1 Premium adjustment according to the age of the Insured

Without prejudice to the provisions of Modulo Generale with reference to payment of the Premium, the effective date of the Covers and the means of payment of the Premium, the latter shall be adjusted annually according to the aging of the Insured.

The adjustment applies **only and exclusively after the initial expiry of five years** with the following criteria:

- 3% increase over the previous insurance year, up to the year in which the Insured reaches the age of 64;
- 5% increase over the previous insurance year, from the year in which the Insured reaches the age of 65.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all Benefits **only after contacting the Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the Benefit, the Insured shall notify:

- a. name and surname;
- b. type of benefit they need;
- c. Policy number and band code indicated in the Policy in the Prevenzione e Assistenza section;
- d. any medical documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

To find information relating to the Policy, the Insured may access the MyGenerali reserved area, which can be accessed on the www.generali.it website or from the MyGenerali app.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

Starbene CARE SERVICES

The care and advisory services offered by the Company, also through Generali Welion S.c.a.r.l., the Affiliated Medical Institutions or by third party companies, are listed below.

START CARE SERVICES



What is covered by the Insurance?

Art. 1.1 Health facility search service

What is covered by the Insurance

With the Health Facility Search Service, the Insured can search, via their personal area of the Generali.it website or the MyGenerali App, for the nearest affiliated health facilities and obtain all the information needed to contact them (e.g. telephone contact, e-mail, opening hours).

In case of the Starbene Tutti compresi combination, Insured persons other than the Policyholder may access the service via the Generali.it website in the “Healthcare Facilities” section.

Art. 1.2 Welion card - Access to the health network at reduced rates

In case of benefits not envisaged in the specific section of the Policy or in case the coverage limit envisaged for the specific Cover has been used up, the Insured may access the Affiliated Facilities' network benefitting from reduced rates.

Reductions are available stating, during the booking process, to be Generali insured and presenting the voucher to the selected facility together with a valid document.

The voucher and the list of affiliated facilities are available in the personal area of the Generali.it website or from MyGenerali App.

Art. 1.3 Welion card - Access to the dental network

In case of dental benefits that are not envisaged in the specific section of the Policy or if the coverage limit has been used up, the Insured may access Welion's affiliated network, benefitting from reduced rates.

The service may be accessed by the Insured directly from their personal area of the Generali.it website.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate services

Care services can be activated digitally (MyGenerali App and Generali.it website) or by calling the Operations Centre on the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

CARE SERVICES PLUS



What is covered by the Insurance?

Art. 1.1 Health facility search service

What is covered by the Insurance

With the Health Facility Search Service, the Insured can search, via their personal area of the Generali.it website or the MyGenerali App, for the nearest affiliated health facilities and obtain all the information needed to contact them (e.g., telephone contact, e-mail, opening hours).

In case of the Starbene Tutti compresi combination, Insured persons other than the Policyholder may access the service via the Generali.it website in the “Healthcare Facilities” section.

Art. 1.2 Welion card - Access to the health network at reduced rates

In case of benefits not envisaged in the specific section of the Policy or in case the coverage limit envisaged for the specific Cover has been used up, the Insured may access Welion’s affiliated facilities’ network benefitting from reduced rates.

Reductions are available stating, during the booking process, to be Generali insured and presenting the voucher to the selected facility together with a valid document.

The voucher and the list of affiliated facilities are available in the personal area of the Generali.it website or from MyGenerali App.

Art. 1.3 Welion card - Access to the dental network

In case of dental benefits that are not envisaged in the specific section of the Policy or if the coverage limit has been used up, the Insured may access Welion’s affiliated network, benefitting from reduced rates.

The service may be accessed by the Insured directly from their personal area of the Generali.it website.

Art. 1.4 Remote advice service

What is covered by the Insurance

In case of need, the Insured can access, through the Operations Centre, a remote (telephone/video) medical advice service such as:

- a. medical health information on vaccinations
- b. immediate medical opinion
- c. online health guide

The detailed aspects of the service are indicated below:

a. medical health information on vaccinations:

Service that, in case of need, enables the Insured to contact a doctor belonging to one of the Medical Institutions affiliated with Welion who shall provide information support regarding:

- compulsory vaccinations required by Italian law (which vaccines, how they are administered, vaccination calendar)
- recommended vaccinations in view of travelling to other countries in the world (timing, methods of administration).

b. immediate medical opinion:

Service through which the Insured, in case of need, can contact medical staff who shall provide the most appropriate information and advice.

c) online health guide:

The Operations Centre implements a health information service on

- public and private health facilities: location and specialisations;
- information on the administrative aspects of healthcare (bureaucratic information, exemption from payments, direct and indirect assistance in Italy and abroad, etc.);
- specialised medical centres for particular diseases in Italy and abroad;
- drugs: composition, indications and side effects.

The Insured may request the advisory services provided by the Operations Centre by calling the toll-free number 800 880 880 (from abroad +39 02 8295 1155) or by directly accessing your personal area on the Generali.it website or from the MyGenerali App (from Monday to Friday from 8:00 a.m. to 10:00 p.m. and Saturdays from 8:00 a.m. to 2:00 p.m., excluding public holidays). Upon verification of entitlement to the benefit, the Insured shall be connected with a doctor from the Operations Centre. The service does not provide medical diagnosis or prescriptions.

In case of the Starbene Tutti compresi combination, the service is only available to the Policyholder.

The Company shall bear the costs of the services for a maximum of 3 remote advices per insurance year.

Art. 1.5 Second Opinion

What is covered by the Insurance

If necessary, the Insured may contact the Operations Centre to request a second medical opinion following a diagnosis, or diagnostic tests.

Second opinions are provided, through Affiliated Medical Institutions, in the following areas

- Oncology,
- Cardiology,
- General practice.

The Insured may request the Second Opinion service provided by the Operations Centre by calling the toll-free number 800 880 880 (from abroad +39 02 8295 1155) from Monday to Friday from 8:00 a.m. to 2:00 p.m., excluding public holidays. Upon verification of entitlement to the benefit, the Insured shall provide all medical documentation in their possession for the proper provision of the service.

The service is offered to Insured persons over the age of 15.

In case of the Starbene Tutti compresi combination, the service is only available to the Policyholder.

The Company shall bear the costs of the services for a maximum of 1 second opinion per insurance year.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate services

Care services can be activated digitally (MyGenerali App and Generali.it website) or by calling the Operations Centre on the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

Starbene Prevenzione e Assistenza

STARBENE START



What is covered by the Insurance?

Art. 1.1 Medical advice

What is covered by the Insurance

In case the Insured needs medical advice to assess either their health or the most appropriate benefit, following a illness and/or accident, they shall contact the Organisational Structure's doctors 24 hours a day, 7 days a week to ask for an advice over the telephone. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.2 Cardiological advice

What is covered by the Insurance

In case the Insured needs cardiological advice to assess either health condition or the most appropriate benefit, following illness and/or accident, they shall contact the Organisational Structure. The Insured shall notify the name of the doctor, if any, and their telephone number. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.3 Paediatric advice

What is covered by the Insurance

In case the Insured faces difficulties in finding a paediatrician for an urgent paediatric advice following illness and/or accident of their child, they shall contact the doctors of the Organisational Structure directly. The Insured shall notify the name of the doctor, if any, and their telephone number. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.4 Gynaecological advice

What is covered by the Insurance

In case the Insured faces difficulties in finding their gynaecologist for an urgent gynaecological advice following illness and/or accident, she shall be assisted by the gynaecologist of the Organisational Structure by telephone. The Insured shall notify the reason for her request and her telephone number. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.5 Neurological advice

What is covered by the Insurance

In case the Insured faces difficulties in finding their neurologist for an urgent neurological advice following illness and/or accident, they shall be assisted by the neurologist of the Organisational Structure by telephone. The Insured shall notify the reason for their request and their telephone number. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.6 Sending a doctor to the home in Italy

What is covered by the Insurance

If a medical examination is necessary, following a medical advice, the Organisational Structure shall send one of the affiliated doctors to the Insured's home. The Company shall bear the expenses. If one the affiliated doctors cannot to intervene personally, the Organisational Structure shall plan the transfer of the Insured by ambulance to the nearest suitable medical centre.



The Benefit shall be provided from 8 p.m. to 8 a.m. Monday to Friday and 24 hours a day on Saturdays, Sundays and public holidays.

Art. 1.7 Sending an ambulance to the home in Italy

What is covered by the Insurance

If transport by ambulance is necessary, following medical advice, the Organisational Structure shall plan the transfer of the Insured to the nearest medical centre.

Limitations of coverage apply

The Company shall bear the costs of transport up to EUR 250.00 per Claim and EUR 500.00 per insurance year.

Art. 1.8 Sending a nurse to the home in Italy

What is covered by the Insurance

In case nursing care is needed, in the week following return from hospitalisation, the Organisational Structure shall send a nurse to the Insured's home.

Limitations of coverage apply

The Organisational Structure shall bear the costs of the service up to a maximum of 5 sessions.

Art. 1.9 Transfer to a hospital in Italy

What is covered by the Insurance

In case the Insured is diagnosed with a pathology following an accident/illness for which hospitalisation is necessary, the Organisational Structure may transfer the Insured to a hospital in Italy that is more suitable to treat the Insured. After an assessment of the Insured's clinical picture by their doctor and the Organisational Structure's doctors, the Organisational Structure shall have the Insured transferred for the following reasons:

- sudden shortage of only those clinical instruments of the organisational structure that are necessary and suitable to treat an Insured;
- justified medical reasons.

The Organisational Structure shall:

- identify and book, taking into account existing availability, the hospital deemed best equipped for the Insured's pathology;
- plan the transport of the Insured by ambulance, with no route limits.

Transport is fully planned by the Organisational Structure, including medical or nursing assistance during the trip should the Organisational Structure's doctors deem it necessary.

The Company shall bear the relevant costs.

What is NOT covered by the Insurance

The following activities are excluded from the Benefit:

- illnesses or injuries which, in the opinion of the organisational structure's doctors, can be treated within the hospital organisation of the region of residence;
- illnesses or injuries that cannot be treated within the hospital organisation of the region of residence due to structural and/or organisational deficiencies of the hospital organisation;
- all cases where transport results in breach of health regulations.

Limitations of coverage apply

The Benefit shall be provided, subject to certification by the Medical Director of the relevant facility:

- **from 12:00 p.m. on the day the Cover takes effect for transfers that are necessary due to the accident.**

Art. 1.10 Repatriation of remains

What is covered by the Insurance

In case of death of the Insured, occurred abroad due to an accident, the Organisational Structure shall plan and transport the remains to an international airport near the place of burial, provided that it is located in one of the countries of the European Union.

What is NOT covered by the Insurance

Costs related to the funeral ceremony and any retrieval of the remains shall be excluded from the Benefit.

Limitations of coverage apply

The Company shall bear the costs up to a maximum amount of EUR 5,000.00 per Claim.

Art. 1.11 Expatriation of remains

What is covered by the Insurance

In case of the death of the Insured in Italy due to an accident, the Organisational Structure shall plan and transport the remains to the airport closest to the place of burial, in the Insured's country of origin. If it is not possible to reach any airport in the country of origin, the Organisational Structure shall plan the transport of the remains to the international airport of the nearest accessible country. The Organisational Structure shall comply with all formalities, in accordance with international standards.

What is NOT covered by the Insurance

The following are excluded from the Benefit:

- **costs related to the funeral ceremony and any retrieval of the remains;**
- **expenses for transporting the body to the place of burial in its country of origin.**

Limitations of coverage apply

The Company shall bear the costs up to a maximum amount of EUR 10,000.00 per Claim.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not due for the following events:

- occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;**
- occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;**
- occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;**
- caused by fraudulent intent on the part of the Insured;**
- caused by the intervention of public authorities.**



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

All assistance Benefits listed, which the Company provides through the Organisational Structure of Europ Assistance, shall be provided a maximum of three times per year and up to the coverage limit indicated in each individual Benefit, subject to the limits set forth therein.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits indicated in the specific section of the Policy, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply:

Benefit	Deductible/Uncovered Amount	Limit of Indemnity
Medical advice	-	-
Cardiological advice	-	-
Paediatric advice	-	-
Gynaecological advice	-	-
Neurological advice	-	-
Sending a doctor to the home in Italy	-	-
Sending an ambulance to the home in Italy	-	-
Sending a nurse to the home in Italy	-	-
Transfer to a hospital in Italy	-	-
Repatriation of remains	-	EUR 5,000.00 per Claim
Expatriation of remains	-	EUR 10,000.00 per Claim



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits apply in Italy, the Republic of San Marino and the Vatican City State unless a broader scope of application is expressly specified in the individual Benefit.

When in the Benefits reference is made to Italy, that reference shall be deemed to extend to the Republic of San Marino and the Vatican City State.

However, Benefits do not apply to those countries that are in a state of declared or de facto belligerency. Countries are considered as such:

- indicated in the https://watchlists.ihsmarkit.com/services/watchlistinspector.aspx?watchlist_id=a661e336-c342-4965-b1e7-70980edf8_cc2 with a risk rating of 4.0 or higher';
- those whose belligerent status has been made publicly known.

Benefits are also not provided in countries where, at the time of the Claim and/or request for assistance, civil unrest is taking place.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all benefits only after contacting the Organisational Structure at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the Benefit, the Insured shall notify:

- a. name and surname;
- b. type of benefit they need;
- c. Policy number and band code indicated in the specific section of the Policy in the Prevenzione e Assistenza section;
- d. any medical documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

STARBENE SU MISURA



What is covered by the Insurance?

Art. 1.1 Medical advice

What is covered by the Insurance

In case the Insured needs medical advice to assess either their health or the most appropriate benefit, following a illness and/or accident, they shall contact the Organisational Structure's doctors 24 hours a day, 7 days a week to ask for an advice over the telephone. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.2 Cardiological advice

What is covered by the Insurance

In case the Insured needs cardiological advice to assess either health condition or the most appropriate benefit, following illness and/or accident, they shall contact the Organisational Structure. The Insured shall notify the name of the doctor, if any, and their telephone number. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.3 Paediatric advice

What is covered by the Insurance

In case the Insured faces difficulties in finding a paediatrician for an urgent paediatric advice following illness and/or accident of their child, they shall contact the doctors of the Organisational Structure directly. The Insured shall notify the name of the doctor, if any, and their telephone number. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.4 Gynaecological advice

What is covered by the Insurance

In case the Insured faces difficulties in finding their gynaecologist for an urgent gynaecological advice following illness and/or accident, she shall be assisted by the gynaecologist of the Organisational Structure by telephone. The Insured shall notify the reason for her request and her telephone number. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.5 Neurological advice

What is covered by the Insurance

In case the Insured faces difficulties in finding their neurologist for an urgent neurological advice following illness and/or accident, they shall be assisted by the neurologist of the Organisational Structure by telephone. The Insured shall notify the reason for their request and their telephone number. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.6 Sending a doctor to the home in Italy

What is covered by the Insurance

If a medical examination is necessary, following a medical advice, the Organisational Structure shall send one of the affiliated doctors to the Insured's home. The Company shall bear the expenses. If one the affiliated doctors cannot to intervene personally, the Organisational Structure shall plan the transfer of the Insured by ambulance to the nearest suitable medical centre.

The Benefit shall be provided from 8 p.m. to 8 a.m. Monday to Friday and 24 hours a day on Saturdays, Sundays and public holidays.



Art. 1.7 Sending an ambulance to the home in Italy

What is covered by the Insurance

If transport by ambulance is necessary, following medical advice, the Organisational Structure shall plan the transfer of the Insured to the nearest medical centre.

Limitations of coverage apply

The Company shall bear the costs of transport up to EUR 250.00 per Claim and EUR 500.00 per insurance year.

Art. 1.8 Sending a nurse to the home in Italy

What is covered by the Insurance

In case nursing care is needed, in the week following return from hospitalisation, the Organisational Structure shall send a nurse to the Insured's home.

Limitations of coverage apply

The Organisational Structure shall bear the costs of the service up to a maximum of 5 sessions.

Art. 1.9 Transfer to a hospital in Italy

What is covered by the Insurance

In case the Insured is diagnosed with a pathology following an accident/illness for which hospitalisation is necessary, the Organisational Structure may transfer the Insured to a hospital in Italy that is more suitable to treat the Insured. After an assessment of the Insured's clinical picture by their doctor and the Organisational Structure's doctors, the Organisational Structure shall have the Insured transferred for the following reasons:

- sudden shortage of only those clinical instruments of the organisational structure that are necessary and suitable to treat an Insured;
- justified medical reasons.

The Organisational Structure shall:

- identify and book, taking into account existing availability, the hospital deemed best equipped for the Insured's pathology,
- plan the transport of the Insured by ambulance, with no route limits.

Transport is fully planned by the Organisational Structure, including medical or nursing assistance during the trip should the Organisational Structure's doctors deem it necessary.

The Company shall bear the relevant costs.

What is NOT covered by the Insurance

The following activities are excluded from the Benefit:

- illnesses or injuries which, in the opinion of the Organisational Structure's doctors, can be treated within the hospital organisation of the region of residence;
- illnesses or injuries that cannot be treated within the hospital organisation of the region of residence due to structural and/or organisational deficiencies of the hospital organisation;
- all cases where transport results in breach of health regulations.

Limitations of coverage apply

The Benefit shall be provided, subject to certification by the medical director of the relevant facility:

- from 12:00 p.m. on the day the Cover takes effect for transfers that are necessary due to the accident.

Art. 1.10 Repatriation of remains

What is covered by the Insurance

In the event of the death of the Insured Person abroad due to an accident, the Organisational Structure shall organise and carry out the transport the body to the international airport near the place of burial, provided that it is located in one of the EU countries.

What is NOT covered by the Insurance

Costs related to the funeral service and any retrieval of the remains shall be excluded from the Benefit.

Limitations of coverage apply

The Company shall bear the costs up to a maximum amount of EUR 5,000.00 per Claim.

Art. 1.11 Expatriation of remains

What is covered by the Insurance

In case of the death of the Insured in Italy due to an accident, the Organisational Structure shall plan and transport the remains to the airport closest to the place of burial, in the Insured's country of origin. If it is not possible to reach any airport in the country of origin, the Organisational Structure shall plan the transport of the remains to the international airport of the nearest accessible country. The Organisational Structure shall comply with all formalities, in accordance with international standards.

What is NOT covered by the Insurance

The following are excluded from the Benefit:

- costs related to the funeral service and any retrieval of the remains;
- expenses for transporting the body to the place of burial in its country of origin.

There are limitations of coverage

The Company shall bear the costs up to a maximum amount of EUR 10,000.00 per Claim.

Art. 1.12 Assistance for physiotherapy sessions

What is covered by the Insurance

In case of accident, the week following hospitalisation, for which a physiotherapist is required at home (in Italy) during the recovery period, the Organisational Structure shall directly provide the Insured with a physiotherapist.

Limitations of coverage apply

The Company shall bear the physiotherapist's fees up to a maximum of five sessions.

Art. 1.13 Assistance for physiotherapy sessions for rehabilitation

What is covered by the Insurance

In case of sports injury, the week following hospitalisation, for which a physiotherapist is required at home (in Italy) during the recovery period, the Organisational Structure shall directly provide the Insured with a physiotherapist.

Limitations of coverage apply

The Organisational Structure shall bear the costs of the service up to a maximum of 5 sessions.

Art. 1.14 Sending a Domestic helper

What is covered by the Insurance

In case the Insured is unable to leave their home (in Italy) the week following hospitalisation following an accident, the Organisational Structure shall send domestic help to carry out activities related to the performance of daily family life such as payments, shopping, administrative tasks, family collaboration.

Limitations of coverage apply

The Organisational Structure shall bear the costs of the service up to a maximum of 8 hours.

Art. 1.15 Early return

What is covered by the Insurance

When the Insured is abroad and shall return to their residence before the due date due to death (as per the date on the death certificate issued by the registry office) or hospitalisation, with imminent life-threatening, of the spouse/individual living with the Insured as a conjugal partner, son/daughter, brother, sister, parent, father/mother-in-law, son-in-law or daughter-in-law, the Organisational Structure shall provide the Insured with a first class train ticket or an economy class airline ticket. The Company shall bear the relevant travel expenses.

The Insured shall provide the death certificate and any other useful documentation requested within 15 days of the Claim.

Limitations of coverage apply

In case the Insured cannot use their vehicle to return home early, the Organisational Structure shall provide them with an additional ticket to retrieve their vehicle at a later date, bearing the cost of the tickets:

- up to a maximum amount of EUR 200.00 if the return trip is from Italy;
- up to a maximum amount of EUR 300.00 if the return trip is from abroad.

Art. 1.16 Post-accident medical advice

What is covered by the Insurance

In case the Insured needs medical advice to assess either their health or the most appropriate benefit, following a sports injury, they shall contact the Organisational Structure's doctors 24 hours a day, 7 days a week for an advice over the telephone.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.17 Safe sports info

What is covered by the Insurance

In case the Insured needs information on safe practice of sports activity, the Insured shall contact the Organisational Structure for a telephone advice from a specialist, who shall provide the Insured with the following information:

- useful indications to prevent sports injuries;
- suggestions to practice sports suitable according to age and physical condition;
- useful indications to prevent sports injuries;
- suggestions to practice sports suitable according to age and physical condition.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;**
- occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;**
- occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;**

- d. caused by fraudulent intent on the part of the Insured;
- e. caused by the intervention of public authorities.



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

All assistance Benefits listed, which the Company provides through the Organisational Structure of Europ Assistance, shall be provided a maximum of three times per year and up to the coverage limit indicated in each individual benefit, subject to the limits set forth therein.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the benefits indicated in the specific section of the Policy, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Benefit	Deductible/Uncovered Amount	Limit of Indemnity
Medical advice	-	-
Cardiological advice	-	-
Paediatric advice	-	-
Gynaecological advice	-	-
Neurological advice	-	-
Sending a doctor to the home in Italy	-	-
Sending an ambulance to the home in Italy	-	-
Sending a nurse to the home in Italy	-	-
Transfer to a hospital in Italy	-	-
Repatriation of remains	-	EUR 5,000.00 per Claim
Expatriation of remains	-	EUR 10,000.00 per Claim
Assistance for physiotherapy sessions	-	Maximum 5 sessions
Assistance for physiotherapy sessions for rehabilitation	-	Maximum 5 sessions
Sending a Domestic helper	-	Maximum 8 hours
Early return	-	EUR 200.00 for return from Italy EUR 300.00 for return from abroad
Post-accident medical advice	-	-
Safe sports info	-	-



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits apply in Italy, the Republic of San Marino and the Vatican City State unless a broader scope of application is expressly specified in the individual Benefit.

When in the Benefits reference is made to Italy, that reference shall be deemed to extend to the Republic of San Marino and the Vatican City State.

However, Benefits do not apply to those countries that are in a state of declared or de facto belligerency. Countries are considered as such:

- indicated in the https://watchlists.ihsmarket.com/services/watchlistinspector.aspx?watchlist_id=a661e336-c342-4965-b1e7-70980edf8_cc2 with a risk rating of 4.0 or higher”;
- those whose belligerent status has been made publicly known.

Benefits are also not provided in countries where, at the time of the Claim and/or request for assistance, civil unrest is taking place.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all Benefits **only after contacting the Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the Benefit, the Insured shall notify:

- a. name and surname;
- b. type of benefit they need;
- c. Policy number and band code indicated in the specific section of the Policy in the Prevenzione e Assistenza section;
- d. any medical documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

STARBENE TUTTI COMPRESI



What is covered by the Insurance?

Art. 1.1 Medical advice

What is covered by the Insurance

In case the Insured needs medical advice to assess either their health or the most appropriate benefit, following an illness and/or accident, they shall contact the Organisational Structure's doctors 24 hours a day, 7 days a week to ask for an advice over the telephone. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.2 Cardiological advice

What is covered by the Insurance

In case the Insured needs cardiological advice to assess either health condition or the most appropriate benefit, following illness and/or accident, they shall contact the Organisational Structure. The Insured shall notify the name of the doctor, if any, and their telephone number. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.3 Paediatric advice

What is covered by the Insurance

In case the Insured faces difficulties in finding a paediatrician for an urgent paediatric advice following illness and/or accident of their child, they shall contact the doctors of the Organisational Structure directly. The Insured shall notify the name of the doctor, if any, and their telephone number. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.4 Gynaecological advice

What is covered by the Insurance

In case the Insured faces difficulties in finding their gynaecologist for an urgent gynaecological advice following illness and/or accident, she shall be assisted by the gynaecologist of the Organisational Structure by telephone. The Insured shall notify the reason for her request and her telephone number. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.5 Neurological advice

What is covered by the Insurance

In case the Insured faces difficulties in finding their neurologist for an urgent neurological advice following illness and/or accident, they shall be assisted by the neurologist of the Organisational Structure by telephone. The Insured shall notify the reason for their request and their telephone number. Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.6 Sending a doctor to the home in Italy

What is covered by the Insurance

If a medical examination is necessary, following a medical advice, the Organisational Structure shall send one of the affiliated doctors to the Insured's home. The Company shall bear the expenses. If one the affiliated doctors cannot to intervene personally, the Organisational Structure shall plan the transfer of the Insured by ambulance to the nearest suitable medical centre.

The Benefit shall be provided from 8 p.m. to 8 a.m. Monday to Friday and 24 hours a day on Saturdays, Sundays and public holidays.

Art. 1.7 Sending an ambulance to the home in Italy

What is covered by the Insurance

If transport by ambulance is necessary, following medical advice, the Organisational Structure shall plan the transfer of the Insured to the nearest medical centre.

Limitations of coverage apply

The Company shall bear the costs of transport up to EUR 250.00 per Claim and EUR 500.00 per insurance year.

Art. 1.8 Sending a nurse to the home in Italy

What is covered by the Insurance

In case nursing care is needed, in the week following return from hospitalisation, the Organisational Structure shall send a nurse to the Insured's home.

Limitations of coverage apply

The Organisational Structure shall bear the costs of the service up to a maximum of 5 sessions.

Art. 1.9 Transfer to a hospital in Italy

What is covered by the Insurance

In case the Insured is diagnosed with a pathology following an accident/illness for which hospitalisation is necessary, the Organisational Structure may transfer the Insured to a hospital in Italy that is more suitable to treat the Insured. After an assessment of the Insured's clinical picture by their doctor and the Organisational Structure's doctors, the Organisational Structure shall have the Insured transferred for the following reasons:

- sudden shortage of only those clinical instruments of the Organisational Structure that are necessary and suitable to treat an Insured;
- justified medical reasons.

The Organisational Structure shall:

- identify and book, taking into account existing availability, the hospital deemed best equipped for the Insured's pathology;
- plan the transport of the Insured by ambulance, with no route limits.

Transport is fully planned by the Organisational Structure, including medical or nursing assistance during the trip should the Organisational Structure's doctors deem it necessary.

The Company shall bear the relevant costs.

What is NOT covered by the Insurance

The following activities are excluded from the Benefit:

- illnesses or injuries which, in the opinion of the Organisational Structure's doctors, can be treated within the hospital organisation of the region of residence;
- illnesses or injuries that cannot be treated within the hospital organisation of the region of residence due to structural and/or organisational deficiencies of the hospital organisation;
- all cases where transport results in breach of health regulations.

Limitations of coverage apply

The Benefit shall be provided, subject to certification by the Medical Director of the relevant facility:

- **from 12:00 p.m. on the day the Cover takes effect for transfers that are necessary due to the accident.**

Art. 1.10 Repatriation of remains

What is covered by the Insurance

In the event of the death of the Insured Person abroad due to an accident, the Organisational Structure shall organise and carry out the transport the body to the international airport near the place of burial, provided that it is located in one of the EU countries;

What is NOT covered by the Insurance

Costs related to the funeral service and any retrieval of the remains shall be excluded from the Benefit.

Limitations of coverage apply

The Company shall bear the costs up to a maximum amount of EUR 5,000.00 per Claim.

Art. 1.11 Expatriation of remains

What is covered by the Insurance

In case of the death of the Insured in Italy due to an accident, the Organisational Structure shall plan and transport the remains to the airport closest to the place of burial, in the Insured's country of origin.

If it is not possible to reach any airport in the country of origin, the Organisational Structure shall plan the transport of the remains to the international airport of the nearest accessible country. The Organisational Structure shall comply with all formalities, in accordance with international standards.

What is NOT covered by the Insurance

The following are excluded from the Benefit:

- expenses related to the funeral service and any retrieval of the remains;
- expenses for transporting the body to the place of burial in its country of origin.

There are limitations of coverage

The Company shall bear the costs up to a maximum amount of EUR 10,000.00 per Claim.

Art. 1.12 Assistance for physiotherapy sessions

What is covered by the Insurance

In case of accident, the week following hospitalisation, for which a physiotherapist is required at home (in Italy) during the recovery period, the Organisational Structure shall directly provide the Insured with a physiotherapist.

Limitations of coverage apply

The Company shall bear the physiotherapist's fees up to a maximum of five sessions.

Art. 1.13 Assistance for physiotherapy sessions for rehabilitation

What is covered by the Insurance

In case of sports injury, the week following hospitalisation, for which a physiotherapist is required at home (in Italy) during the recovery period, the Organisational Structure shall directly provide the Insured with a physiotherapist.

Limitations of coverage apply

The Organisational Structure shall bear the costs of the service up to a maximum of 5 sessions.

Art. 1.14 Sending a Domestic helper

What is covered by the Insurance

In case the Insured is unable to leave their home (in Italy) the week following hospitalisation following an acci-

dent, the Organisational Structure shall send domestic help to carry out activities related to the performance of daily family life such as payments, shopping, administrative tasks, family collaboration.

Limitations of coverage apply

The Organisational Structure shall bear the costs of the service up to a maximum of 8 hours.

Art. 1.15 Early return

What is covered by the Insurance

When the Insured is abroad and shall return to their residence before the scheduled date, due to death (as per the date on the death certificate issued by the registry office) or hospitalisation, with imminent danger to life, of the spouse/individual living with the Insured as a conjugal partner, son/daughter, brother, sister, parent, mother/father/-in-law, son-in-law or daughter-in-law, the Organisational Structure shall provide the Insured with a first class train ticket or an economy class airline ticket. The Company shall bear the relevant travel expenses.

The Insured shall provide the death certificate and any other useful documentation requested within 15 days of the Claim.

Limitations of coverage apply

In case the Insured cannot use their vehicle to return home early, the Organisational Structure shall provide them with an additional ticket to retrieve their vehicle at a later date, bearing the cost of the tickets:

- up to a maximum amount of EUR 200.00 if the return trip is from Italy;
- up to a maximum amount of EUR 300.00 if the return trip is from abroad.

Art. 1.16 Post-accident medical advice

What is covered by the Insurance

In case the Insured needs medical advice to assess either their health or the most appropriate benefit, following a sports injury, they shall contact the Organisational Structure's doctors 24 hours a day, 7 days a week for an advice over the telephone.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.17 Safe sports info

What is covered by the Insurance

In case the Insured needs information on safe practice of sports activity, the Insured shall contact the Organisational Structure for a telephone advice from a specialist, who shall provide the Insured with the following information:

- useful indications to prevent sports injuries;
- suggestions to practice sports suitable according to age and physical condition;

Art. 1.18 Psychological support in Italy

What is covered by the Insurance

In case of psychological trauma following cyberbullying, for which psychological support for underage children is required, the Insured may contact the Organisational Structure, which shall put the Insured in contact with the affiliated psychologist closest to the Insured's location. **The Benefit shall be provided from 9 a.m. to 6 p.m. Monday to Friday, excluding public holidays.**

Limitations of coverage apply

The Organisational Structure shall bear the costs of the sessions for a maximum of 5 sessions per insurance year.

Art. 1.19 Sending a home teacher in Italy

What is covered by the Insurance

In case the Insured needs a teacher at home, following an accident/illness of the child under the age of 18, (certified by a doctor), the Organisational Structure shall notify the Insured of the name of the teacher identified, in the area where the Insured is located. This service is subject to the local availability of teachers.

Limitations of coverage apply

The Organisational Structure shall bear the fees up to a maximum of 5 hours per Claim.

Art. 1.20 Sending a babysitter/family helped to the home in Italy

What is covered by the Insurance

In case the Insured cannot take care of

- one or more minors under the age of 14
- disabled child (not seriously disabled and not requiring medical or nursing staff)

following hospitalisation for at least one night, as a result of accident/illness, the Organisational Structure shall notify the Insured of the name of the babysitter/family assistant, in the area where the Insured is located.

In the case of a disabled child, appropriate medical documentation proving the disability shall be produced.

Limitations of coverage apply

This service is subject to the local availability of babysitters/family assistants.

The Organisational Structure shall bear the fees up to a maximum of 8 hours per Claim.

Any excesses shall be settled directly between the Insured and the babysitter/family assistant sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.

Art. 1.21 Sending a family assistant in Italy

What is covered by the Insurance

If the Insured cannot take care of their parent, following hospitalisation for at least one night, the Organisational Structure shall notify the Insured of a caregiver in the area where the Insured is located.

Limitations of coverage apply

This service is subject to the local availability of the carers.

The Organisational Structure shall bear the fees up to a maximum of 8 hours per Claim.

Any excesses shall be settled directly between the Insured and the family assistant sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.

Art. 1.22 Phone caring for elderly parents

What is covered by the Insurance

In case the Insured cannot contact their parent (caregiver) or communicate with them, following the Insured's illness or accident, the Organisational Structure shall plan, in agreement with the Insured and the parent, a programme of telephone calls to stimulate the elderly person's social life in a period of potential loneliness related to the relative's temporary absence.

After agreeing with the assisted person and their family member on a call time, between 9 a.m. and 6 p.m., the Organisational Structure shall call the assisted person daily for a maximum of 30 days; it shall make 3 telephone

contact attempts during the day and alert the relative or the person designated by the relative in case of failure to contact the assisted person.

The Insured is responsible for obtaining the parent's consent to be contacted by the Organisational Structure. To provide the benefit, the Organisational Structure shall be activated with at least 48 hours' notice.

Limitations of coverage apply

The phone call is not intended to assess the health condition of the assisted person or to manage any emergency and/or urgent situations. Accordingly, the Organisational Structure shall not contact any emergency or urgent services.

It should be noted that telephone contact is not made by healthcare staff who are able to assess the health condition of the assisted person.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;
- occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;
- occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;
- caused by fraudulent intent on the part of the Insured;
- caused by the intervention of public authorities.



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

All assistance Benefits listed, which the Company provides through the Organisational Structure of Europ Assistance, shall be provided a maximum of three times per year and up to the coverage limit indicated in each individual Benefit, subject to the limits set forth therein.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits indicated in the specific section of the Policy, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Benefit	Deductible/Uncovered Amount	Limit of Indemnity
Medical advice	-	-
Cardiological advice	-	-
Paediatric advice	-	-

Benefit	Deductible/Uncovered Amount	Limit of Indemnity
Gynaecological advice	-	-
Neurological advice	-	-
Sending a doctor to the home in Italy	-	-
Sending an ambulance to the home in Italy	-	-
Sending a nurse to the home in Italy	-	-
Transfer to a hospital in Italy	-	-
Repatriation of remains	-	EUR 5,000.00 per Claim
Expatriation of remains	-	EUR 10,000.00 per Claim
Assistance for physiotherapy sessions	-	Maximum 5 sessions
Assistance for physiotherapy sessions for rehabilitation	-	Maximum 5 sessions
Sending a Domestic helper	-	Maximum 8 hours
Early return	-	EUR 200.00 for return from Italy EUR 300.00 for return from abroad
Post-accident medical advice	-	-
Safe sports info	-	-
Psychological support in Italy	-	Maximum 5 sessions per insurance year
Sending a home teacher in Italy	-	Maximum 5 hours per Claim
Sending a babysitter/family helper to the home in Italy	-	Maximum 8 hours per Claim Any excesses shall be settled directly between the Insured and the babysitter/family assistant sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.
Sending a family assistant in Italy	-	Maximum 8 hours per Claim Any excesses shall be settled directly between the Insured and the family assistant sent by the Organisational Structure, under the favourable conditions agreed with the Organisational Structure.
Phone caring for elderly parents	-	Maximum 30 days



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits apply in Italy, the Republic of San Marino and the Vatican City State unless a broader scope of application is expressly specified in the individual Benefit.

When in the Benefits reference is made to Italy, that reference shall be deemed to extend to the Republic of San Marino and the Vatican City State.

However, Benefits do not apply to those countries that are in a state of declared or de facto belligerency. Countries are considered as such:

- indicated in the https://watchlists.ihsmarkit.com/services/watchlistinspector.aspx?watchlist_id=a661e336-c342-4965-b1e7-70980edf8_cc2 with a risk rating of 4.0 or higher”;
- those whose belligerent status has been made publicly known.

Benefits are also not provided in countries where, at the time of the Claim and/or request for assistance, civil unrest is taking place.

Benefits involving a return trip are only valid for Insured persons with residence in Italy, the Republic of San Marino or the Vatican City State.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all Benefits **only after contacting the Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the Benefit, the Insured shall notify:

- a. name and surname;
- b. type of benefit they need;
- c. Policy number and band code indicated in the specific section of the Policy in the Prevenzione e Assistenza section;
- d. any medical documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

Prevenzione e Assistenza CUCCIOLO

ASSISTENZA CUCCIOLO START



What is covered by the Insurance?

Art. 1.1 Veterinary advice

What is covered by the Insurance

In case the Insured needs veterinary advice, following the illness or accident of their Pet, the Organisational Structure shall provide advice by telephone 24 hours a day, 7 days a week.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.2 Nutrition counselling

What is covered by the Insurance

In case the Insured needs nutrition counselling, following the illness or accident of their pet, the Organisational Structure shall provide advice by telephone 24, 7 hours a day, 7 days a week.

- use of specific food products;
- use of supplements;
- specific diet for puppies.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.3 Indication of a Pet Sitter

What is covered by the Insurance

In case the Insured needs pet sitter service, following accident or illness, the Insured shall contact the Organisational Structure.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.4 Sending of a Pet Sitter

What is covered by the Insurance

In case the Insured is unable to look after their Pet, following an accident or illness, which has resulted in a hospitalisation of at least 1 night and within 15 days following discharge, the Insured shall contact the Organisational Structure, which shall send a pet sitter to the Insured's home (in Italy).

To be able to plan the benefit, the Organisational Structure may require a maximum of 3 days' notice.

The Benefit shall be effective 7 days a week, from 9 a.m. to 6 p.m.

There are limitations of coverage

The fee for the pet sitter is paid by the Organisational Structure for 1 hour service per day for a maximum of 5 days.

Art. 1.5 Indication of Veterinary Centres/ Clinics

What is covered by the Insurance

In case the Insured needs indications on veterinary clinics or centres in Italy, following the illness or accident suffered by their animal, the Organisational Structure shall notify the Insured of the nearest centre.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.6 Indication of Animal Pensions

What is covered by the Insurance

In case the Insured needs indications on animal pensions in Italy, following the illness or accident suffered by their animal, the Organisational Structure shall notify the Insured of the nearest pension.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.7 Indication of training schools

What is covered by the Insurance

In case the Insured needs to be indicated training schools in Italy, following a behavioural disorder of their animal, the Organisational Structure shall notify the Insured of the school closest to their place of residence.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.8 Veterinary information before leaving on a trip

What is covered by the Insurance

The Organisational Structure shall provide information to the Insured requiring veterinary information in preparation for a trip with their pet. More specifically, on:

- vaccinations;
- prophylaxis;
- various tips.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.9 Information on Pet-friendly places

What is covered by the Insurance

The Organisational Structure shall be at the Insured's disposal to indicate:

- accommodation facilities
- restaurants
- beaches

in which the pets are allowed.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;**

- b. occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;
- c. occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;
- d. caused by fraudulent intent on the part of the Insured;
- e. caused by the intervention of public authorities;
- f. wilful misconduct or gross negligence on the part of the Insured, their family members or any other relative or relative-in-law living with them, and the persons to whom the animal covered by the Insurance has been entrusted;
- g. participation in hunting activities, sports competitions and similar events, exhibitions, dog/feline trials and competitions, and professional use of the animal except for guide dogs for visually impaired individuals;
- h. use of the animal in breach of the legislation in force, specifically mistreatment, organised fighting and prohibited shows;
- i. accidents or illnesses that occurred before the insurance coverage took effect;
- j. anything not expressly specified in the individual Benefits.



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

All assistance Benefits listed, which the Company provides through the Organisational Structure of Europ Assistance, shall be provided a maximum of three times per year and up to the coverage limit indicated in each individual Benefit, subject to the limits set forth therein.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits indicated in the specific section of the Policy, the Company is not obliged to provide Indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Benefit	Deductible/Uncovered Amount	Limit of Indemnity
Veterinary advice	-	-
Nutrition counselling	-	-
Indication of a Pet sitter	-	-
Sending of a Pet sitter	-	Maximum 1 hour per day for a maximum of 5 days
Indication of veterinary Centres/Clinics	-	-
Indication of Animal Pensions	-	-
Indication of training schools	-	-
Veterinary information before leaving on a trip	-	-
Information on Pet-friendly places	-	-





Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits are effective in Italy, the Republic of San Marino and the Vatican City State.

When in the Benefits reference is made to Italy, that reference shall be deemed to extend to the Republic of San Marino and the Vatican City State.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all benefits **only after contacting the Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the benefit, the Insured shall notify:

- a. name and surname;
- b. type of benefit they need;
- c. Policy number and band code indicated in the specific section of the Policy in the Prevenzione e Assistenza section;
- d. any medical/veterinary documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

CUCCIULO IN TOUCH



What is covered by the Insurance?

The Cucciolo in Touch Cover is offered in combination with the Cucciolo in Touch Device and the relevant telematic services provided by Generali Jeniot S.p.A. and regulated by the General Terms and Conditions of Subscription.

Art. 1.1 Veterinary advice

What is covered by the Insurance

In case the Insured needs veterinary advice, following the illness or accident of their Pet, the Organisational Structure shall provide advice by telephone 24 hours a day, 7 days a week.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.2 Nutrition counselling

What is covered by the Insurance

In case the Insured needs nutrition counselling, following the illness or accident of their Pet, the Organisational Structure shall provide advice by telephone 24 hours a day, 7 days a week on

- use of specific food products,
- use of supplements,
- specific diet for puppies.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.3 Indication of a Pet Sitter

What is covered by the Insurance

In case the Insured needs pet sitter service, following accident or illness, the Insured shall contact the Organisational Structure, that shall indicate pet sitters.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.4 Sending of a Pet Sitter

What is covered by the Insurance

In case the Insured is unable to look after their Pet, following an accident or illness, which has resulted in a hospitalisation of at least 1 night and within 15 days following discharge, the Insured shall contact the Organisational Structure, which shall send a pet sitter to the Insured's home (in Italy).

To be able to plan the Benefit, the Organisational Structure may require a maximum of 3 days' notice.

The benefit shall be effective 7 days a week, from 9 a.m. to 6 p.m.

There are limitations of coverage

The fee for the pet sitter is paid by the Organisational Structure for 1 hour service per day for a maximum of 5 days.

Art. 1.5 Indication of Veterinary Centres/ Clinics

What is covered by the Insurance

In case the Insured needs indications on veterinary clinics or centres in Italy, following the illness or accident suffered by their animal, the Organisational Structure shall notify the Insured of the nearest centre.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.6 Indication of Animal Pensions

What is covered by the Insurance

In case the Insured needs indications on animal pensions in Italy, following the illness or accident suffered by their animal, the Organisational Structure shall notify the Insured of the nearest pension.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.7 Indication of training schools

What is covered by the Insurance

In case the Insured needs to be indicated training schools in Italy, following a behavioural disorder of their animal, the Organisational Structure shall notify the Insured of the school closest to their place of residence.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.8 Veterinary information before leaving on a trip

What is covered by the Insurance

The Organisational Structure shall provide information to the Insured requiring veterinary information in preparation for a trip with their Pet. More specifically, on:

- vaccinations;
- prophylaxis;
- various tips.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.9 Information on Pet-friendly places

What is covered by the Insurance

The Organisational Structure shall be at the Insured's disposal to indicate:

- accommodation facilities
- restaurants
- beaches

in which Pets are allowed.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.10 Veterinary Second Opinion

What is covered by the Insurance

In case the Insured needs further investigation or a second clinical-diagnostic assessment for which a diagnosis or therapeutic approach has already been made regarding the Insured's pet, the Organisational Structure shall offer the possibility of obtaining a second veterinary opinion, through its qualified veterinarians.

The Insured shall receive via email or link the forms to download, complete and return, attaching the medical documentation for the assessment of the case and a copy of the pet registry/national feline registry document.

The Insured shall receive the Second Opinion within 7 working days.

Art. 1.11 Retrieval of found pets

What is covered by the Insurance

In case a Pet is found more than 20 km from the Insured's residence, after it went missing (certified by a missing report), the Organisational Structure shall provide a taxi or train ticket to reach the place where it was found.

Limitations of coverage apply

Transport expenses up to a maximum of EUR 75.00 per Claim shall be borne by the Organisational Structure.

Art. 1.12 Indication of sightings with telematic alert management

What is covered by the Insurance

In case the Insured loses their pet, if it is found by a third party activating the SOS service button by pressing the emergency button on the Cucciolo In Touch Device, the Organisational Structure shall collect the report and contact the Insured at the telephone contacts indicated to report the geo-localised location of the Pet.

The Benefit shall be effective 24 hours a day, 7 days a week.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- a. **occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;**
- b. **occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;**
- c. **occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;**
- d. **caused by fraudulent intent on the part of the Insured;**
- e. **caused by the intervention of public authorities;**
- f. **wilful misconduct or gross negligence on the part of the Insured, their family members or any other relative or relative-in-law living with them, and the persons to whom the animal covered by the Insurance has been entrusted;**
- g. **participation in hunting activities, sports competitions and similar events, exhibitions, dog/feline trials and competitions, and professional use of the animal except for guide dogs for visually impaired individuals;**
- h. **use of the animal in breach of the legislation in force, specifically mistreatment, organised fighting and prohibited shows;**
- i. **accidents or illnesses that occurred before the insurance coverage took effect;**
- j. **anything not expressly specified in the individual Benefits.**



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

All assistance Benefits listed, which the Company provides through the Organisational Structure of Europ Assistance, shall be provided a maximum of three times per year and up to the coverage limit indicated in each individual Benefit, subject to the limits set forth therein.

Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits indicated in the specific section of the Policy, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Benefit	Deductible/Uncovered Amount	Limit of Indemnity
Veterinary advice	-	-
Nutrition counselling	-	-
Indication of a Pet sitter	-	-
Sending of Pet sitters	-	Maximum 1 hour per day for a maximum of 5 days
Indication of veterinary Centres/Clinics	-	-
Indication of Animal Pensions	-	-
Indication of training schools	-	-
Veterinary information before leaving on a trip	-	-
Information on Pet-friendly places	-	-
Veterinary Second Opinion	-	-
Retrieval of the found pet	-	EUR 75.00 per Claim for transport expenses
Report sightings with telematic alert management	-	-



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits are effective in Italy, the Republic of San Marino and the Vatican City State.

When in the Benefits reference is made to Italy, that reference shall be deemed to extend to the Republic of San Marino and the Vatican City State.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all Benefits **only after contacting the Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the Benefit, the Insured shall notify:

- a. name and surname;
- b. type of benefit they need;
- c. Policy number and band code indicated in the specific section of the Policy in the Prevenzione e Assistenza section;
- d. any medical/veterinary documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

ASSISTENZA CUCCIOLO PLUS



What is covered by the Insurance?

Art. 1.1 Veterinary advice

What is covered by the Insurance

In case the Insured needs veterinary advice, following the illness or accident of their Pet, the Organisational Structure shall provide advice by telephone 24 hours a day, 7 days a week.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.2 Nutrition counselling

What is covered by the Insurance

In case the Insured needs nutrition counselling, following the illness or accident of their Pet, the Organisational Structure shall provide advice by telephone 24 hours a day, 7 days a week on

- use of specific food products;
- use of supplements;
- specific diet for puppies.

Given the manner in which the benefit is provided, the advice has no diagnostic value. The service is provided on based on information acquired from the Insured.

Art. 1.3 Indication of a Pet Sitter

What is covered by the Insurance

In case the Insured needs pet sitter service, following accident or illness, the Insured shall contact the Organisational Structure, that shall indicate pet sitters.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.4 Sending of a Pet Sitter

What is covered by the Insurance

In case the Insured is unable to look after their Pet, following an accident or illness, which has resulted in a hospitalisation of at least 1 night and within 15 days following discharge, the Insured shall contact the Organisational Structure, which shall send a pet sitter to the Insured's home (in Italy).

To be able to plan the Benefit, the Organisational Structure may require a maximum of 3 days' notice.

The Benefit shall be effective 7 days a week, from 9 a.m. to 6 p.m.

Limitations of coverage apply

The fee for the pet sitter is paid by the Organisational Structure for 1 hour service per day for a maximum of 5 days.

Art. 1.5 Indication of Veterinary Centres/ Clinics

What is covered by the Insurance

In case the Insured needs indications on veterinary clinics or centres in Italy, following the illness or accident suffered by their animal, the Organisational Structure shall notify the Insured of the nearest centre.



The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.6 Indication of Animal Pensions

What is covered by the Insurance

In case the Insured needs indications on animal pensions in Italy, following the illness or accident suffered by their animal, the Organisational Structure shall notify the Insured of the nearest pension.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.7 Indication of training schools

What is covered by the Insurance

In case the Insured needs to be indicated training schools in Italy, following a behavioural disorder of their animal, the Organisational Structure shall notify the Insured of the school closest to their place of residence.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.8 Veterinary information before leaving on a trip

What is covered by the Insurance

The Organisational Structure shall provide information to the Insured requiring veterinary information in preparation for a trip with their pet. More specifically, on:

- vaccinations;
- prophylaxis;
- various tips.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.9 Information on Pet-friendly places

What is covered by the Insurance

The Organisational Structure shall be at the Insured's disposal to indicate:

- accommodation facilities
- restaurants
- beaches

in which pets are allowed.

The Benefit shall be effective from Monday to Friday from 9 a.m. to 6 p.m., excluding public holidays during the week.

Art. 1.10 Veterinary Second Opinion

What is covered by the Insurance

In case the Insured needs further investigation or a second clinical-diagnostic assessment for which a diagnosis or therapeutic approach has already been made regarding the Insured's pet, the Organisational Structure shall offer the possibility of obtaining a second veterinary opinion, through its qualified veterinarians.

The Insured shall receive via email or link the forms to download, complete and return, attaching the medical documentation for the assessment of the case and a copy of the pet registry/national feline registry document.

The Insured shall receive the Second Opinion within 7 working days.

Art. 1.11 Retrieval of found pets

What is covered by the Insurance

In case a pet is found more than 20 km from the Insured's residence, after it went missing (certified by a missing report), the Organisational Structure shall provide a taxi or train ticket to reach the place where it was found.

Limitations of coverage apply

Transport expenses up to a maximum of EUR 75 per Claim shall be borne by the Organisational Structure.

Art. 1.12 Reporting sightings

What is covered by the Insurance

In case the Insured loses their pet, they shall have a dedicated telephone line made available by the Organisational Structure. All reports of animal sightings/findings shall be collected through this channel. In case of reports recorded on the telephone line, the Organisational Structure shall notify the Insured of the presence of a report so that they may contact the reporting individual.

The Benefit shall be effective 7 days a week, from 8 a.m. to 9 p.m.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

Benefits are not provided for the following events:

- a. **occurred during earthquakes, volcanic eruptions, floods, tidal waves and during all atmospheric phenomena having the characteristics of natural disasters;**
- b. **occurred during acts of war, acts of terrorism, invasion, military occupation, insurrection, civil commotion, strikes or riots;**
- c. **occurred during explosions, the emission of heat or radiation resulting from the transmutation of the nucleus of the atom as well as during radiations caused by the artificial acceleration of atomic particles;**
- d. **caused by fraudulent intent on the part of the Insured;**
- e. **caused by the intervention of public authorities;**
- f. **wilful misconduct or gross negligence on the part of the Insured, their family members or any other relative or relative-in-law living with them, and the persons to whom the animal covered by the Insurance has been entrusted;**
- g. **participation in hunting activities, sports competitions and similar events, exhibitions, dog/feline trials and competitions, and professional use of the animal except for guide dogs for visually impaired individuals;**
- h. **use of the animal in breach of the legislation in force, specifically mistreatment, organised fighting and prohibited shows;**
- i. **accidents or illnesses that occurred before the insurance coverage took effect;**
- j. **anything not expressly specified in the individual Benefits.**



Are there limitations of coverage?

Art. 3.1 Limit per insurance year

All assistance Benefits listed, which the Company provides through the Organisational Structure of Europ Assistance, shall be provided a maximum of three times per year and up to the coverage limit indicated in each individual Benefit, subject to the limits set forth therein.



Art. 3.2 No obligation to provide alternative benefits

If the Insured does not use one or more of the Benefits indicated in the specific section of the Policy, the Company is not obliged to provide indemnities or alternative benefits of any kind by way of set-off.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following limitations apply.

Benefit	Deductible/ Uncovered Amount	Limit of Indemnity
Veterinary advice	-	-
Nutrition counselling	-	-
Indication of a Pet sitter	-	-
Sending of a Pet sitter	-	Maximum 1 hour per day for a maximum of 5 days
Indication of veterinary Centres/Clinics	-	-
Indication of Animal Pensions	-	-
Indication of training schools	-	-
Veterinary information before leaving on a trip	-	-
Information on Pet-friendly places	-	-
Veterinary second opinion	-	-
Retrieval of the found pet	-	EUR 75.00 per Claim for transport expenses
Reporting sightings	-	-



Where does the coverage apply?

Art. 4.1 Territorial validity

The Benefits are effective in Italy, the Republic of San Marino and the Vatican City State.

When in the Benefits reference is made to Italy, that reference shall be deemed to extend to the Republic of San Marino and the Vatican City State.

APPLICABLE LAWS IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 How to activate assistance

The Insured may activate all benefits **only after contacting the Organisational Structure** at the following numbers:

from Italy on toll-free number 800 880 880

from abroad on +39 02 8295 1155

When claiming the benefit, the Insured shall notify:

- a. name and surname;

- b. type of benefit they need;
- c. Policy number and band code indicated in the section of the Policy in the Prevenzione e Assistenza section;
- d. any medical/veterinary documentation depending on the type of Cover taken out;
- e. address of the place where they are located;
- f. telephone number where they can be reached during assistance.

In order to provide the Benefits set forth in the specific section of the Policy, the Organisational Structure shall process the Insured's data. For this reason, it requires the consent of the Insured, as set forth in the EU Data Protection Regulation 2016/679. By contacting or arranging for the Insured to contact the Organisational Structure, the Insured consents to the processing of their personal data, including data relating to health and criminal offences and convictions if necessary, as indicated in the data notice received.

SPECIFIC TERMS AND CONDITIONS - COMMON PROVISIONS



When does the coverage begin and when does it end?

Art. 1.1 Duration of Activated Covers

The effective and expiry dates of the activated Covers are indicated in the Policy.



How can I cancel the Covers?

Art. 2.1 Cancellation and Extension of Activated Covers

Unless otherwise stated in the Policy, upon expiry, the duration of the activated Covers and Services is extended for one year and so on.

The Covers and Services of this Module are ancillary to the Covers of the Module with which they are respectively combined and cease when they cease; accordingly, the Policyholder may not exercise the right to cancel directly for these only.

The right to cancel may be exercised within the terms and in the manner indicated in the Terms and Conditions of Insurance in the Modulo Generale and the other Modules. Accordingly:

- cessation of the specific Covers of one or more of the other Modules as a result of cancellation also entails the simultaneous cessation of any specific Covers and Services related thereto activated with this Module;
- cessation of all Covers activated under the other Modules following cancellation also results in the cessation of the Pronto Avvocato Cover.

APPLICABLE LAWS IN CASE OF A CLAIM



How can I cancel the Covers?

Art. 1.1 Withdrawal in the event of a claim

For the Covers and Services under this Module, there is no right of the Policyholder to withdraw directly due to a Claim. Withdrawal may be exercised within the terms and in the manner indicated in the Terms and Conditions of Insurance in the Modulo Generale and the other Modules. Accordingly:

- the cessation of the specific Covers of one or more of the other Modules following withdrawal due to a Claim also entails the simultaneous cessation of the specific Covers and related Services activated with this Module;
- cessation of all Covers activated under the other Modules also results in the cessation of the Pronto Avvocato Cover.

CARE PROGRAMMES LIST CHECK UP TOP A VITA

The following list includes the Care Programmes provided for the Check up Top - A Vita cover.

For ease of reference, Care programmes intended for Insured women (Per Lei) and those intended for Insured men (Per Lui) have been grouped separately, distinguishing them, within each of the two groupings, according to the age group for which they are recommended.

This is without prejudice to the freedom of the Insured woman and the Insured man to choose the Care Programme on the respective list regardless of age.

PER LEI

RECOMMENDED CARE PROGRAMMES FOR ALL AGE GROUPS

DERMATOLOGICAL CARE - C3738

Benefits	Specialist dermatological examination with study of skin biotype and phototype
	Manual skin mapping

GASTROENTEROLOGICAL HEPATOLOGICAL CARE - C3739

Benefits	Specialist gastroenterological or internist examination
	ALT, AST, LDL, FA (alkaline phosphatase), GGT, Amylase
	Blood glucose, Sideraemia, Bilirubinemia, Hemogram
	Cholesterolaemia (HDL, LDL and Total) and Triglycerides
	Hepatitis B and C markers
	Faecal occult blood detection (one sample)
Complete abdomen ultrasound	

OPHTHALMOLOGICAL CARE - C3582

Benefits	Specialist eye examination
	Fundus oculi study
	Ocular tone
	Visus measurement

LUNG DISEASE CARE - C3743

Benefits	Lung specialist examination
	Complete spirometry
	Saturimetry
	Haemochrome
	Chest X-ray (if clinically justified by the specialist)

THYROID CARE - C3744

Benefits	Specialist endocrinological examination
	Thyroid ultrasound
	TSH
	FT3
	FT4
	Tg and TPO antibodies

LOWER LIMB VASCULAR CARE - C3367

Benefits	Specialist angiology examination
	Arterial and venous Echo-Colour Doppler of lower limbs

RECOMMENDED CARE PROGRAMMES UP TO THE AGE OF 40

CARDIOLOGY CARE - C3749

Benefits	Specialist cardiological examination with ECG
	Cholesterolaemia (HDL, LDL and Total) and Triglycerides
	Homocysteine
	Blood glucose, PCR
	Electrolytic panel
	Echocardiogram

GYNAECOLOGICAL CARE - C3741

Benefits	Specialist gynaecological examination
	Vaginal cytology - Pap Test
	HPV papilloma virus research

BASIC BREAST CARE - C3733

Benefits	Specialist breast examination
	Breast ultrasound

RECOMMENDED CARE PROGRAMMES FROM AGE 41 TO 50

CARDIOLOGY CARE - C3736

Benefits	Specialist cardiological examination with ECG
	Cholesterolaemia (HDL, LDL and Total) and Triglycerides
	Homocysteine
	Blood glucose, PCR
	Electrolytic panel
	Echocardiogram

GYNAECOLOGICAL CARE - C3371

Benefits	Specialist gynaecological examination
	Vaginal cytology - Pap Test
	HPV papilloma virus research
	Transvaginal or suprapubic pelvic ultrasound

COMPREHENSIVE BREAST CARE - C3734

Benefits	Specialist breast examination
	Bilateral mammography
	Breast ultrasound

NEPHROLOGY CARE - C3740

Benefits	Specialist nephrology examination
	Complete urine test
	Azotemia, Creatininemia, Creatinine Clearance and Uricemia
	Ultrasound of kidneys and urinary tract
	Electrolytic panel
Serum protein electrophoresis	

RECOMMENDED CARE PROGRAMMES FROM AGE 51 TO 60

NEPHROLOGY CARE - C3740

Benefits	Specialist cardiological examination with ECG
	Stress electrocardiogram
	Cholesterolaemia (HDL, LDL and Total) and Triglycerides
	Homocysteine
	Eco - Colour - Doppler TSA
	Blood glucose, PCR
	Electrolytic panel
	Echocardiogram

GYNAECOLOGICAL CARE - C3371

Benefits	Specialist gynaecological examination
	Vaginal cytology - Pap Test
	HPV papilloma virus research
	Transvaginal or suprapubic pelvic ultrasound

COMPREHENSIVE BREAST CARE - C3734

Benefits	Specialist breast examination
	Bilateral mammography
	Breast ultrasound

NEPHROLOGY CARE - C3740

Benefits	Specialist nephrology examination
	Complete urine test
	Azotemia, Creatininemia, Creatinine Clearance and Uricemia
	Ultrasound of kidneys and urinary tract
	Electrolytic panel
Serum protein electrophoresis	

OSTEOPOROSIS CARE - C3742

Benefits	Specialist physiatric or orthopaedic or rheumatological examination
	MOC
	Calcium assay in blood and urine
	Creatinine
	Complete urine test
Vitamin D	

RECOMMENDED CARE PROGRAMMES OVER THE AGE OF 60

CARDIOLOGICAL AND CEREBROVASCULAR CARE - C3737

Benefits	Specialist cardiological examination with ECG
	Stress electrocardiogram
	Cholesterolaemia (HDL, LDL and Total) and Triglycerides
	Homocysteine
	Eco - Colour - Doppler TSA
	Blood glucose, PCR
	Electrolytic panel
	Echocardiogram

GYNAECOLOGICAL CARE - C3371

Benefits	Specialist gynaecological examination
	Vaginal cytology - Pap Test
	HPV papilloma virus research
	Transvaginal or suprapubic pelvic ultrasound

COMPREHENSIVE BREAST CARE - C3734

Benefits	Specialist breast examination
	Bilateral mammography
	Breast ultrasound

NEPHROLOGY CARE - C3740

Benefits	Specialist nephrology examination
	Complete urine test
	Azotemia, Creatininemia, Creatinine Clearance and Uricemia
	Ultrasound of kidneys and urinary tract
	Electrolytic panel
	Serum protein electrophoresis

OSTEOPOROSIS CARE - C3742

Benefits	Specialist physiatric or orthopaedic or rheumatological examination
	MOC
	Calcium assay in blood and urine
	Creatinine
	Complete urine test
	Vitamin D

OTORHINOLARYNGOLOGICAL CARE - C3356

Benefits	Specialist otorhinolaryngological examination
	Audiometric examination

PER LUI

RECOMMENDED CARE PROGRAMMES FOR ALL AGE GROUPS

DERMATOLOGICAL CARE - C3738

Benefits	Specialist dermatological examination with study of skin biotype and phototype
	Manual skin mapping

GASTROENTEROLOGICAL HEPATOLOGICAL CARE - C3739

Benefits	Specialist gastroenterological or internist examination
	ALT, AST, LDH, FA ("fosfatasi alcalinica" - alkaline phosphatase), GGT, Amylase
	Blood glucose, Blood sugar, Bilirubin, Haemochrome
	Cholesterolaemia (HDL, LDL and Total) and Triglycerides
	Hepatitis B and C markers
	Faecal occult blood detection (one sample)
	Complete abdomen ultrasound

OPHTHALMOLOGICAL CARE - C3582

Benefits	Specialist eye examination
	Fundus oculi study
	Ocular tone
	Visus measurement

OPHTHALMOLOGICAL CARE - C3582

Benefits	Lung specialist examination
	Complete spirometry
	Saturimetry
	Complete hemogram
	Chest X-ray (if clinically justified by the specialist)

THYROID CARE - C3744

Benefits	Specialist endocrinological examination
	Thyroid ultrasound
	TSH
	FT3
	FT4
	Tg and TPO antibodies

UROLOGICAL CARE - C3735

Benefits	Specialist urological examination
	Ultrasound lower abdomen (prostate and urinary tract study)
	Total and free PSA
	Complete urine test
	Azotemia and Creatininemia

RECOMMENDED CARE PROGRAMMES UP TO THE AGE OF 40

CARDIOLOGY CARE - C3749

Benefits	Specialist cardiological examination with ECG
	Cholesterolaemia (HDL, LDL and Total) and Triglycerides
	Homocysteine
	Blood glucose
	Electrolyte framework (sodium, potassium and calcium)
	Echocardiogram

RECOMMENDED CARE PROGRAMMES FROM AGE 41 TO 50

CARDIOLOGY CARE - C3736

Benefits	Specialist cardiological examination with ECG
	Cholesterolaemia (HDL, LDL and Total) and Triglycerides
	Homocysteine
	Blood glucose, PCR
	Electrolytic panel
	Echocardiogram

NEPHROLOGY CARE - C3740

Benefits	Specialist nephrology examination
	Complete urine test
	Azotemia, Creatininemia, Creatinine Clearance and Uricemia
	Ultrasound of kidneys and urinary tract
	Electrolytic panel
	Serum protein electrophoresis

RECOMMENDED CARE PROGRAMMES FROM AGE 51 TO 60

CARDIOLOGICAL AND CEREBROVASCULAR CARE - C3737

Benefits	Specialist cardiological examination with ECG
	Stress electrocardiogram
	Cholesterolaemia (HDL, LDL and Total) and Triglycerides
	Homocysteine
	Eco - Colour - Doppler TSA
	Blood glucose, PCR
	Electrolytic panel
	Echocardiogram

NEPHROLOGY CARE - C3740

Benefits	Specialist nephrology examination
	Complete urine test
	Azotemia, Creatininemia, Creatinine Clearance and Uricemia
	Ultrasound of kidneys and urinary tract
	Electrolytic panel
	Serum protein electrophoresis

RECOMMENDED CARE PROGRAMMES OVER THE AGE OF 60

CARDIOLOGICAL AND CEREBROVASCULAR CARE - C3737

Benefits

Specialist cardiological examination with ECG
Stress electrocardiogram
Cholesterolaemia (HDL, LDL and Total) and Triglycerides
Homocysteine
Eco - Colour - Doppler TSA
Blood glucose, PCR
Electrolytic panel
Echocardiogram

NEPHROLOGY CARE - C3740

Benefits

Specialist nephrology examination
Complete urine test
Azotemia, Creatininemia, Creatinine Clearance and Uricemia
Ultrasound of kidneys and urinary tract
Electrolytic panel
Serum protein electrophoresis

OTORHINOLARYNGOLOGICAL CARE - C3356

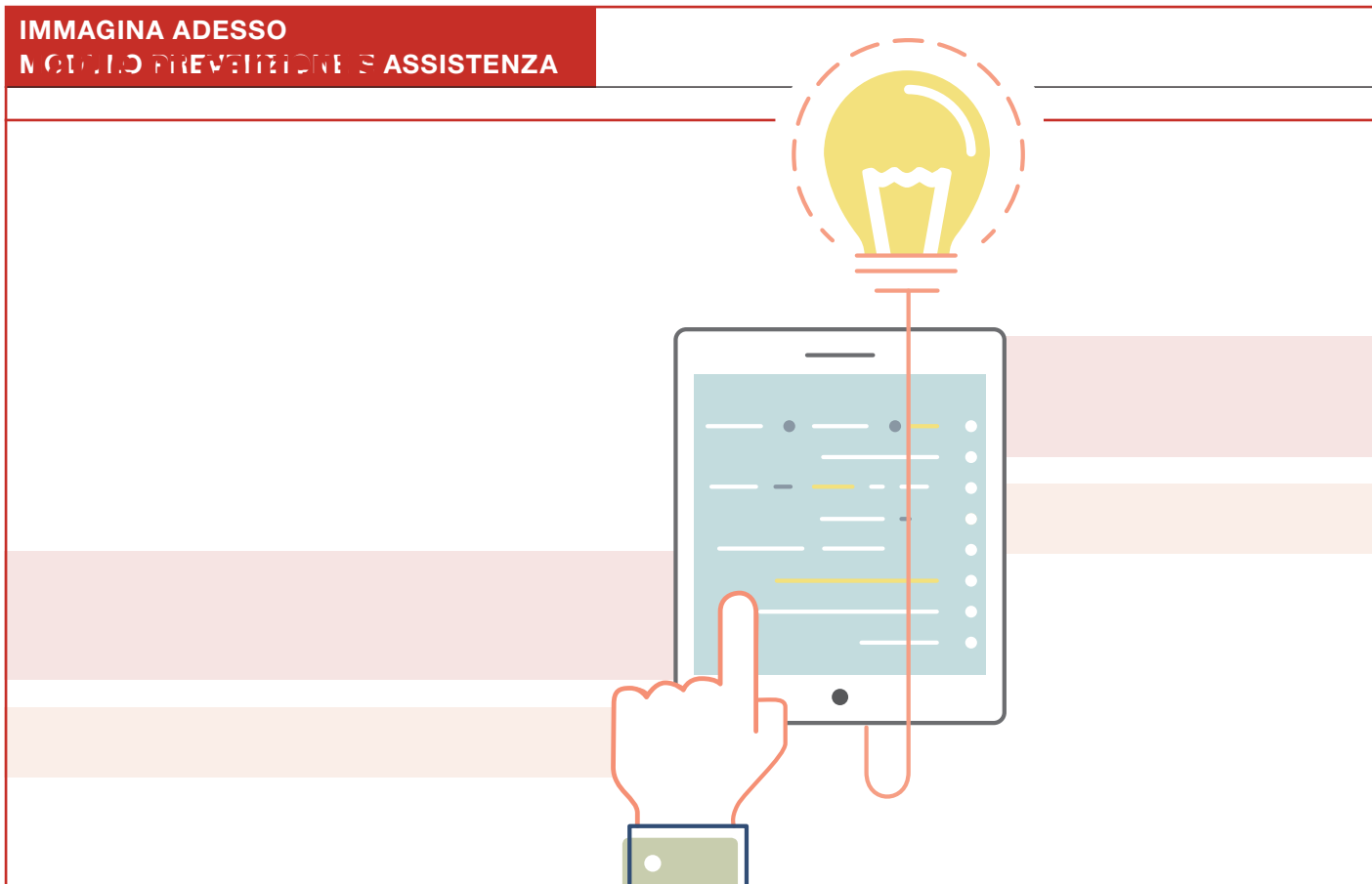
Benefits

Specialist otorhinolaryngological examination
Audiometric examination

LOWER LIMB VASCULAR CARE - C3367

Benefits

Specialist angiology examination
Arterial and venous Echo-Colour Doppler of lower limbs



MODULO PREVENZIONE E ASSISTENZA - MODULE STRUCTURE AND DEFINITIONS PAG.


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IMMAGINA VIVI ADESSO

This Information set for Modulo CASA - 22.10.2022 edition consists of:

- the DIP for Modulo CASA
- the Additional DIP for Modulo CASA
- the Terms and Conditions of Insurance for Modulo CASA

Immagina Adesso CASA with.....

- **In Solidità**, economic protection in the event of **damage to the building and its contents** - including documents, money and valuables - for **fire, explosion and bursting**, but also for **extraordinary events**, such as wind and hail, or for damage caused by the **electrical or plumbing system**. It also covers **additional** event-related **expenses** such as those for temporary accommodation, content relocation and a redesign grant
- **In Solidità to Others** to protect you as a building owner
- **In Guardia, theft** protection inside the home, but also protection in the event of mugging and robbery outside the home, with increased indemnity during the Christmas season or at a family wedding and specific options for the type of goods stored and also for collectors
- **Dedicato a te personalized** with covers designed for how you are, how you live your home, what its function is.



Discover Immagina Adesso CASA in the insurance solution you have chosen!

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Insurance for the coverage of home risks

DIP - Pre-contractual Information Document for non-life insurance products

Insurance Company: GENERALI ITALIA S.p.A.

Product: Immagina Adesso - Modulo CASA



Generali Italia S.p.A. - Tax code and registration with the Companies Register of Treviso - Belluno No. 00409920584 - VAT No. 01333550323 - Share Capital: EUR 1,618,628,450.00 fully paid-up - Certified e-mail (PEC): generalialitalia@pec.generaligroup.com. Company registered in Italy with the IVASS Companies Register No. 1.00021, subject to the management and coordination of the sole Shareholder Assicurazioni Generali S.p.A. and belongs to the Generali Group, which is registered under No. 026 in the Register of Insurance Groups.

Full pre-contractual and contractual information on this insurance is provided in other documents.

What type of insurance is this?

This insurance covers the risks of the home.



What is covered by the Insurance?

SECTION IN SOLIDITÀ - DAMAGE TO PROPERTY

Home and its contents.

The insurance covers damage caused by:

- ✓ Fire, explosion, burst;
- ✓ Mechanical action of lightning, implosion, falling aircraft, astronomical artefacts and spacecraft;
- ✓ Collapse of bridges, overpasses, viaducts;
- ✓ Sonic wave;
- ✓ Impact from road vehicles or vessels;
- ✓ Smoke, gas or vapours;
- ✓ Falling lifts and hoists;
- ✓ Accidental breaking of lamps;
- ✓ Additional expenses (e.g. demolition and clearance costs, redesign fees, etc.);
- ✓ Expenditure on constructional alterations to building;
- ✓ Moving.

Additional Covers are available to extend and customize coverage.

IN SOLIDITÀ TOWARDS OTHERS SECTION - DAMAGE TO THIRD PARTIES

Property owner's liability for death, personal injury and building damage caused involuntarily to third parties as a result of an accidental event occurring in connection with ownership of the insured home.

The guarantee covers damage caused by:

- ✓ Television aerials - spaces adjacent to or pertaining to the building;
- ✓ By the Insured as the principal of ordinary and extraordinary maintenance work affecting the insured building or home;
- ✓ Water spillage from accidental breakage;
- ✓ Accidental pollution.

Additional covers are available to extend and customize coverage.



What is NOT covered by the Insurance?

SECTION IN SOLIDITÀ - DAMAGE TO PROPERTY

Damage:

- ✗ as a result of earthquakes, volcanic eruptions, flooding;
- ✗ as a consequence of acts of war, invasion, military occupation, insurrection;
- ✗ as a result of civil unrest, strikes, riots, acts of terrorism or organised sabotage;
- ✗ as a result of explosions or the emission of heat or radiation;
- ✗ loss or misappropriation of insured property occurring during the events for which the insurance is provided;
- ✗ as a result of failure or abnormal production or distribution of cold or leakage of refrigerant;
- ✗ to the machine or plant in which a burst or implosion has occurred if the event is caused by wear and tear, corrosion or material defects;
- ✗ caused by fraudulent intent on the part of the Policyholder or the Insured;
- ✗ caused by the explosion or detonation of explosive devices in the context of socio-political events;
- ✗ electrical to electrical or electronic systems and installations, even if caused by a mine or other event for which insurance cover is provided.

Exclusions are contained in the Terms and Conditions of Insurance and are marked in bold.

IN SOLIDITÀ TOWARDS OTHERS SECTION - DAMAGE TO THIRD PARTIES

Damage:

- ✗ resulting from the possession or use of radioactive substances or devices for accelerating atomic particles;
- ✗ resulting from gradual pollution of water, air or soil;
- ✗ to property that each of the insured persons holds in any capacity whatsoever;
- ✗ arising from the wilful violation of laws and regulations relating to the ownership, possession

IN GUARDIA SECTION - THEFT

Indemnity of insured property in the event of its removal or damage in the event of theft or robbery.

Compensation is also provided for:

- ✓ Faults caused by thieves;
- ✓ Replacing locks due to lost keys;
- ✓ Moving;
- ✓ Fraudulent use of credit cards;

Charges for alarm system armoured door.

Additional covers are available to extend and customize coverage.

and use of weapons for defence, target shooting, marksmanship, and similar purposes;

- ✗ of any kind arising directly or indirectly from asbestos or products containing asbestos;
- ✗ of any kind arising directly or indirectly from electromagnetic waves or fields;
- ✗ arising from the ownership of real estate other than that indicated in the Policy and its fixed systems;
- ✗ by theft;
- ✗ arising to the property of others from fire, explosion and bursting of property belonging to one of the insured persons or in their possession.

Exclusions are contained in the Terms and Conditions of Insurance and are marked in bold type.

IN GUARDIA - THEFT SECTION

Damage:

- ✗ as a result of disruptions of nature such as earthquakes, volcanic eruptions, floods, hurricanes, etc;
- ✗ occurring as a result of explosions or heat radiations;
- ✗ from theft occurring in the premises of the main home left uninhabited:
 - after midnight on the 15th consecutive day of vacancy, in respect of jewellery and valuables, money, banknotes and securities, credit instruments in general, numismatic and philatelic collections;
 - after midnight on the 60th consecutive day of inhabitation, for the other insured items;
- ✗ loss or misappropriation of insured property occurring in the event of fire, explosion or bursting;



Are there limitations of coverage?

For the Covers of the Sections IN SOLIDITA. IN SOLIDITÀ TOWARDS OTHERS and

IN GUARDIA there are limitations of indemnity, deductibles and uncovered amounts that are summarised per Insured in the Policy.

- Deductible shall mean the portion of the damage - expressed as a fixed amount - that remains payable by the Insured in the event of a Claim.
- Uncovered Amount shall mean the percentage of indemnifiable damage that remains the responsibility of the Insured.

In addition, there are Exclusion Periods, i.e. time periods after the date of activation of the Covers, during which the Covers do not operate in whole or in part. These terms are marked in the Terms and Conditions of Insurance in bold type.

Specific limitations of indemnity are contained in the Terms and Conditions of Insurance marked in bold type.



Where does the coverage apply?

Covers of the Modulo CASA are valid in Italy, the Vatican City State and the Republic of San Marino, except for:

- Robbery and Theft Outside the Home, Robbery and Theft of Money from ATMs for Pension Withdrawal, Theft by Sudden Sickness, Theft of Contents Taken to Other Homes, and Special Customer Motor Vehicle Liability, which also apply in Europe;
- Robbery Mugging extension worldwide.



What are my obligations?

When taking out the Policy containing these Covers or when activating them on an existing Policy, true, correct and complete representations regarding the risk to be insured (Articles 1892, 1893 and 1894 of the Italian Civil Code) must be made. Furthermore, during the period of validity of the Covers, written notice shall be given to the Company of any change that entails an increase or decrease in the insured risk (Articles 1897 and 1898 of the Italian Civil Code). In the event of a Claim, the relevant report must be submitted to the Company within three days of the date on which the Claim occurred or the Insured became aware of it.

Failure to comply with even one of the aforementioned obligations may result in the total or partial loss of the Indemnity and of benefits and services as well as the termination of the Covers.



When and how do I pay?

Information on payment of the Premium is included in the DIP of the Modulo Generale.



When does the coverage begin and when does it end?

The Covers take effect at 12:00 p.m. on the day of activation for each one indicated in the Policy, if the Premium or the first Premium instalment has been paid; otherwise they take effect at 12:00 p.m. on the day of payment. If the Policyholder fails to pay the Premiums or subsequent Premium instalments, the insurance is suspended from 12:00 p.m. on the thirtieth day after the [due date] and resumes at 12:00 p.m. of the day of payment.

The term of the Covers are indicated in the Policy for each and, if tacit renewal is provided for, in the absence of cancellation, on expiration they are extended for a duration of one year and so on.

In general, the Covers operate for claims, occurring during their term, until their expiration.

Certain Covers are subject to a period of time, following the pertaining effective date, during which all or part of the Covers is ineffective.



How can I cancel the policy?

All notices shall be made in writing to the Agency to which the Policy including these Covers is assigned or to the Company by registered letter or by certified email.

In order to prevent the automatic extension of the Covers, if any, the Policyholder or the Company shall send the written notice of cancellation at least 30 days before the expiry date indicated in the Policy or the expiry of the year for which the insurance has been extended. The right of cancellation may be exercised in accordance with the rules of interdependence between Covers.

In case a coverage providing a term longer than five years is taken out, in the event of reduction in the Premium that is in any case envisaged for all covers with a multi-year term, the Policyholder may exercise their right of withdrawal after five years, by sending an at least 30 days' written notice and with effect from the end of the year in which the withdrawal was exercised.

Furthermore, the Policyholder or the Italian Company shall have the right to withdraw for a Claim, with effect for all the Covers activated in this Module, even after each claim relating to one or more of the same and up to the sixtieth day from the payment or refusal of the indemnity, by sending the relevant communication within this term.

The Policyholder or the Company may terminate the "Catastrophic Events" coverage with 30 days' notice.

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Insurance

for the coverage of home risks

Additional pre-contractual information document for damage insurance products (Additional Non-life DIP)

Insurance Company: GENERALI ITALIA S.p.A.

Product: Immagina Adesso - Modulo CASA - Edition: 22.10.2022

The published Additional Non-life PID is the latest available



This document contains additional and complementary information to that contained in the pre-contractual information document for Damage Insurance Products (Non-life DIP), to help the potential Policyholder understand in more detail the characteristics of the product, the contractual obligations and the Company's financial situation.

The Policyholder shall read the Terms and Conditions of Insurance before executing the contract.

GENERALI ITALIA S.p.A. is a company belonging to the Generali Group; registered office is at Via Marocchessa, 14 - 31021 Mogliano Veneto (TV) - ITALY; telephone number: 041.5492111; website: www.generali.it; e-mail address: info.it@generali.com; Certified email address: generalitalia@pec.generaligroup.com.

The Company is authorised by the Italian Ministry of Industry, Trade and Crafts Decree No. 289 of 2 December 1927, and is registered under number 1.00021 with the Insurance Companies Register.

Shareholders' equity as at 31 December 2021: EUR 9,050,863,796 of which EUR 1,618,628,450 related to share capital and EUR 7,130,519,742 to total equity reserves. The figures refer to the latest approved financial statements. The Solvency and Financial Condition Report (SFCR) is available at <https://www.generali.it/note-legali>.
Solvency Capital Requirement: EUR 7,827,344,769.68
Minimum Capital Requirement: EUR 3,359,474,146.09
Eligible Own Funds: EUR 19,238,700,398.43

Solvency ratio: 246% (this ratio represents the ratio between the amount of basic own funds and the amount of the Solvency Capital Requirement required by the Solvency 2 regulations in force since 1 January 2016).

The contract is governed by Italian law.

The Modulo CASA is an insurance solution dedicated to covering risks in the home.

In solidità Damage to Property insures, up to the insured sums/maximum sums specified in the Policy and in the terms and Conditions of Insurance, the home (owned or rented) and its contents from fire and other events such as an explosion, a power surge, a burst water pipe or a hailstorm. It is possible to secure the contents even if taken to another home for a temporary stay.

In solidità towards others: Protection, up to the limits indicated in the Policy and in the Terms and Conditions of Insurance, against the economic consequences of damage caused to third parties in connection with home ownership.

In guardia Theft: protects, up to the insured sums/maximum sums indicated in the Policy and in the Terms and Conditions of Insurance, the contents of the home and damage occurring on the premises as a result of theft or robbery of household effects (robbery and mugging cover may also be extended outside the premises); paintings, carpets, valuable collections, jewellery and valuables may also be insured. The coverage is on an First Absolute Risk basis (the Indemnity is paid up to the amount insured, regardless of the value of the insured assets at the time of the Claim, i.e., without application of the proportional rule laid down in Article 1907 of the Italian Civil Code).

It is possible to cover the contents of the home even if taken to another home for a temporary stay.

The covers are effective, within the limits of the insured sums/maximum sums for each indicated in the Policy or in the Terms and Conditions of Insurance, if stated in the Policy and if the corresponding Premium has been paid.



What is covered by the Insurance?

There is no additional information to that provided in the Non-life DIP.

OPTIONS WITH PREMIUM REDUCTION

If the CASA IN TOUCH option of the Modulo PREVENZIONE E ASSISTENZA is activated, there is a reduction in the Premium for the Fire and Theft Covers. In this case, insurance coverage is functionally linked:

- the CASA IN TOUCH kit referred to in the loan for use or sale contract;
- services related to the Kit.

The kit and services are ancillary in nature and form an integral part of a single complex insurance offer.

The activation of the CASA IN TOUCH option with the installation of the IN TOUCH Kit contributes to the prevention of the risks referred to in the insurance coverage and, therefore, a discount of up to 10% is applied to the Premium of the purchased Fire and/or Theft Covers pursuant to Article 59-bis of IVASS Rules no. 40/2018.

The costs of each component of the CASA IN TOUCH option are:

- Annual premium: EUR 44.00.
- loan for use of the IN TOUCH kit: it is provided free of charge.
- IN TOUCH kit sale: fixed cost in case of purchase of EUR 249.00.
- annual service fee: EUR 96.00 in the case of a kit loaned for use and EUR 59.88 in the case of purchase of the kit.
- overall cost:
 - in the case of a kit loaned for use is EUR 140.00 per year;
 - in the case of a kit on sale is EUR 103.88 per year plus the fixed cost of EUR 249.00 for the purchase of the kit.

OPTIONS WITH PAYMENT OF AN ADDITIONAL PREMIUM

With the payment of an additional Premium, the following options for customising coverage are available.

SECTION IN SOLIDITÀ - DAMAGE TO PROPERTY

EXCEPTIONAL EVENTS	Socio-political events and breakdowns caused by thieves and theft of fixtures and fittings
	Atmospheric events
	Atmospheric events on solar and photovoltaic panels and hail on fragile
	Snow overload
CATASTROPHIC EVENTS	Earthquake
	Flood, Inundation
	Flooding and Water Bombs
SYSTEMS	Conducted water
	Water overflow from sewer blockage and backflow
	Expenses for searching for and repairing piped water
	Expenses for gas leakage search and repair
	Water leakage from domestic appliances
	Reimbursement of higher costs in invoices for water leaks
	Electrical phenomena
	Costs of searching for and repairing underground pipes
Spill and fuel replacement	

IN SOLIDITÀ TOWARDS OTHERS SECTION - DAMAGE TO THIRD PARTIES

Liability for housekeeping	Cover is provided for the Insured's liability for the operation of the home (damage from falling non-centralised aerials, damage from ordinary maintenance work).
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IN GUARDIA - THEFT SECTION

Theft of photovoltaic and solar thermal system	Provides Indemnity for material and direct damage to photovoltaic and/or solar thermal systems serving the insured building caused by theft.
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SEZIONE DEDICATO A TE

CASA NATURE	Garden insurance
	Falling trees and plants
LUXURY HOUSE	Additional allowance photovoltaic system
	Accidental breaking of plates and mirrors
	Historic cars and motorbikes
	Theft of jewellery and valuables in safe deposit boxes at credit institutions: provides indemnity for material and direct damage caused by the theft of jewellery and valuables kept in safe deposit boxes and/or armoured rooms inside credit institutions.
	Collapse and/or structural collapse of the building
INVESTMENT HOUSE	Loss of rents
	Taxes, duties and expenses
	Landlord's liability This cover is provided for the Insured's liability as owner of the home rented or on loan for use.
	Liability for tourist rentals: The Cover is afforded for the third party liability of the Insured as owner of the home rented or on loan for use (holiday home, home swap, weekend rental and similar).
HOUSE INTEGRATION	Benefits in the presence of another mortgage-related policy on the building
	Insured apartment building: extension of electrical phenomena
PROFESSIONAL SPECIAL	Data loss in electronic devices
	Additional allowance for presence of commercial activity
TRAVEL AND LEISURE SPECIAL	Fire of contents brought into other dwellings
	Vacation Rentals: Liability in Rented Premises
	Theft of contents taken to other homes: This provides indemnity for theft damage even if the goods are taken to and placed in a home other than the insured one, where the Policyholder or one of the members of his/her household is temporarily staying, anywhere in Europe.
	Worldwide robbery and mugging extension: Provides indemnity for direct property damages caused by loss of or damage to insured property, including luggage for robbery and mugging outside the home, occurring worldwide.
FAMILY SPECIAL	Fraud in the home: This provides for the indemnity of material and direct damage resulting from the theft of money, jewellery and valuables in the event of fraud that occurs as a result of access to the insured household by deception or fraud against one of the members of the Policyholder's/Insured's household who is under 16 years of age or over 60 years of age.

FAMILY SPECIAL	Senior Special: provides indemnity for damages in the event of mugging and robbery of money withdrawn from ATMs for pension withdrawals, in the event of theft due to sudden illness, and reimbursement of medical expenses incurred as a result of robbery or mugging.
PIÙ GENERALI	Damage to property: Customers Auto, Vita and Persona Special
	Damage to food supplies due to lack of cold weather
	Increase in the sum insured for Christmas and weddings
	Theft committed or facilitated with intent or gross negligence by domestic workers and family workers
	Theft: Christmas holidays and marriage
	Theft: Customer Auto Special

 **What is NOT covered by the Insurance?**

There is no additional information to that provided in the Non-life DIP.

 **Are there limitations of coverage?**

IN SOLIDITÀ SECTION - DAMAGE TO PROPERTY
 You may customise Deductibles per Claim, Uncovered Amounts and Limitations of Indemnity from among those available as indicated below.

Cover	Deductible	Uncovered Amount	Limitation of Indemnity
Socio-political events	EUR 0 - 100.00 200.00 - 300.00 400.00 - 500.00	-	50% - 80% - 100% of the sum insured per Building and/or contents
Breakdowns caused by thieves and theft of fixtures and fittings	-	-	EUR 10,000.00 main home EUR 1,500.00 secondary home
Atmospheric events	EUR 0 - 100.00 200.00 - 300.00 400.00 - 500.00	-	50% - 80% - 100% of the sum insured per Building and/or contents
Atmospheric events on solar and photovoltaic panels and hail on fragile	EUR 300.00	-	EUR 10,000.00 - 20,000.00 30,000.00 - 40,000.00 - 50,000.00
Snow overload	EUR 0 - 100.00 200.00 - 300.00 400.00 - 500.00	-	50% - 80% - 100% of the sum insured per Building and/or contents
Earthquake	indicated in the Policy	-	indicated in the Policy
Flood and Inundation	indicated in the Policy	-	indicated in the Policy
Flooding and water bombs	indicated in the Policy	-	indicated in the Policy
Electrical phenomena	EUR 0 - 100.00 200.00 - 300.00 400.00 - 500.00	-	EUR 2,000.00 - 4,000.00 8,000.00 15,000.00 - 30,000.00
Conducted water	EUR 0 - 100.00 200.00 - 300.00 400.00 - 500.00	-	sum insured indicated in the Policy

Cover	Deductible	Uncovered Amount	Limitation of Indemnity
Water overflow from sewer blockage and backflow	EUR 0 - 100.00 200.00 - 300.00 400.00 - 500.00	-	sum insured indicated in the Policy
Water search and repair costs conduct	EUR 0 - 100.00 200.00 - 300.00 400.00 - 500.00	-	EUR 2,000.00 - 4,000.00 - 8,000.00 - 10,000.00 - 20,000.00
Costs of searching for and repairing underground pipes	EUR 500.00	-	EUR 2,000.00
Water leaking from domestic equipment	EUR 0 - 100.00 200.00 - 300.00 400.00 - 500.00	-	EUR 2,000.00 - 4,000.00 - 8,000.00 - 10,000.00 - 20,000.00
Reimbursement of higher costs in invoices for water leaks	-	-	EUR 500.00 - 1,000.00
Search and repair costs gas leakage (mandatory with Water search and repair costs conduct, already ticked by default)	EUR 0 - 100.00 200.00 - 300.00 400.00 - 500.00	-	EUR 2,000.00 - 4,000.00 - 8,000.00 - 10,000.00 - 20,000.00
Spill and replacement of fuel	EUR 200.00	-	EUR 10,000.00, EUR 2,000 for fuel replacement

IN SOLIDITÀ TOWARDS OTHERS SECTION - DAMAGE TO THIRD PARTIES

Cover	Deductible	Uncovered Amount	Limitation of Indemnity
Damage from water spillage due to pipe clogging and sewer overflows	EUR 100.00	-	Coverage Limit indicated in the Policy
Accidental pollution damage	-	-	EUR 100,000.00

IN GUARDIA SECTION - THEFT All inclusive

It is possible to customise Deductibles per Claim, Uncovered Amounts and limitations of indemnity from among those available. They are set out in the Specific Terms and Conditions of Module.

Cover	Deductible	Uncovered Amount	Limitation of Indemnity
Theft, robbery in the home, theft and robbery during socio-political events, damage including vandalism to Contents, Valuables, Documents	-	20% for the secondary home (unless otherwise stated in the specific Policy section)	Sum insured indicated in the Policy
Jewellery, valuables, numismatic and philatelic collections, banknotes and securities, credit instruments, documents	-	-	Basic: EUR 15,000.00 locked in armoured cupboards or safes 20% of the sum insured up to EUR 5,000.00 anywhere

Cover	Deductible	Uncovered Amount	Limitation of Indemnity
Jewellery, valuables, numismatic and philatelic collections, banknotes and securities, credit instruments, documents	-	-	Comfort: EUR 30,000.00 locked in armoured cabinets or safes 40% of the sum insured up to EUR 10,000.00 anywhere
	-	-	Top: EUR 40,000.00 locked in armoured cabinets or safes 50% of the sum insured up to EUR 15,000.00 wherever placed
Money	-	-	Basic: 10% of the sum insured with a maximum of EUR 1,000.00
	-	-	Comfort: 10% of the sum insured with a maximum of EUR 1,500.00
	-	-	Top: 10% of the sum insured with a maximum of EUR 2,000.00
Furs, carpets, tapestries, paintings, sculptures, silverware	-	-	Basic: EUR 10,000.00 per individual item (if not locked in armoured cabinets and safes)
	-	-	Comfort: EUR 13,500.00 per individual item (if not locked in armoured cabinets and safes)
	-	-	Top: EUR 15,000.00 per individual item (if not locked in armoured cabinets and safes)
Furniture, furnishings, clothing, sporting goods, provisions, tools, bicycles and mopeds in the outbuildings	-	-	10% of the sum insured with a maximum of EUR 1,500.00 per individual item
Contents when in temporary storage with third parties for processing or repair	-	-	EUR 1,000.00
Robbery and mugging outside the home	-	For money 10%	Sum insured indicated in the Policy, for money with a maximum of EUR 3,000.00
Faults caused by thieves to the building	-	-	10% of the sum insured with a maximum of EUR 3,000.00
Fraudulent use of credit cards (no pos and withdrawal)	-	-	EUR 1,000.00

Cover	Deductible	Uncovered Amount	Limitation of Indemnity
Lock replacement due to loss of keys	-	-	5% of the sum insured
Alarm system and security door expenses	-	-	10% of the liquidated amount maximum EUR 750.00 if sum insured EUR 15,000.00 maximum EUR 1,500.00 if sum insured > EUR 15,000.00
Expenses for rearrangement of premises	-	-	10% of the maximum damage EUR 250.00 per Claim and per period of coverage
Moving	-	-	Maximum 10 days

IN GUARDIA SECTION - THEFT Su misura

Deductibles, Uncovered Amounts and Limitations of Indemnity can be customised from among those available. They are set out in the Specific Terms and Conditions of Module.

Cover	Deductible	Uncovered Amount	Limitation of Indemnity
Theft, robbery in the home, theft and robbery during socio-political events, damage including vandalism	-	20% for the secondary home (unless otherwise stated in the specific Policy section)	Sum insured indicated in the Policy
Valuable objects at first absolute risk	-	-	Sum insured indicated in the Policy up to EUR 15,000.00 per individual item if not placed in armoured storage systems
Valuables at full value	-	-	Sum insured indicated in the Policy
Content in outbuildings	-	-	Sum insured indicated in the Policy, up to EUR 1,500.00 per individual item unless otherwise specified in the Policy
Goods under insured items in temporary storage with third parties for processing or repair	-	-	EUR 1,000.00
Robbery and mugging outside the home	-	For money 10%	Sum insured indicated in the policy, for the money maximum EUR 3,000.00
Faults caused by thieves to the building	-	-	10% of the sum insured maximum EUR 3,000.00
Fraudulent use of credit cards (no pos and withdrawal)	-	-	EUR 1,000.00
Lock replacement due to loss of keys	-	-	5% of the sum insured
Alarm system and security door expenses	-	-	10% of the sum paid out maximum EUR 750.00 if sum insured EUR 15,000.00 maximum EUR 1,500.00 if sum insured > EUR 15,000.00

Cover	Deductible	Uncovered Amount	Limitation of Indemnity
Expenses for rearrangement of premises	-	-	10% of damage maximum 250.00 per Claim and per period of coverage
Moving	-	-	10 days from the notified date


SEZIONE DEDICATO A TE

The following Covers are subject to Deductibles for Claim, Uncovered Amounts and Limitations of Indemnity as indicated in the table;

Cover	Deductible	Uncovered Amount	Limitation of Indemnity
Garden insurance	EUR 200.00	-	EUR 10,000.00; EUR 2,000.00 for additional expenses for waste disposal
Falling trees and plants	EUR 200.00	-	EUR 20,000.00; EUR 2,000.00 for additional expenses for waste disposal
Extra Allowance photovoltaic system	EUR 100.00	-	EUR 5,000.00
Accidental breaking of plates and mirrors	EUR 100.00	-	EUR 1,000.00 - 2,000.00 5,000.00 – 10,000.00
Historic cars and motorbikes	-	-	Sum insured indicated in the Policy
Collapse and/or structural collapse of the building	-	10%	50% - 40% - 30% of the sum insured per building depending on age
Loss of rents	-	-	EUR 20,000.00
Taxes, duties and expenses	-	-	EUR 500.00
Benefits in the presence of another mortgage-related policy on the building	-	-	EUR 5,000.00
Insured apartment building: extension of electrical phenomena	EUR 200.00	20% with a minimum of EUR 300.00 per Claim in the event of non-compliant installations	EUR 2,000.00
Loss Details at electronic devices	-	-	EUR 500.00
Fire of contents brought into other homes	-	-	10% of the sum insured content
Vacation: Liability in rented premises	-	-	5 times the sum insured for the contents, maximum EUR 250,000.00
Damage to property: Customers Auto, Vita and Persona Special	-	-	Special Car: additional allowance EUR 2,000.00; Safeguarding investment plans: Maximum EUR 10,000.00 Safeguarding protection plans: EUR 10,000.00

Cover	Deductible	Uncovered Amount	Limitation of Indemnity
Damage to food supplies due to lack of cold weather	EUR 50.00	-	EUR 600.00
Increase in the sum insured for Christmas and weddings	-	-	10% surcharge on the sum insured Contents
Landlord's liability	EUR 100.00 for damage caused by water leakage from furniture	-	Coverage Limit indicated in the Policy for Building Ownership Liability
Liability for tourist rentals	EUR 100.00 for damage caused by water leakage from furniture	-	Coverage Limit indicated in the Policy for Building Ownership Liability
Robbery and mugging outside the home	-	20% for occasional stay	Sum insured indicated in the Policy
Additional allowance for presence of commercial activity	-	-	10% of the liquidated damages with a maximum of EUR 2,500.00
Theft of jewellery and valuables in safe deposit boxes at credit institutions	-	-	Sum insured indicated in the Policy
Theft of contents brought into other homes	-	-	10% of: batch Content-Money documents
Extending robbery and mugging to the whole world	-	10% for money	For money maximum EUR 3,000.00
Fraud in the home	-	20% with a minimum of EUR 100.00 per Claim	EUR 1,000.00
Special Senior Robbery or Mugging and robbery of money withdrawn from ATMs for pension withdrawals	-	10% with a minimum of EUR 50.00 per Claim	EUR 1,500.00
Special Senior robbery or mugging Theft due to sudden illness	-	10% with a minimum of EUR 50.00 per Claim	EUR 1,500.00 per money maximum EUR 500.00
Special Senior Robbery or Mugging Reimbursement of medical expenses incurred as a result of robbery and mugging	EUR 50.00	-	EUR 2,000.00

Cover	Deductible	Uncovered Amount	Limitation of Indemnity
Theft committed or facilitated with intent or gross negligence by domestic workers and family workers	-	20% with a minimum of EUR 100.00 per Claim	EUR 1,500.00
Theft: Christmas holidays and marriage	-	-	15% surcharge secured for Content-Money-Values-Documents
Theft: Customer Auto Special	EUR 50.00 for damage resulting from the theft of luggage contained in the parked car	10% for money	for money up to EUR 3,000.00; for damage resulting from theft of luggage in the parked car up to EUR 300.00 ; additional allowance of EUR 1,500.00 in the event of theft/robbery of the car

 What are my obligations? What are the company's obligations?	
What to do in case of claim?	<p>Reporting a claim: Claims must be reported in writing to the Agency where the contract is endorsed.</p> <p>The claim must be reported within 3 days of the date on which the Claim occurred or the Insured became aware of it, pursuant to Article 1913 of the Italian Civil Code, with the narration of the event, the indication of the date, place and presumed cause of the claim, its consequences, and the personal details of the injured party and witnesses. Specific obligations in the event of a claim are stipulated for the various Covers.</p>
	<p>Direct assistance/convention: no direct assistance/convention is provided for the handling of Claims.</p>
	<p>Management by other companies: Claims handling by other companies is not envisaged.</p>
	<p>Statute of limitations: rights arising from the contract other than the right to payment of Premium instalments (which is time-barred in one year from the individual due dates) are time-barred within two years from the day on which the event on which the right is based occurred, pursuant to Article 2952 of the Italian Civil Code. In liability insurance, the two-year period starts running on the day on which the third party has claimed compensation from the Insured or has instituted legal proceedings against the Insured to claim compensation.</p>
Incorrect statements or reticence	There is no additional information to that provided in the Non-life DIP.
Obligations of the company	<p>After verifying the effectiveness of the Cover, assessing the damage and receiving the necessary documentation, the Company shall pay the Indemnity within 30 days, provided that no objection has been made.</p> <p>For the Liability Covers, the Company, up to the coverage limit indicated in the Policy, is obliged to take charge of the claim formulated by the injured party against the Insured and assumes, on the Insured's behalf, the management of out-of-court and in-court disputes, both civil and criminal, including the mediation procedures for civil disputes envisaged by the regulations in force.</p> <p>The exercise of the right of withdrawal on the ground of reconsideration renders any Claim made ineffective.</p>

When and how do I pay?

Premium	There is no additional information to that provided in the Non-life DIP.
Refund	<p>If the contract was placed entirely by means of distance communication techniques, in case the Policyholder exercises their right of withdrawal, the Company shall, within 30 days of receipt of the notice of withdrawal, refund the Premium paid, net of tax.</p> <p>In the event of cancellation by the Company due to a Claim, the Policyholder shall be entitled, within 15 days from the effective date of the cancellation, to reimbursement of the instalment of Premium paid and not due, net of taxes.</p>

When does the coverage begin and when does it end?

Term	<p>Certain Covers are subject to a period of time, following the pertaining effective date, during which all or part of the Covers is ineffective.</p> <p>IN SOLIDITÀ SECTION - DAMAGE TO PROPERTY</p> <p>Catastrophic Event Covers take effect at midnight on the 15th day following the day of activation of the Cover indicated in the Policy (or, if later, at midnight of the day of payment of the relevant Premium or first instalment of Premium).</p> <p>The Snow Overload Cover takes effect at midnight on the tenth day following the day of activation of the Cover indicated in the Policy (or, if later, at midnight on the day of payment of the relevant Premium or first instalment of Premium).</p>
Suspension	It is not possible to suspend the insurance Cover during the contract.

How can I cancel the policy?

Reconsideration after taking out of the Insurance	If the contract has been placed entirely through distance communication techniques, the Policyholder may withdraw within 14 days from entering into the contract by written request to be sent to the Agency to which the policy is assigned or to the Company by registered letter with acknowledgement of receipt or certified email.
Termination	There is no additional information to that provided in the Non-life DIP.

Who is this product aimed at?

Immagina Adesso - Modulo CASA is aimed as an elective target group at individuals and families, owners or tenants of habitual or non-regular homes with construction characteristics normally expected for civil homes. The Module is addressed to the customer who has expressed the needs Protection of Assets, Protection of Property and Assistance and Rescue.

What costs do I incur?

Brokers for the sale of this insurance receive on average 22.30% of the taxable Premium paid by the Policyholder for commission-type remuneration.

HOW CAN I LODGE COMPLAINTS AND RESOLVE DISPUTES?

To the Insurance Company	The provisions of the Additional DIP of the Modulo Generale apply.
To IVASS	The provisions of the Additional DIP of the Modulo Generale apply.

BEFORE RESORTING TO THE JUDICIAL AUTHORITIES, alternative dispute resolution systems can be used such as:

Mediation	The provisions of the Additional DIP of the Modulo Generale apply.
Assisted Negotiation	The provisions of the Additional DIP of the Modulo Generale apply.
Other alternative dispute resolution systems	<p>In the event of disputes relating to the determination and estimation of damage - within the scope of the covers In solidità - Damage to property and In guardia - Theft, the contractual expertise provided for in the Terms and Conditions of Insurance may be used to settle such disputes.</p> <p>In such cases, the application for the activation of the contractual expertise should be addressed to: Generali Italia S.p.A. - Via Marocchessa,14 – 31021 – Mogliano Veneto (TV) - e-mail: generaliiitalia@pec.generaligroup.com</p> <p>For the settlement of cross-border disputes, the provisions of the Additional Modulo Generale DIP shall apply.</p>

NOTE: FOR THIS CONTRACT, THE COMPANY HAS AN INTERNET AREA RESERVED FOR THE POLICY-HOLDER ("HOME INSURANCE"), THEREFORE AFTER EXECUTING IT YOU WILL BE ABLE TO CONSULT THIS AREA AND USE IT TO TELEMATICALLY MANAGE THE CONTRACT ITSELF.

Module Structure

The **Modulo CASA** is an integral part of the Immagina Adesso insurance contract and contains the Specific Terms and Conditions of the following Covers:

- In solidità - Damage to property
- In solidità towards others - Damage to third parties
- In guardia - Theft

The Covers are effective if they are stated in the Policy and if the relevant Premium has been paid.

The Specific Terms and Conditions are made up:

- of the Definitions;
- of the Rules specific to the individual Covers activated, which contain the specific discipline of those Covers;
- the Common Rules, which contain the rules common to all activated Covers.

SPECIFIC TERMS AND CONDITIONS - DEFINITIONS

In the Specific Terms and Conditions of this Module, the following terms are given the meanings specified herein:

COMMON DEFINITIONS

Batch	Set of homogeneous assets insured with a single sum.
Building/ Construction	<p>The premises constituting the whole building or a portion thereof (excluding the area and including the respective portions of the building constituting common property) used as a civil home, offices or professional offices if they communicate with the dwelling itself, including:</p> <ul style="list-style-type: none">- fixings, fixtures;- fixed electrical systems, water, sanitary and heating systems, fixed air-conditioning, photovoltaic and solar thermal installations, lifts and hoists, other systems and installations serving the building and considered real estate by nature or purpose, including centralised radio and television aerials, but excluding prevention and alarm systems;- painting, wallpapering, upholstery, carpeting and similar, frescoes and statues without artistic value, excluding the contents;- outbuildings and/or appurtenances even if placed in separate bodies, boundary walls, fixed fences and the like, sports and playground equipment, but excluding parks, trees, private roads. <p>What is indicated under “Contents” is excluded.</p>
Burst	Sudden rupture of containers due to excess internal fluid pressure not due to explosion. The effects of frost and “water hammer” are not considered bursting.
Domestic Content/ Effects	<p>Contents of the home consisting of:</p> <ul style="list-style-type: none">- furniture, furnishings, paintings and art objects, collections, silverware, household appliances, audiovisual and other electrical and electronic equipment for household and personal use (including alarm systems and non-centralised TV antennas);- clothes, furs, books, video and cameras;- everything for personal and household use;- equipment, furnishings, documents and everything needed for a private office or professional studio intercommunicating with the home;



- furniture, furnishings, equipment, clothing, provisions, tools, cycles and mopeds: all in the outbuildings, even detached, located in the spaces adjacent to and pertaining to the building;
- jewellery and valuables.

And, if the premises are rented:

- upholstery, wall and floor coverings, door and window frames;
- heating and air conditioning appliances, if they have been added by the Insured.

Documents, money and valuables, vehicles subject to registration and any equipment subject to a leasing contract are excluded.

Deductible A predetermined amount that remains payable by the Insured (expressed as an absolute value or as a percentage of the sum insured) and deducted from the sum insured:

- of Indemnity/Compensation if the form of insurance is first absolute risk;
- of the damage if the form of insurance is full-value.

Detached villa Home in a single-family building more than 30 metres away (excluding appurtenances) as the crow flies from other regularly inhabited civil homes (also excluding appurtenances).

Direct damage Damage due to the direct action of an event covered in the Policy.

Direct property damages Destruction, deterioration or loss of physically determined property.

Documents Documents, records, discs, tapes, external memories for electronic instruments.

Fire Combustion, with flame, of material goods outside an appropriate hearth, which can self-extend and spread.

First Absolute Risk (PRA) Form of insurance that commits the Company to indemnify the damage occurred up to the insured value in the Policy, even if the latter is lower than the overall value of the insured goods (insurable value). Therefore, the proportional rule for underinsurance⁽¹⁾ does not apply.

Fixtures and fittings **Fixtures:** gutters, downpipes and what is permanently anchored to wall structures, with respect to which it has a secondary function of finishing or protection (such as anchored supporting structures of awnings and verandas).

Fittings:

- rigid and fixed structures, anchored to the wall by means of screws and dowels or through a masonry subframe; they act as support for the windows and doors, allowing them to be opened and closed;
- window frames.

Flat on intermediate floor Home

- located in a building inhabited by several families with access only from rooms inside the building and with a common entrance from the outside;
- which has other flats below and above it;
- with openings, other than the entrance to the flat itself, more than 4 m above the ground, water or shelves that can be accessed from the outside without the use of personal agility or tools.



Flat on non-intermediate floor	Home on floor other than intermediate floor in building inhabited by several families with access only from rooms inside the building and with common entrance from outside.
Full value	A form of insurance that covers all insured property. Therefore, the sum insured chosen must coincide with the value of the insured goods (insurable value); if the sum insured indicated in the Policy is lower than the total value of the same, in the event of a Claim, the Insured shall be indemnified in proportion to the ratio of the insured value to the insurable value ⁽²⁾ .
Home	Building construction (apartment/villa) intended as a civil home, identified in the Policy and located in Italy, the Republic of San Marino or the Vatican City.
Inhabitation (or non-home)	Continuous absence from the home of the Insured and cohabitants. Presence during daytime hours only or visiting the premises for inspections, checks, cleaning and repairs does not interrupt the inhabitation.
Main home	The only place where, in fact, the Insured and his/her household normally live.
Money and Values	Money, banknotes and securities and credit instruments in general.
Non-isolated villa	Home with an external, independent entrance in a multi-family building, or a single-family home less than 30 metres away (excluding appurtenances) as the crow flies from other regularly inhabited civil homes (also excluding appurtenances).
Outbuildings and/or Appurtenances	Premises constructed in the building itself or in separate bodies, provided that in adjacent spaces or appurtenant to the home (such as garages, cellars, attics, heating plant, swimming pools, tennis courts, etc.), having construction characteristics not inferior to those of the building of which the home is part or in any case comparable to them.
Partial ruin	Collapse of a structural part of such importance that the stability, solidity and durability of the building/construction is certainly compromised.
Photovoltaic system	It consists of photovoltaic modules (panels), inverters, control and detection equipment, support structures and any other closely related components. The system must be designed and installed in a workmanlike manner, fixed to the appropriate supports and equipped with panels certified to the CEI standards in force at the time of installation and hail-tested.
Roof	Set of structures, load-bearing and non-load-bearing, which cover and protect the building from the weather, including the relevant load-bearing structures (warping, tie-rods or chains).
Secondary home	Other dwellings other than the main one (e.g., holiday home).
Solar thermal system	It consists of solar modules (panels), tank, support structures and any other closely related components. The system must comply with the EN standard in force at the time of installation.
Total ruin	Total collapse of the building/construction
Uncovered Amount	Pre-established amount to be borne by the Insured, expressed as a percentage of the amount: - of Indemnity/Compensation if the form of insurance is first absolute risk; - of the damage if the form of insurance is full-value.
Windows	Fixed or movable elements (sashes, panels, glazing etc.) anchored to the frame of the frame that create an opening and closing system (doors, windows etc.).



SPECIFIC DEFINITIONS IN SOLIDITÀ

Construction type	Construction characteristics of the building.
Data support	Hard disks, SD cards and SSD cards.
Different load-bearing structures	Not earthquake-resistant structures built of materials other than reinforced concrete.
Earthquake	Abrupt and sudden upheaval of the earth's crust due to endogenous causes, provided that the insured building is located in an area, identified among those affected by the earthquake in the measures taken by the competent authorities.
Earthquake-proof Structure	Structure built in compliance with the principles defined in the Order of the President of the Council of Ministers No. 3274 of 20 March 2003 and/or in the Decree of the Ministry of Infrastructure of 14 January 2008 containing "Approval of the new technical standards for constructions" and subsequent amendments and/or additions.
Explosion	Development of gases or vapours at high temperature and pressure, due to a chemical reaction that self-propagates at high speed.
Fireproof materials	Substances and products that at a temperature of 750° C do not exhibit flame or exothermic reaction (chemical reaction that generates heat). The test method is the one adopted by the Centre for Experience Studies of the Ministry of the Interior. Roof materials certified to fire class 1 ⁽³⁾ are also considered fireproof materials.
Flood and Inundation	Spillage of water, and anything carried by it, from the usual banks of watercourses or natural or artificial reservoirs, even if caused by an earthquake, landslide, subsidence or landslide when such an event is characterised by violence that can be seen on a plurality of entities, whether insured or not, located in the vicinity.
Flooding	The presence of water that has accumulated in an enclosed, normally dry place as a result of the formation of streams or external accumulation of water as well as leakage of water, not due to breakage, from water, hygienic and thermal systems.
Floodplain area	This is the portion of land between the river bed (the furrow through which the watercourse flows when it has its lowest flow) and the main embankment.
Floor	All elements constituting the horizontal separation between floors of the building, excluding floors and ceilings.
Floor above ground	The floor of a building at least 50% of the perimeter points of which are at a height equal to or greater than that of the surrounding ground or in any case at a height of not less than thirty centimetres in relation to the latter.
Glulam	The term glulam refers to processed wood products and structures intended for structural use. More precisely, these are wooden elements made up of thin plates - called lamellas - which are processed and finished (especially in terms of planning and waterproofing), and then hot-glued together. They are conventionally considered non-combustible.
Implosion	Failure of equipment, tanks and containers in general, due to lack of internal fluid pressure compared to external pressure
Reinforced concrete load-bearing structures	Vertical and horizontal load-bearing structures in reinforced concrete, not earthquake-resistant. They are tolerated and therefore do not constitute an aggravation of risk: <ul style="list-style-type: none">- the different construction characteristics of a single portion of the building whose covered area does not exceed 1/10 of the covered area of the home itself;- wooden roof reinforcements.
Water bombs	Rapid flooding caused by excessive rainfall in a short period of time due to the inability of the soil to drain and/or absorb water.



SPECIFIC DEFINITIONS IN GUARDIA

Armoured cabinets	Cabinets, single- or double-door, with the following characteristics: <ul style="list-style-type: none">- steel walls and sashes not less than 3 mm thick.- locking movement that operates multiple expanding bolts on at least two sides of a sash, or even on one side only if the sash on the hinge side has a tear-proof profile.- key-operated security lock or numerical or literal combination lock.- minimum weight 100 kg.
Armoured door	Door approved to UNI standard (9569) at least class I burglary resistance, or approved to UNI/ENV standard in force at the time of installation with at least equivalent burglary resistance; or door with the following minimum safety requirements regarding the movable part and the fixed or walled-in part: <ul style="list-style-type: none">- Sash constructed for the entire surface from sheet steel with a minimum thickness of 1 mm, whether or not coated externally with wood or other material.- Frame and subframe made of steel sheet with a minimum thickness of 1 mm, all forming a structure firmly anchored to the wall.- at least two fixed anti-crushing rostrums.- Security lock operating at least four moving locking points (deadbolts). A wide-angle peephole is permitted.
Armoured storage systems	Armoured cabinets or safes with minimum requirements at least equal to those described in these definitions.
Armoured storage systems (VIP Theft)	Armoured cabinets or wall safes (VIP theft) or wall safes (via theft) with minimum requirements at least equal to those described in these definitions
Collections	Set of objects, goods or entities of the same species and category, rare, curious, ordered according to certain criteria, having an objectively recognised intrinsic and market value.
Content in outbuildings	Furniture, furnishings, clothing, sporting goods, supplies, tools, cycles and mopeds.
Furniture and furnishings	Furniture and furnishings in general for the home and for offices and professional offices if communicating with the home, sound and television equipment, optical equipment, electronic equipment, documents, prevention and alarm systems, and everything for domestic and personal use, excluding precious objects, valuables and securities.
Jewellery and valuables	Objects made of gold and platinum or mounted on these metals, precious stones, coral, natural and cultured pearls, etc., wristwatches or pocket watches also made of non-precious metal with a market value of more than EUR 4,000.
Laminated safety glasses	Panels consisting of two or more slabs with two or more panels sandwiched and glued together (and for the entire surface) layers of plastic material so as to achieve a total thickness of at least 6 mm or consisting of a single layer of synthetic material (polycarbonate) with a minimum thickness of 6 mm.
Laminated safety glasses (VIP Theft)	Panels consisting of two or more slabs with two or more panels sandwiched and glued together (and for the entire surface) layers of plastic material so as to obtain a total thickness of not less than 18 mm or made of a single layer of synthetic material (polycarbonate) with a thickness of not less than 18 mm
Money and valuables	Money, banknotes and securities and credit instruments in general.



Mugging	Theft committed by snatching the thing out of the hand or off the person holding it.
Precious objects	Paintings and carpets with a single value of more than EUR 250.00, tapestries, sculptures, objets d'art (excluding jewellery), furs, silverware, all for domestic and personal use.
Robbery	Taking of property by violence to the person or threat.
Safes	Furniture with the following characteristics: <ul style="list-style-type: none">- steel walls and doors not less than 3 mm thick, except walls of walled safes;- locking movement operating multiple expanding bolts on at least two sides of a door leaf (also on one side for bricked-in safes);- key-operated security lock or numerical or literal combination lock;- minimum weight 100 kg (except for wall safes).
Safes (VIP Theft)	Furniture with the following characteristics: <ul style="list-style-type: none">- walls and sash of adequate thickness, at least 4 mm, consisting of defences designed to counter attacks by traditional mechanical means only (drill, disk wheel, mallets, chisels, percussion hammers, etc.);- closing movement:<ul style="list-style-type: none">- operated by a handle or handwheel which controls expanding, multiple or continuous deadbolts, placed on at least two vertical sides of the door leaf; on the hinge side, fixed deadbolts or a continuous, tear-proof profile may be used in any case; in double-hinged safes, deadbolts must be present on all sides of the doors;- referenced by a security key lock with at least five plates and/or a numeric or letter combination lock with at least three coaxial discs; <p>minimum weight: 200 kg (safes weighing less must be rigidly anchored to the floor or a wall)</p>
Theft	Possessing movable property of others, taking it away from its owner, in order to make profit for oneself or others.
Theft by stealth (VIP theft)	Theft committed by taking things with special skill in such a way as to evade the attention of the person who has them on or within reach.
Wall safes (VIP Theft)	Furniture with the following characteristics: <ul style="list-style-type: none">- steel walls not less than 2 mm thick,- steel casement, with adhering plate of manganese steel or other material with drill-resistant properties at least equal to those of manganese steel, extending over the entire surface of the casement; solid casement thickness not less than 10 mm,- locking movement by means of expanding bolts, multiple or continuous blade bolts, located on at least three sides of the sash, referenced by a key-operated security lock with at least five plates and/or a numeric or letter combination lock with at least three coaxial discs; if the sash is hinge-side bolted, no expanding bolts are required on this side, <p>anchorage device made or applied to the body of the safe so that the safe, once embedded and cemented in the wall, cannot be removed from the wall without demolishing it.</p>



SPECIFIC TERMS AND CONDITIONS IN SOLIDITÀ - DAMAGE TO PROPERTY



What is covered by the Insurance?

Art. 1.1 Insured items

The insurance covers goods falling under the following items, if indicated in the specific section of the Policy, and the relevant insured sums:

- **“Building”** means premises intended for civil home and related outbuildings.
In addition, the following premises **of the Policyholder or one of its household members**: are covered
 - intended for private offices and professional studies intercommunicating with the home.
 - not intended for residential use, but both the insured building and the entire construction of which it forms a part must be used for at least 50% of the total floor area for residential use, offices or professional offices **provided that the “Building” batch also includes the relevant sum insured**
- **“Contents”** shall mean household effects contained in the home, private offices and professional studios of the Policyholder or of one of the members of their household, if intercommunicating, and their outbuildings.
In addition, the following are included in the Cover:
 - **Money and Values**
 - **Documents**
provided that the “Contents” batch of the home is insured and also in excess of the relevant sum insured.

Limitations of coverage apply

- **Money and valuables up to a maximum of EUR 2,500.00;**
- **Documents up to a maximum of EUR 5,000.00.**

Art. 1.2 Conditions of insurability

The insurance coverage is effective if the insured building or building containing the insured items, and the entire construction of which it is a part, have the following characteristics:

- are not under construction;
- are in a good static and maintained condition;
- are intended for residential homes, offices or professional offices for at least 50 per cent of the total floor area;
- have vertical load-bearing structures and external walls made of non-combustible materials and/or glued laminated wooden; in external walls made of fireproof materials, the presence of combustible materials is tolerated up to 10% of their individual surfaces, or up to 30% if the combustible materials are made of non-expanded or honeycomb plastics;
- have load-bearing roof structure, floors, insulation, ceilings and cladding, including in combustible materials;
- have a roof covering of fireproof materials and/or laminated wood and/or bitumen roof tiles. If the roof covering is made of combustible material, at least one of the following conditions must be fulfilled:
 - the roof supporting structures are made of fireproof materials and/or glued laminated timber;
 - the load-bearing roof structures are made of combustible materials, but there are floors made of fireproof materials and/or glulam.

Art. 1.2.1 Wooden homes

In addition to the provisions of the conditions of insurability, the insurance is provided on condition that the insured building or building containing the insured items, as well as the entire construction of which it is a part, also have the following characteristics:

- **vertical load-bearing structures and external walls also made of combustible materials that have been suitably treated and comply with building regulations;**



- **Considering the total external surface of the walls and roof, excluding insulation, the presence of up to 20 per cent plastic material is tolerated;**
- **load-bearing roof structure, floors, insulation, ceilings and cladding, including in combustible materials that have been suitably treated and comply with building regulations;**
- **roof covering also made of combustible material that has been suitably treated and complies with building regulations, including shingles.**

These construction features only operate if the type is indicated in the specific Policy section: "Non-laminated wood home.



What is covered by the Insurance? Basic covers

CASA START

Art. 2.1 Insured Risks

What is covered by the Insurance

The Company shall indemnify material and direct damage caused to property by the following events:

- fire** including damage caused by order of the authorities for the purpose of preventing or stopping the fire and also damage reasonably caused by the Insured or third parties for the purpose of limiting the damage;
- explosion and bursting** even if they occurred outside the building as long as they were not caused by explosive devices resulting from socio-political events;
- mechanical action of lightning;**
- implosion;**
- falling aircraft, aeronautical artefacts and spacecraft** their parts and things carried by them;
- collapse of bridges, overpasses, viaducts and** parts thereof provided they are built in accordance with the law and subject to regular maintenance;
- sonic wave**, caused by aircraft and objects in general moving at supersonic speed;
- collision of road vehicles or watercraft** not belonging to or in use by the Insured or members of his/her family;
- smoke, gas or vapours** leaked as a result of a sudden and accidental failure of the heating systems serving the building or the larger building of which it may form a part or adjoining buildings, **provided that the systems are connected by pipes to appropriate chimneys** or developed as a result of fire or lightning, explosion, burst or implosion that hit the insured property or property located within 50 metres of it;
- falling lifts and hoists** including damage to the cabin and mechanical parts as a result of broken devices, if the Building batch is insured;
- Accidental breakage of chandeliers**, including damage to them, hanging or fixed to ceilings and walls, as a result of their falling, if the Contents batch is insured.

Art. 2.2 Additional expenses

What is covered by the Insurance

In the event of a Claim eligible for indemnification under the terms of the activated Covers, the Company shall reimburse, up to the amount indicated in the specific section of the Policy, the additional expenses incurred for:

- demolition and clearance:** Demolishing, clearing, transporting, treating and disposing of the debris of the Claim to the nearest dump or to that imposed by the authority,
- Relocation of "Contents":** removing, depositing and relocating the Contents where necessary to restore the damaged premises occupied by the Policyholder, if the Contents batch is insured;
- temporary accommodation:** the accommodation for the time necessary to restore the damaged premises occupied by the Insured and made uninhabitable following a Claim.



What is NOT covered by the Insurance

No Indemnity shall be due to the Insured for delays in restoring the damaged premises due to exceptional causes or for any delay in occupying the restored premises.

Limitations of coverage apply

The “*temporary accommodation*” Cover operates up to a maximum of EUR 150.00 per day and for a maximum of 100 days.

- d. **expert’s fees:** the fees of the expert that the Policyholder has chosen and appointed for the procedure of damage assessment and the share of costs and fees to be borne by the Policyholder following the appointment of the third expert.

Limitations of coverage apply

“*Expert’s Fees*” Cover operates up to 5% of the liquidated amount of the Claim, but not exceeding EUR 1,500.00.

- e. **redesign fees:** expenses for the redesign of the Home, the supervision of the work and the charges due for the reconstruction of the insured home in accordance with the regulations in force at the time of the Claim, excluding fines, penalties and administrative sanctions.

Limitations of coverage apply

The “*design costs*” Cover is provided up to 5% of the Indemnity relating to the building with a maximum of EUR 10,000.00 per insurance period.

Art. 2.3 Expenses for constructive changes to the building

What is covered by the Insurance

The Company shall reimburse the **greater expenses** incurred for the repair or reconstruction of the building with construction characteristics that differ from those it had at the time of the Claim, if the authority so requires, because they are no longer permitted by laws or regulations that came into force after the date of construction of the building.

Limitations of coverage apply

Reimbursement is provided up to 20% of the Indemnity for the building calculated under the terms of the activated Covers.

Art. 2.4 Moving

What is covered by the Insurance

In the event that the Policyholder/Insured moves to another main home in Italy, the Republic of San Marino or the Vatican City State, the goods pertaining to the new home that fall under the definition of “Building” and “Contents” (including Documents, Money and Valuables) shall also be temporarily insured.

The Cover only applies to the main home.

What is NOT covered by the Insurance

Damage occurring during transport is excluded.

Limitations of coverage apply

This Cover shall operate for a maximum of 10 days from the date communicated, by certified email or registered letter, by the Policyholder/Insured to the Company as the start date of the moving operations.



Art. 2.5 Home also insured under the Comprehensive Civil Buildings Policy of the Company

What is covered by the Insurance

If the insured home is part of a condominium building insured under a Comprehensive Civil Buildings policy taken out with the Company prior to the date of the Claim:

- in the event of damage to the building, eligible for indemnification under this insurance coverage, which has affected the Atmospheric Events, Socio-political Events or Electrical Phenomena Covers, the relevant Deductibles shall be reduced by €100.00;
- In the event of damage to the building, indemnified under the terms of this insurance coverage for an amount greater than 50% of the new reconstruction value of the building itself, the Company shall pay an additional indemnity equal to the total amount of the Premium instalments of this insurance coverage due in the twelve months following the date of the Claim.

The Cover only applies if the “Building” batch is valorised.

Limitations of coverage apply

The additional indemnity shall be limited to a maximum of EUR 10,000.00 per Claim and per insurance period, even if it exceeds the sum insured.

Art. 2.6 Damage to property of others

What is covered by the Insurance

In the event of a Claim caused by fire, explosion or bursting that is indemnifiable under the terms of the Covers activated, the Company shall guarantee the Policyholder the sums that it must pay for capital, interest and expenses, as the party civilly liable by law in the cases indicated below:

Art. 2.6.1 Third party recourse

What is covered by the Insurance

The Company guarantees the Policyholder, up to the coverage limit indicated in the specific section of the Policy, of the sums that the Policyholder must pay for capital, interest and expenses, as the party civilly liable by law, for material and direct damage caused to third-party property by an indemnifiable Claim due to fire, explosion and bursting.

Insurance coverage is extended:

- a. damage resulting from interruptions in the use of goods and industrial, commercial, agricultural or service activities

Limitations of coverage apply

up to 20% of the coverage limit of Third Party Recourse cover.

- b. damage resulting from accidental air, water or soil pollution.

Limitations of coverage apply

up to EUR 100,000.00 per insurance period.

In addition to the Policyholder and under the same terms, the following are also insured:

- the members of his/her household,
- any co-owners, **if the “Building” batch is insured.**

The Policyholder must immediately inform the Company of the civil or criminal proceedings brought against him/her, providing all documents and evidence useful for the defence; the Company may take over the management of the case and the defence of the Insured. The Policyholder shall refrain from any transaction or acknowledgement of its liability without the consent of the Company. Article 1917 of the Italian Civil Code shall apply to court costs.

However, they are not considered third parties:

- the spouse or cohabiting partner of the Policyholder;
- the Policyholder's parents and children, unless they reside in separate real estate units that have nevertheless suffered damage as a result of the cases listed;
- all other members of the Policyholder's household, unless they reside in separate real estate units that have nevertheless suffered damage as a result of the cases listed;
- the legal representative, the shareholder with unlimited liability, the director and persons related to them by blood or kinship referred to in the preceding points, if the Policyholder is not a natural person;
- persons who, in a relationship of dependence with the Policyholder, suffer damage in the course of their work or service.

What is NOT covered by the Insurance

Insurance coverage does not include damage:

- things that the Policyholder has in his care or custody or holds in any capacity whatsoever;
- resulting from gradual pollution of water, air and soil.

Art. 2.6.2 Rental risk

What is covered by the Insurance

In the event of liability of the Policyholder in accordance with articles 1588, 1589 and 1611 of the Italian Civil⁽⁴⁾ Code, the Company shall be liable for direct property damages caused by fire, explosion and bursting, to the premises rented by the Insured and located in the home indicated in the specific section of the Policy, even if caused by the gross negligence of the Policyholder.

Under the terms indicated, they are also insured:

- the members of the Policyholder's household;
- the tenant, if it is a person other than the Policyholder.

Limitations of coverage apply

The Cover is limited to a coverage limit of:

- 5 times the sum insured for the contents at full Value;
- 10 times the sum insured for the contents at First Absolute Risk.

and in any case up to a maximum of EUR 500,000.00 or the higher insured amount for the Third Party Recourse Cover and without application of the proportional rule.



What is covered by the Insurance? Optional covers

EXTRAORDINARY EVENTS

Art. 2.7 Socio-political events

What is covered by the Insurance

The Company shall indemnify material and direct damage caused to insured property:

- a. by fire, explosion and bursting as a result of strikes, civil commotion, riots, acts of terrorism or organised sabotage;
- b. occurring during theft or robbery, with the exception of those caused by thieves to fixtures and fittings.

The Cover also covers other material and direct damage to the insured property caused by persons taking part in civil commotion, strikes, riots or committing acts of vandalism or malicious acts, including acts of terrorism or sabotage.



What is NOT covered by the Insurance

The following damages are excluded:

- theft, loss, robbery, looting or attributable to shortages of any kind
- occurring during confiscation, seizure or requisition of the insured property by order of any authority in law or in fact
- other than fire, explosion and bursting, if occurring during non-military occupation lasting more than five consecutive days
- by soiling of the external parts of the building.

Limitations of coverage apply

For each Claim, the Indemnity is paid:

- applying the Deductible (if any)
- up to the Limitation of Indemnity for each batch Indicated in the specific section of the Policy.

Art. 2.8 Burglary and theft of fixtures and fittings

What is covered by the Insurance

The Company shall indemnify material and direct damage caused to the fixtures (including downpipes and gutters) and fittings of the building, due to damage caused by thieves and theft of the same.

For the main home only, Cover is extended to the theft of boilers and air conditioning systems located outdoors and permanently anchored to the insured building.

If the In Guardia section is present, this Cover is supplemental for the part of the damage exceeding the limitations of Indemnity provided for in that section.

The Cover only applies if the “Building” batch is valorised.

What is NOT covered by the Insurance

The Cover shall not apply:

- for buildings undergoing renovation;
- 30 days of inhabitation for the main home;
- after 60 days of inhabitation for the secondary home.

Limitations of coverage apply

For the main home, insurance coverage is provided up to a limit of EUR 10,000.00 per Claim and per insurance period.

For the secondary home, insurance coverage is provided with a limit of EUR 1,500.00 per Claim and per insurance period.

The extension of coverage for the main home only relating to the theft of boilers and air conditioning systems located outdoors and permanently anchored to the insured building is covered up to EUR 500.00 for insurance period with a limit of:

- EUR 500.00 for boilers and air conditioning systems less than or equal to three years old
- EUR 300.00 for boilers and air-conditioning systems between three and five years old



Art. 2.9 Atmospheric events

What is covered by the Insurance

The Company indemnifies material and direct damage caused to insured property by:

- whirlwind, hurricane, storm, wind and things dragged or collapsed by them
- hail

when the violence characterising such events is found on a plurality of assets, whether insured or not.

Water damage occurring inside the building is included, provided it is directly caused by atmospheric precipitation through damage caused to the roof, walls or windows by the violence of the described weather events.

What is NOT covered by the Insurance

The following damages are excluded:

a. **suffered by:**

- **windows, glass panes, skylights, solar or photovoltaic panels, unless the damage to the same results from breakage or injury to the roof or walls;**
- **tents, signs and similar outdoor installations, outdoor goods or goods placed in buildings open on one or more sides or incomplete in their finishes and fittings;**
- **plastic, wooden constructions other than homes or villas, and what they contain**
- **verandas and roofs in general of balconies, balconies, terraces if made of plastic or combustible material other than laminated wood;**

b. **caused by dripping or dampness, landslides and ground subsidence, snowdrifts, avalanches or avalanches, frost, floods, storm surges, insufficient rainwater runoff.**

Limitations of coverage apply

For each Claim, the Indemnity is paid:

- **applying the Deductible (if any)**
- **up to the limitation of indemnity foreseen for each batch indicated in the specific section of the Policy.**

Art. 2.10 Atmospheric Events on Solar and Photovoltaic Panels and Hail on Fragile

What is covered by the Insurance

In addition to the provisions of the Atmospheric Event Cover, the Company also indemnifies damage caused to solar and/or photovoltaic panels and hail damage to windows, glass and skylights.

Limitations of coverage apply

For each Claim, the Indemnity is paid:

- **applying the EUR 300.00 Deductible,**
- **up to the limitation of Indemnity indicated in the specific Policy section.**

Art. 2.11 Snow Overloading

What is covered by the Insurance

The Company shall indemnify material and direct damage caused to the insured property as a result of total or partial collapse of the building caused by snow load on the roofs.

This also includes water damage that occurred inside the building, **provided it was directly caused by atmospheric precipitation through injuries caused by such a collapse.**

It also includes permanent deformation damage to the load-bearing structures of the roof that impair its stability. The following material and direct damage to the insured property due to snow load not resulting from total or partial collapse of the building is also indemnified:



- collapse of windows, glazing, skylights, solar or photovoltaic panels
- breakage or deformation of gutters
- breaking of antennas and chimneys

The Cover only operates from midnight of the tenth day following the day on which the Cover takes effect.

If the Cover replaces without interruption another Cover that is in force with the Company covering the same risk, during the period of ineffectiveness the Cover operates under the conditions of the replaced Cover.

What is NOT covered by the Insurance

Damage is excluded:

- a. by frost, landslides or avalanches;
- b. in buildings in a state of disrepair, under construction or reconstruction or in any case not complying with the technical safety standards (by law and regulations) in respect of snow loads in force at the time of construction, reconstruction or renovation of the building or introduced subsequently with retroactive effect;
- c. tiles and waterproofing, unless their damage is caused by total or partial collapse of the underlying load-bearing structure;
- d. curtains, signs and similar outdoor installations, plastic, wooden constructions other than homes or villas, and anything contained therein, buildings open on one or more sides or incomplete in their closures or frames, verandas and roofs in general of balconies, terraces.

Permanent deformation damage to non-laminated wooden roof structures is also excluded.

Limitations of coverage apply

For each Claim resulting from total or partial collapse of the building caused by snowdrifts on the roofs,

The Indemnity is paid:

- applying the Deductible (if any),
- up to the limitation of indemnity foreseen for each batch indicated in the specific section of the Policy.

For each Claim not resulting from total or partial collapse of the building causing:

- collapse of windows, glazing, skylights, solar or photovoltaic panels
- breakage or deformation of gutters
- breakage of antennas and chimneys

the Indemnity is paid:

- applying a Deductible of EUR 300.00.
- up to a maximum of EUR 5,000.00.

CATASTROPHIC EVENTS

Art. 2.12 Catastrophic Events

What is covered by the Insurance

“Catastrophic events” coverage is composed of the mandatory Earthquake Cover and the optional Flood, Inundation and Flooding, and Water Bombs Covers.

Art. 2.12.1 Operation of the Cover

The Covers envisaged in the “Catastrophic Events” coverage shall take effect at midnight on the fifteenth day following the day indicated in the Policy if at that time the premium or the first premium instalment



has been paid; otherwise, it shall take effect at midnight on the fifteenth day following the day of payment, without prejudice to the deadlines established in the specific section of the Policy.

In the event that the Cover replaces, without interruption, another Cover in force with the Company for the same risk, the cover during the aforementioned 15-day gap shall operate under the conditions of the replaced Cover.

Art. 2.12.2 Premium adjustment on maturity

The Company may notify the Policyholder of the new Premium conditions relating to the renewal of the “Catastrophic Events” coverage, under the same regulatory conditions as the current Cover, by registered email or registered letter.

The Company shall send the communication at least 60 (sixty) days before the expiry date - initial or any tacit renewal

- In this case, the Policyholder’s willingness to accept the new Premium terms and conditions shall be expressed by paying the Premium or the Premium instalment no later than the thirtieth day following the expiry of the Cover, against issuance of a receipt.

In the event of non-renewal of “Catastrophic Event” Coverage by the Policyholder, the In solidità - Damage to Property section shall be renewed at the Policyholder’s option:

1. if of multi-year duration, shall continue until the expiry date indicated in the Policy without the coverage provided for “Catastrophic Events”;
2. if annual, shall be tacitly renewed from year to year without the coverage provided for “Catastrophic Events”; in the absence of notification of the new premium conditions, the Covers shall be tacitly renewed from year to year.

Art. 2.12.3 Right of Withdrawal

The Company and the Policyholder may terminate the coverage for “Catastrophic Events”, by giving **30 (thirty) days’ notice, commencing from the receipt of the relevant communication, to be made by certified email or registered letter sent to the Agency to which the Policy is entrusted or to the Company.**

By the fifteenth day following the effective date of withdrawal the Company shall **reimburse the Policyholder for the portion of the premium relating to the period of time in which the risk was not incurred, excluding taxes.**

In the event of non-renewal of the coverage for “Catastrophic Events”, by the Policyholder, the In solidità - Damage to Property section shall be renewed at the Policyholder’s option:

1. if of multi-year duration, shall continue until the expiration date indicated in the Policy without the coverage for “Catastrophic Events”.
2. if on annual basis, shall be tacitly renewed from year to year without the coverage provided for “Catastrophic Events”.

In the absence of notification of the new premium conditions, the Covers will be tacitly renewed from year to year.

Art. 2.13 Earthquake

What is covered by the Insurance

The Company shall indemnify material and direct damage - including fire, explosion, bursting - to insured items caused by Earthquake, **within the limits of the sums respectively indicated in the specific Policy section for the individual insured items, provided that the insured Building is located in an area, identified among those affected by the Earthquake in the measures taken by the competent authorities.**



For the purposes of this Cover, the tremors recorded within 72 hours of each event giving rise to the indemnifiable claim shall be attributed to the same earth tremor and **the related damage shall therefore be considered a “single Claim”**. Earthquake Cover may not be taken out in the absence of the activation of the basic Cover of the In Solidità - Damage to Property section, which must mandatorily include the “Building” batch. Activation of Earthquake Cover is not permitted under the “Contents” batch only.

What is NOT covered by the Insurance

Damage is always excluded from insurance coverage:

- a. caused by explosion, emanation of heat or radiation resulting from transmutation of the nucleus of the atom or by radiation caused by artificial acceleration of atomic particles, even if such phenomena were caused by an earthquake;
- b. of volcanic eruption, inundation, flood, even if resulting from an earthquake;
- c. caused by the failure or abnormal production or distribution of electrical, thermal or hydraulic energy, unless such circumstances are related to the direct effect of the earthquake on the insured property;
- d. theft, loss, robbery, looting or attributable to shortages of any kind;
- e. indirect, such as changes in construction, lack of rent, lack of enjoyment or commercial or industrial income, suspension of work or any damage that does not affect the materiality of the insured entities;
- f. to pressostatic halls, marquees and tensile structures;
- g. to buildings and canopies under construction or undergoing extension or renovation;
- h. to buildings that did not comply with the legal technical standards and any local regulations on construction in seismic areas on the date of their construction.

In addition, buildings constructed without the necessary building authorisations in accordance with the urban planning regulations in force, as well as those declared uninhabitable by an order of the Authority at the time of the signature of the activation of this Cover, are excluded from the Earthquake Cover.

Limitations of coverage apply

In the event of a Claim, payment of the Indemnity shall be made after deduction of the Deductible indicated in the specific section of the Policy.

Under no circumstances the Company shall indemnify, for each batch, for one or more Claims occurring during the same insurance year, an amount exceeding the percentage of the sum insured of the relevant batch indicated in the specific Policy section as the “maximum indemnity for the year”.

Art. 2.13.1 Structural characteristics of the building

The Cover is provided on condition that the insured building, as well as the entire building of which it may form part:

- are not under construction
- are in a good static and maintained condition.
- have characteristics corresponding to those declared in the specific section of the Policy under the heading “Type of construction”: Earthquake-resistant structure, Reinforced concrete load-bearing structures, Miscellaneous load-bearing structures.

The degree of risk depends on the construction characteristics of the Building, therefore, with regard to earthquake damage, if, in the event of a Claim, it turns out that the construction characteristics of the building are different from those declared in the specific section of the Policy under the heading “Construction Type”, the following shall apply for settlement purposes:

Where indicated in the Policy **Earthquake-proof Structure** and it appears, at the time of the Claim, that the insured building does not comply with these characteristics:

the **deductible percentage** indicated in the Policy for “earthquake damage” shall be:

- doubled, if the construction characteristics fall within those for “Reinforced concrete load-bearing structures”.
- tripled, if the construction characteristics are among those for “Other load-bearing structures”.

the **maximum indemnity** stipulated therein, shall be reduced by a further 5% if the construction characteristics fall under “Reinforced concrete load-bearing structures”, or by 10% if the construction characteristics fall under “Other load-bearing structures”.

Where indicated in the Policy **Reinforced concrete load-bearing structures** and it appears, at the time of the Claim, that the insured building does not comply with these characteristics:

the **deductible percentage** indicated in the Policy for earthquake damage shall be:

- doubled, if the construction characteristics are among those laid down for “Miscellaneous load-bearing structures”.

the **maximum indemnity** provided for therein shall be reduced by a further 5%.

Art. 2.14 Flood, Inundation

What is covered by the Insurance

The Company, if the relevant insured sums are indicated in the specific Policy section and within the limits of the same, shall indemnify material and direct damage - including fire, explosion, bursting - to insured items caused by Flood, Inundation.

Underwriting of the Flood, Inundation Cover is not permitted in the absence of activation of the Earthquake Cover.

What is NOT covered by the Insurance

Damage is always excluded from insurance:

- a. **caused by storm, tide, tidal wave, seawater penetration, moisture, dripping, seepage, failure or breakdown of automatic extinguishing systems;**
- b. **caused by the failure or abnormal production or distribution of electric, thermal or hydraulic energy, unless such circumstances are connected to the direct effect of the flood or inundation on the insured property;**
- c. **due to Flooding and Water bombs;**
- d. **caused by sewer overflow or backflow if not directly related to the event;**
- e. **of landslides, subsidence or landslides;**
- f. **to mobile outdoor entities;**
- g. **to buildings constructed in floodplain areas.**

Limitations of coverage apply

In the event of a claim, payment of the indemnity shall be made after deduction, for each insured batch, of the Uncovered Amount/Deductible indicated in the specific Policy section.

Under no circumstances the Company shall indemnify, for each batch, for one or more Claims occurring during the same insurance year, an amount exceeding the percentage of the sum insured of the relevant batch indicated in the specific Policy section as the “maximum indemnity for the year”.

With regard to damage to basement and basement rooms and the goods contained therein, this percentage shall be reduced by 50%.



Art. 2.15 Flooding and Water Bombs

What is covered by the Insurance

In addition to the Flood, Inundation Cover and within the limits of the relevant insured sums, the Company shall also indemnify material and direct damage to insured items caused by Flooding and Water Bombs.

What is NOT covered by the Insurance

The Company **does not indemnify damage:**

- a. covered by the Flood, Inundation Cover;
- b. caused by storm surges, tidal waves, seawater penetration;
- c. occurring as a result of damage caused to the roof, walls or windows by wind or hail;
- d. caused by water leaking from automatic extinguishing systems;
- e. caused by frost, thaw, dampness including rising damp, dripping, oozing, seepage, even if resulting from the event covered by this Cover;
- f. of landslides, subsidence or landslides.

Limitations of coverage apply

For the purposes of this extension of Cover, payment of the Indemnity shall be made after deduction, per individual Claim, of a 20% Uncovered Amount with a minimum of EUR 5,000.00.

Under no circumstances the Company shall pay, for one or more Claims occurring during the period of insurance coverage, an amount exceeding 30% of the individual sums insured for Flood, Inundation Cover.

With regard to the part of the damage relating to basement and basement rooms and, if insured, to the things contained therein, under no circumstances the Company pay, for one or more Claims occurring during the period of insurance coverage, an amount greater than 15% of the individual sums insured for Flood, Inundation Cover with a limit of EUR 25,000.00.

However, it is agreed that the Company shall not pay for Flooding and Water Bombing Cover, a sum exceeding EUR 50,000.00.

Art. 2.16 Flooding and PRA Water Bombs

What is covered by the Insurance

In addition to the Flood, Inundation Cover and within the limits of the relevant insured sums, the Company shall also indemnify material and direct damage to insured items caused by Flooding and Water Bombs.

What is NOT covered by the Insurance

The Company **does not indemnify damage:**

- a. covered by the Flood, Inundation Cover;
- b. caused by storm surges, tidal waves, seawater penetration;
- c. occurring as a result of damage caused to the roof, walls or windows by wind or hail;
- d. caused by water leaking from automatic extinguishing systems;
- e. caused by frost, thaw, dampness including rising damp, dripping, oozing, seepage, even if resulting from the event covered by this Cover;
- f. of landslides, subsidence or landslides.

Limitations of coverage apply

For the purposes of this extension of Cover, payment of the indemnity shall be made after deduction, per individual Claim, of a fixed Deductible of EUR 5,000.00.



Under no circumstances the Company shall pay, for one or more Claims occurring during the period of insurance coverage, an amount exceeding 30% of the individual sums insured for Flood, Inundation Cover.

With regard to the part of the damage relating to basement and basement rooms and, if insured, to the things contained therein, under no circumstances the Company pay, for one or more Claims occurring during the period of insurance coverage, an amount greater than 15% of the individual sums insured for Flood, Inundation Cover with a limit of EUR 25,000.00.

However, it is agreed that the Company shall not pay for Flooding and Water Bombing Cover, a sum exceeding EUR 50,000.00.

ELECTRICAL SYSTEM

Art. 2.17 Electrical phenomena

What is covered by the Insurance

The Company shall indemnify material and direct damage caused to the insured items by discharges, currents or other electrical phenomena, whatever their cause, including the action of lightning and atmospheric electricity.

The Cover is provided in the form of First absolute risk.

In the event of an indemnifiable damage, if the Insured resorts to direct repair carried out by the appointed provider/technician (Specific Indemnity), the Deductible shall not apply, limited only to the part of the repaired damage.

What is NOT covered by the Insurance

Damage is excluded:

- due to wear and tear or tampering of mobile electrical, audio and audiovisual equipment;
- caused by electrolytic corrosion (galvanic current).

Limitations of coverage apply

For each Claim, the Indemnity is paid:

- applying the Deductible indicated in the specific Policy section (if any)
- up to the maximum indicated in the specific Policy section per insurance period and in any case up to a maximum of EUR 3,000.00 for damage to computers and portable electronic media instruments under charge.

WATER AND HEATING SYSTEM

Art. 2.18 Piped water

What is covered by the Insurance?

The Company shall indemnify the material and direct damage caused to the insured items by the leakage of water from a water pipe following the accidental breakage of the water, sanitation, heating or air-conditioning systems, rainwater collection and drainage systems serving the building, the entire building of which it is part, or adjoining buildings.

In the event of an indemnifiable damage, if the Insured resorts to direct repair carried out by the appointed provider/technician (Specific Indemnity), the Deductible shall not apply, limited only to the part of the repaired damage.

What is NOT covered by the Insurance

Damage caused by:

- infiltration of rainwater not resulting from burst pipes or conduits;



- overflowing or backflowing of systems due to clogging of the relevant pipes;
- frost in the case of the Insured's secondary home;
- breakage caused by frost of pipes or conduits buried or installed outside the building are excluded.

Also excluded are the costs of demolition and restoration of parts of the building and systems incurred in searching for and eliminating the breakage that gave rise to the water spillage.

Limitations of coverage apply

For each Claim, the Indemnity is paid by applying the Deductible indicated in the specific Policy section (if any).

Art. 2.19 Water overflow from sewer blockage and backflow

What is covered by the Insurance

The Company shall indemnify material and direct damage caused to insured property by water leakage as a result of overflowing of water, sanitation, heating or air-conditioning systems, due to the blockage of the relevant pipes, and of sewer overflows, if serving the building, the entire building of which it forms part or adjoining buildings.

This includes water damage occurring as a result of the blockage of rainwater collection and drainage pipes and conduits caused by hail or snow.

In the event of an indemnifiable damage, if the Insured resorts to direct repair carried out by the appointed provider/technician (Specific Indemnity), the Deductible shall not apply, limited only to the part of the repaired damage.

What is NOT covered by the Insurance

The following are excluded:

- damage resulting from backflow or overflowing of the public sewerage system;
- the costs of demolishing and restoring parts of the building and systems incurred in searching for and removing the blockage that gave rise to the water spillage.

Limitations of coverage apply

For each Claim, the Indemnity is paid by applying the Deductible indicated in the specific Policy section.

Art. 2.20 Expenses for searching for and repairing piped water

What is covered by the Insurance

In the event of material and direct damage to the insured building, which is indemnifiable under the terms of the Conduit Water and/or Water Overflow from sewer blockage and backflow cover, the Company shall reimburse:

- a. costs incurred in repairing or replacing pipes (and their fittings) whose rupture or blockage gave rise to the leakage of conducted water

For pipes and conduits for the collection and drainage of rainwater, the cover only applies if they are inside and/or bricked into the building.

They are also reimbursed even in the absence of material and direct damage to the insured property:

- b. costs incurred in repairing or replacing the pipes (and their connections) of the water, sanitation, heating or air-conditioning systems serving the insured building, the breakage or blockage of which has given rise to the leakage of conducted water
- c. the costs strictly connected with and necessary for the investigation of the damage that caused the leakage of the piped water
- d. costs incurred for the demolition and restoration of parts of the building resulting from the search and repair of the fault



In the event of an indemnifiable damage, if the Insured resorts to direct repair carried out by the appointed provider/technician (indemnity in a specific form), the Deductible shall not apply, limited only to the part of the repaired damage.

What is NOT covered by the Insurance

Excluded are expenses arising from:

- blockage or backflow of sewers rainwater infiltration;
- frost in the case of the Insured's secondary home;
- frost to pipes or conduits buried or installed outside the building;
- rupture of underground pipes that does not cause material and direct damage to the insured building.

Limitations of coverage apply

The Indemnity is paid:

- as provided for in points a, c, d, in the presence of material and direct damage to the insured building:
 - applying the Deductible (if any) for each Claim,
 - up to the limitation of Indemnity per insurance coverage period indicated in the specific Policy section.
- as provided for under b, c, d, in the absence of material and direct damage to the insured building:
 - applying a Deductible of EUR 500.00 per claim
 - up to a maximum of EUR 2,000.00 per insurance coverage period.

Art. 2.21 Costs of searching for and repairing underground pipes

What is covered by the Insurance

In addition to the provisions of the Conducted Water Search and Repair Cover, in the event of a break in or blockage of underground pipes, the Company shall reimburse:

- a. the costs incurred in repairing or replacing underground pipes (and their fittings) whose rupture or blockage has given rise to the leakage of conducted water;
- b. the costs strictly connected with and necessary for the investigation of the damage that caused the leakage of the piped water
- c. costs incurred in demolishing and restoring parts of the insured home as a result of the search for and repair of the damage.

In the event of an indemnifiable damage, if the Insured resorts to direct repair carried out by the appointed provider/technician (indemnity in a specific form), the Deductible shall not apply, limited only to the part of the repaired damage.

What is NOT covered by the Insurance

Excluded are expenses arising from:

- rainwater infiltration;
- frost, in the case of the Insured's secondary home;
- frost to pipes or conduits buried or installed outside the building;
- clogging or backflowing of sewers;
- breaking of swimming pool loading and unloading systems;
- breaking of irrigation systems.

Limitations of coverage apply

The Indemnity is paid:



- applying a Deductible of EUR 500.00 per Claim,
- up to EUR 2,000.00 per insurance coverage period.

Art. 2.22 Water leakage from domestic appliances

What is covered by the Insurance

The Company shall indemnify material and direct damage caused to insured property by water leakage as a result of the breakage of domestic appliances, including their fittings.

Limitations of coverage apply

The Indemnity is paid:

- applying the Deductible (if any) for each Claim,
- up to the limitation of indemnity per period of insurance coverage indicated in the specific section of the Policy.

Art. 2.23 Reimbursement of higher expenses on invoice for water loss

What is covered by the Insurance

In the event of a Claim caused by the accidental rupture of pipes or systems, indemnifiable under the terms of the Conductive Water Cover, the Company shall reimburse the greater amount invoiced by the water supply company for the increased water consumption resulting from hidden losses, i.e., dispersions occurring in a part of the installation that is buried, walled in or in any case not directly visible externally.

The Cover shall only apply if the payment invoice issued by the water utility company shows a water consumption that - in proportion to the billing period (quarter, half-year, etc.) within which the damaging event occurred - exceeds the average of the consumption charged in the two previous years, or in the shorter period since the activation of the utility, increased by 50%.

In the case of the first invoice, the historical average of consumption corresponds to twice the committed contractual minimum.

In the event that the utility has been activated less than two years ago, reference is made to the historical average consumption for the period since the activation of the utility.

The amount reimbursed by the Company is calculated by applying the rates in force, for the type of service, at the time of the Claim to the higher consumption recorded.

Limitations of coverage apply

Any reimbursements received from policies taken out for coverage with the water supply company or any reductions in the amount of the excess bill provided for in the supply contract are deducted from the Indemnity.

The Indemnity is paid:

up to the limitation of indemnity per insurance coverage period indicated in the specific Policy section.

Art. 2.24 Expenses for gas leakage search and repair

What is covered by the Insurance

In the event of gas leakage related to the distribution systems pertaining to the Insured and serving the insured property, ascertained by the emergency service of the distribution company, if the building batch is insured, the Company shall reimburse:

- a. the costs incurred in repairing or replacing the section of pipe (understood as the set of pipes, bends, fittings and accessories) that gave rise to the gas leakage;



b. the expenses necessarily incurred for the purpose referred to in a. above to demolish or restore the parts of the insured building.

What is NOT covered by the Insurance

Excluded are all expenses, other than those listed, necessary to bring the systems serving the building into conformity with the standards.

Limitations of coverage apply

The Indemnity is paid:

- **applying the Deductible (if any) for each Claim,**
- **up to the limitation of Indemnity per period of insurance coverage indicated in the specific section of the Policy.**

If the emergency service of the distribution company, having ascertained the request for intervention by the Insured, has not intervened for any reason, a **20% Uncovered Amount** shall apply to the indemnifiable amount, with a **minimum of EUR 100.00**.

Art. 2.25 Fuel Spill and Replacement

What is covered by the Insurance

The Company shall indemnify the material and direct damage caused to the insured items by the leakage of fuel oil, gas oil, kerosene, following the accidental breakage of tanks or heating or air-conditioning systems serving the building, the larger building of which it forms part or adjoining buildings.

In addition, the Company shall indemnify the cost of replacing fuel (heating oil, diesel, kerosene) spilled as a result of the accidental breakage of tanks or heating or air conditioning systems serving the insured building

What is NOT covered by the Insurance

The following are excluded:

- **the costs of demolishing and restoring parts of the building and systems incurred in searching for and eliminating the breakage that gave rise to the fuel spillage;**
- **damage of any kind to water and soil.**

Limitations of coverage apply

The Indemnity is paid:

- **applying a Deductible of EUR 200.00 per Claim,**
- **up to a maximum of EUR 10,000.00 per insurance coverage period**

The cost incurred for the replacement of fuel (heating oil, diesel, kerosene) spilled due to the accidental breakage of the tanks or heating or air conditioning systems serving the insured building is reimbursed up to a maximum of EUR 2,000.00 per period of insurance coverage.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Covers	Deductible/Uncovered Amount	Limitation of Indemnity
Basic covers		
Fire, lightning, explosion and bursting, implosion, falling aircraft, collapsing bridges, vehicle impact, sonic wave, smoke gas and vapours, falling lifts, accidental breakage of chandeliers	-	Sum insured indicated in the Policy per building and/or contents
Additional notes:	-	Sum insured indicated in the Policy per building and/or contents
- Demolition and clearance	-	
- Relocation of contents (if contents batch insured)	-	
- Temporary accommodation	-	EUR 150.00 per day for a maximum of 100 days
- Experts' fees	-	5% of the liquidated Claim, with a maximum of EUR 1,500.00
- Design charges	-	5% of the Indemnity for the building with a maximum of EUR 10,000.00 per insurance period
Expenses for constructive changes to the building	-	20% of the Indemnity related to the building
Moving	-	For a maximum of 10 days
Optional covers		
Socio-political events	Deductible per Claim specified in the Policy	Limit stated in the Policy
Burglary and theft of fixtures and fittings	-	Main home: EUR 10,000.00 per Claim and per period of coverage Secondary home: EUR 1,500.00 per claim and per period of coverage
Atmospheric Events	Deductible per Claim specified in the Policy	Limit stated in the Policy
Atmospheric events on solar and photovoltaic panels and hail on fragile	Deductible of EUR 300.00 per Claim	Policy Limit per Claim
Snow overload:		
- For a Claim resulting from the collapse of the building	Deductible per Claim specified in the Policy	Limit stated in the Policy



Covers	Deductible/Uncovered Amount	Limitation of Indemnity
- For Claim not resulting from the collapse of the building causing: collapse of windows, glass panes, skylights, solar or photovoltaic panels, breakage or deformation of gutters, breakage of antennas and chimneys.	EUR 300.00 per Claim	EUR 5,000.00
Earthquake	Deductible specified in the Policy	Sum insured indicated in the Policy
Flood, Inundation	Uncovered Amount/ Deductible specified in the Policy	Sum insured indicated in the Policy
Flooding and Water Bombs	Uncovered Amount/ Deductible specified in the Policy	Sum insured indicated in the Policy
Electrical phenomena	Deductible per Claim specified in the Policy	Sum insured indicated in the Policy per period of coverage and in any case up to a maximum of EUR 3,000.00 for damage to computers and electronic multimedia instruments under charge
Conducted water	Deductible per Claim specified in the Policy	Sum insured indicated in the Policy
Water overflow from sewer blockage and backflow	Deductible per Claim specified in the Policy	Sum insured indicated in the Policy
Expenses for searching for and repairing piped water		
- In the presence of material and direct damage to the building	Deductible per Claim specified in the Policy	Policy limit per period of coverage
- In the absence of direct property damages to the building	Deductible of EUR 500.00 per claim	EUR 2,000.00 per period of coverage
Costs of searching for and repairing underground pipes	EUR 500.00 per Claim	EUR 2,000.00 per period of coverage
Water leakage from domestic appliances	Deductible per Claim specified in the Policy	Policy limit per period of coverage
Reimbursement of higher costs in invoices for water leaks	-	Policy limit per period of coverage
Gas leakage search and repair costs	Deductible specified in the Policy In the event of non-intervention by the distribution company Uncovered Amount 20% with a minimum of EUR 100.00.	Policy limit per period of coverage
Spill and fuel replacement	EUR 200.00 per Claim	EUR 10,000.00 per period of coverage. EUR 2,000.00 for fuel replacement.





What is covered by the Insurance? Optional covers

DEDICATO A TE

CASA NATURA

Art. 3.1 Additional allowance photovoltaic system

What is covered by the Insurance

In the event of material and direct damage to the photovoltaic system indemnifiable under the terms of the activated Covers, the Company shall pay an additional indemnity, as reimbursement of expenses resulting from the failure to use of the system itself.

The additional indemnity is calculated at the rate of EUR 1.50 per day for each EUR 1,000.00 of Indemnity (relating only to the material and direct damage to the system) multiplied by the number of days between the date of the Claim and the date of repair of the photovoltaic system.

The period taken into account for the purposes of the Indemnity shall not exceed 90 days and is limited to the minimum time strictly necessary to repair the installation.

What is NOT covered by the Insurance

Excluded are damages resulting from prolonged and extended inactivity of the plant caused by:

- strikes, lockouts, measures imposed by authority;
- difficulties in reconstructing or restoring or replacing destroyed or damaged property due to external causes such as local or state planning regulations or other legal regulations, natural disasters, strikes that prevent or slow down the supply of materials, states of war and similar events.

Limitations of coverage apply

This Cover only applies to systems whose value does not exceed EUR 50,000.00.

The additional allowance applies:

- with the application of a Deductible of EUR 100.00 per Claim
- up to a maximum of EUR 5,000.00 per insurance coverage period

The Cover applies only for the main home and if the "Building" batch is valued.

Art. 3.2 Garden Insurance

What is covered by the Insurance

The Company shall indemnify material and direct damage to trees owned by the Policyholder/Insured that are located in spaces adjacent to the home indicated in the specific section of the Policy, caused by one of the insured events that results in the death or felling of the plant itself.

The Company reimburses the costs of replanting with plants of the same or similar essence, of the same age or, if this is not possible, of the highest age available on the market.

In addition, in the event of an indemnifiable Claim the Company shall reimburse the additional expenses incurred in demolishing, clearing, transporting, treating and disposing of the residues of the damaged tree to the nearest drain or to that imposed by the authorities.

The Cover is provided at First absolute risk.



The Cover does not apply to:

- a. plants affected by pathogens or infested by insects or other animals to such an extent that their static and biomechanical stability is impaired;
- b. shrubs and herbaceous essences;
- c. damage occurring as a result of earthquakes, floods, inundations and water bombs
- d. damage resulting from work that has not been carried out in a workmanlike manner;
- e. damage to parts of the tree that does not result in the death or felling of the plant.

What is NOT covered by the Insurance

The following are excluded:

- any form of depreciation for the entire garden or park or for the entire complex
- the costs of land reclamation.

Limitations of coverage apply

The Indemnity is paid:

- applying a Deductible of EUR 200.00.
- up to a maximum of EUR 10,000.00 per Claim and per period of insurance coverage

Additional expenses incurred in demolishing, clearing, transporting, treating and disposing of to the nearest drain or to the one imposed by the authority residues of the damaged tree are reimbursed up to EUR 2,000.00 per Claim and per period of insurance coverage.

Art. 3.3 Falling trees and plants

What is covered by the Insurance

The Company shall indemnify material and direct damage caused to the insured items indicated in the specific section of the Policy by falling trees and plants, or parts thereof, without prejudice to the possibility of recourse against the damaging third party.

In addition, in the event of an indemnifiable Claim the Company shall reimburse the additional expenses incurred in demolishing, clearing, transporting, treating and disposing of the residues of the damaged tree to the nearest drain or to that imposed by the authorities.

What is NOT covered by the Insurance

The Cover, for owned trees, does not apply to:

- a. damage caused by plants affected by pathogens or infested by insects or other animals to such an extent that their static and biomechanical stability is impaired;
- b. damage caused by felling or pruning the tree;
- c. damage caused by trees, or parts thereof, on which regular maintenance has not been performed;
- d. Damage resulting from a whirlwind, hurricane, storm, wind, things dragged by it or caused to collapse when the violence characterising such events is found on a plurality of goods.

Limitations of coverage apply

The Indemnity is paid:

- applying a Deductible of EUR 200.00 per Claim
- up to EUR 20,000.00 per insurance period insurance coverage

Additional expenses incurred in demolishing, clearing, transporting, treating and disposing of to the nearest drain or to the one imposed by the authority residues of the damaged tree are reimbursed **up to EUR 2,000.00 per Claim and per period of insurance coverage.**

LUXURY HOUSE

Art. 3.4 Historic cars and motorbikes

What is covered by the Insurance

The Company shall indemnify material and direct damage to historic or vintage cars and/or motorbikes owned by the Policyholder/Insured caused by

- fire
- explosion of fuel for engine operation and bursting of the fuel tank or fuel system.

The cover only operates during the period of hospitalisation or custody (static risk) within the premises of the insured home and its outbuildings or appurtenances.

The Cover is provided at full value.

What is NOT covered by the Insurance

Damage is excluded:

- to vehicles that do not meet the requirements of historicity and authenticity with regard to chassis, bodywork and major mechanical parts;**
- to vehicles already insured for fire coverage under an appropriate motor liability Policy;**
- to cars and motorbikes while in use or when outside the Policyholder's premises;**
- caused by burns not followed by fire;**
- to electrical systems due to electrical phenomena however manifested;**
- audio-visual equipment that is not securely fastened inside the vehicle; accessories and spare parts not built into the vehicle, with the exception of the spare wheel and the tool bag normally provided; discs, tapes, luggage, goods and any other garments or objects on board the vehicle;**

Limitations of coverage apply

The indemnity is paid up to the relevant sum insured indicated in the specific Policy section per insurance cover period.

Art. 3.5 Collapse and/or structural collapse of the building

What is covered by the Insurance

The Company shall indemnify material and direct damage caused to the insured items by total or partial collapse and/or ruin, due to the collapse of the foundations or collapse of the structures of the building itself.

What is NOT covered by the Insurance

Damage caused by or as a consequence of:

- **design or calculation errors, errors in construction drawings, or a defect in construction or material defect/defect, as well as overloading of load-bearing structures;**
- **damage resulting from work that has not been carried out in a workmanlike manner or from changes to the insured buildings that occurred after final acceptance or subsequent acceptance;**
- **ordinary and extraordinary maintenance work;**
- **lack of or insufficient maintenance;**
- **earthquake, tidal wave, inundations, floods, avalanches, volcanic eruptions, bradyseism, land subsidence or landslides;**
- **tornadoes, hurricanes, storms, and other atmospheric events;**
- **gradual effects of weathering, oxidation, corrosion, rust and scale.**

Limitations of coverage apply

The Indemnity is paid:

- applying a 10% Uncovered Amount
- up to 50% of the sum insured for buildings less than or equal to 10 years old
- up to 40% of the sum insured for buildings more than 10 years and less than 30 years old
- up to 30% of the sum insured for buildings older than 30 years

Art. 3.6 Accidental breakage of plates and mirrors

What is covered by the Insurance

The Company shall indemnify the costs incurred for the replacement of glass panes and mirrors with new ones of the same or equivalent type, the breakage of which was caused by accidental events not otherwise provided for under another Cover of the In Solidità - Damage to Property section.

For rented premises, Cover is extended to glass panes and mirrors that fall within the definition of "Building", even if the relevant batch is not insured in the specific Policy section.

Transport and installation costs are included, to the **exclusion of any other expenses and indirect damage**. The Company is also liable for any damage caused to other insured property by the breakage of the plates.

Chips and scratches are not indemnifiable breakages.

What is NOT covered by the Insurance

However, damages are excluded:

- to glass plates and mirrors that are an integral part of household appliances or electronic devices;
- resulting from moving or removal operations, from work on the plates themselves or on the furniture, fixtures, supports or frames on which they are placed;
- glass panes and mirrors that fall under the definition of "Building" if the respective batch is not insured;
- glass panes and mirrors that fall under the definition of "Contents" if the respective batch is not insured.

Limitations of coverage apply

The Indemnity is paid:

- applying the Deductible of EUR 100.00 per Claim
- up to the limitation of Indemnity provided for per period of insurance coverage, without applying the proportional rule pursuant to Article 1907 of the Italian Civil Code

indicated in the specific section of the Policy.

INVESTMENT HOUSE

Art. 3.7 Loss of rent

What is covered by the Insurance

If the insured building is owned and rented by the Policyholder, the Company shall indemnify the losses resulting from the loss of the rents relating to the damaged property for the period strictly necessary for its restoration, with a maximum of 12 months (one year).

What is NOT covered by the Insurance

Damage caused by delays in restoring damaged premises, even if due to exceptional causes, or by delays in renting or occupying the restored premises is excluded.

Limitations of coverage apply

The Indemnity is paid:

- up to EUR 20,000.00 per insurance coverage period.

Art. 3.8 Reimbursement of fees, taxes and expenses

What is covered by the Insurance

In the event of an event eligible for indemnification under the terms of the activated Covers that makes the home temporarily uninhabitable, the Company shall reimburse the fees, taxes and expenses indicated in the following manner:

- water, electricity, telephone and gas bills: the amount of the fixed portion of the bill due during the period when the home is uninhabitable will be reimbursed;
- Municipal Property Tax (IMU) and Tax on Waste (TARI): the accrual for the period when the home was uninhabitable will be refunded.

The Cover is granted for the time strictly necessary to restore the damaged premises.

What is NOT covered by the Insurance

Damage resulting from prolongation and extension of uninhabitability caused by:

- failure to promptly restore the damaged premises and contents, and in general to any form of inertia on the part of the Policyholder/Insured;
- difficulties in reconstructing or restoring or replacing destroyed or damaged property due to external causes such as local or state planning regulations or other legal regulations, natural disasters, strikes that prevent or slow down the supply of materials, states of war and similar events.

Limitations of coverage apply

The Indemnity is paid:

- up to EUR 500.00 per Claim and per period of insurance coverage.

HOUSE INTEGRATION

Art. 3.9 Relief in the presence of another mortgage-related policy on the building

What is covered by the Insurance

the Company recognises particularly favourable conditions in the event that the insured building is also covered, for some of the events envisaged in this Policy, by a Policy taken out through a Credit Institution at the time of taking out the loan.

In the event of a Claim, the Policyholder shall notify all insurers with whom it is insured at the time of the Claim⁽⁵⁾.

In the event of damage to the building, indemnifiable under the terms of the activated Covers for an amount exceeding 25% of the new reconstruction value of the building itself, an additional indemnity equal to the sum of the instalments of the loan falling due in the 12 months following the date of the Claim shall be paid.

Limitations of coverage apply

In the event of damage to the building that is indemnifiable under the terms of the Covers activated for an amount exceeding 25% of the replacement value of the building, an additional indemnity shall be paid equal to the sum of the instalments of the loan in due within 12 months following the date of the Claim **with a maximum of EUR 5,000.00 per Claim and per period of insurance coverage**, even beyond the sum insured.

Art. 3.10 Insured condominium flat: extension of electrical phenomena

What is covered by the Insurance

In the case of an insured home that is part of a condominium or a larger building already insured under an active and current Comprehensive Civil Buildings Policy, in addition to the Electrical Phenomena Cover, coverage shall be provided for electrical and/or electronic damage to the independent heating and air-conditioning systems owned by the Insured Policyholder, even if the “Building” batch is not rated.

If such damage is already covered under Comprehensive Civil Buildings coverage, this Cover operates on a second-risk basis, i.e., only for the part of the damage exceeding the Indemnity payable by the first insurer.

What is NOT covered by the Insurance

However, damages are excluded:

- a. due to manufacturing and/or material defects;
- b. for which the manufacturer, supplier or seller of the insured property is liable by law or contract;
- c. due to non-compliance with the manufacturer’s and/or seller’s instructions for operation, use and maintenance and improper operation of the system;
- d. deterioration or wear and tear that are a natural consequence of use or operation;
- e. occurring during assembly or disassembly not related to maintenance or overhaul work, as well as those occurring during acceptance or testing operations.

Limitations of coverage apply

The Indemnity is paid:

- applying an Excess of EUR 200.00 per Claim; in the event of an electrical system that does not comply with the law, the 20% Uncovered Amount is applied and the minimum Deductible is raised to EUR 300.00.
- up to EUR 2,000.00 per Claim and insurance period without applying the proportional rule set forth in Art. 1907 of the Italian Civil Code.

The Cover only operates if the “Contents” batch is valorised and the Electrical Phenomena Cover is activated.

SPECIAL PROFESSIONAL

Art. 3.11 Loss of data in electronic devices

What is covered by the Insurance

The Company shall indemnify documented indirect damage related to the loss of data in electronic devices, including those for mobile use, affected by an electrical Claim indemnifiable under the terms of the activated Cover, used for professional use.

Limitations of coverage apply

The Indemnity is paid:

- up to EUR 500.00 per Claim and per period of insurance coverage.

TRAVEL AND LEISURE SPECIAL

Art. 3.12 Fire of contents brought into other homes

What is covered by the Insurance

The insurance shall cover the goods constituting the Contents, documents, money and valuables, in the aggregate, up to 10% of the sum insured indicated in the specific Policy section under Contents batch, even if taken to a home other than the one indicated in the specific Policy section, anywhere in the world, where the Policyholder or one of the members of his/her household is temporarily staying.

The Cover only applies to the main home.

Limitations of coverage apply

- Cash and valuables up to a maximum of EUR 2,500.00
- Documents up to a maximum of EUR 5,000.00.

Art. 3.13 Vacationing: liability in rented premises

What is covered by the Insurance

The Company insures the Policyholder and his/her household for the sums that he/she must pay in principal, interest and expenses, as the party civilly liable by law, for direct property damages caused by fire, explosion and bursting to the premises of the furnished home rented for the holiday and to the furnishings contained therein.

The Cover applies anywhere in the world.

However, they are not considered third parties:

- the Policyholder's spouse or cohabiting partner, parents, children and all the members of his/her household;
- the legal representative, the partner with unlimited liability, the director and the persons who are in the relationship with them as referred to in the preceding paragraph, if the Policyholder is not a natural person.

What is NOT covered by the Insurance

Excluded from this are damages for which the Insured is liable due to liability voluntarily assumed and which do not derive directly from the law, and damages due to non-use.

Limitations of coverage apply

The Cover applies:

- in the amount of 5 times the sum insured for the Contents. In the event of multi-location, only the highest sum insured among those indicated in the specific Policy section for the Contents batch shall be considered for calculation purposes, with the other sums insured being irrelevant;
- up to a maximum of EUR 250,000.00 and without application of the proportional rule.

PIÙ GENERALI

Art. 3.14 Increase in sum insured for Christmas and wedding celebrations

What is covered by the Insurance

The sum insured for "Contents" is increased:

- of 10% for the period from **midnight of 20 December to midnight of the following 7 January**
- by 10% for the period from **midnight on the 30th day prior to the date of marriage** of the Policyholder/ Insured or of one of the members of his/her household **until midnight on the 30th day following that date.**

Limitations of coverage apply

The Cover only operates for the main home and if the "Contents" batch is valued.

Art. 3.15 Damage to food supplies due to lack of cold

What is covered by the Insurance

The Company reimburses the cost of repurchasing foodstuffs stored in refrigerated freezers and damaged by:

- no or abnormal production or distribution of cold
- leakage of refrigerant (generating cold)

provided that they are the consequence of other events indemnifiable under the terms of the activated Covers.

Limitations of coverage apply

The Indemnity is paid:

- applying a Deductible of EUR 50.00 per Claim
- up to a maximum of EUR 600.00 per insurance coverage period

The Cover only operates for the main home and if the “Contents” batch is valued.

Art. 3.16 Special customers Motor Liability: car special

What is covered by the Insurance

If the Policyholder or one of the members of his/her household is the **owner of a passenger car insured under the Policy R.C.A. with the Company**:

- The Company shall pay **EUR 2,000.00** as an additional indemnity for Claims caused by a fire, explosion, bursting, or atmospheric event that also affected this motor vehicle, provided that:
 - at the time of the Claim, the motor vehicle is kept in a garage forming part of the insured building or of the larger building of which that building forms part
 - the damage to the motor vehicle is irreparable or such that it required a repair period of more than 40 hours.
- The Company guarantees the owner of the motor vehicle for the sums that he/she must pay for capital, interest and expenses, as the party liable by law, for material and direct damage to third-party property caused by fire, explosion or bursting of said motor vehicle if it is in a private area and not on the road, under the terms and up to the coverage limit indicated in the specific section of the Policy for Third Party Recourse. **In the event of multi-location, only the highest limit indicated in the specific section of the Policy for Third Party Recourse batch shall be taken into account, other coverage limits being irrelevant.**

Art. 3.17 Customers Special : safeguarding investment plans

What is covered by the Insurance

If the Policyholder or one of the members of the Policyholder’s household has **taken out annual or recurring single-premium life insurance policies with the Company**, in the event of damage to the insured building, indemnified under the terms of the activated Covers for an amount greater than 50% of the replacement value of the building itself, the Company shall pay an additional indemnity equal to the sum of the premium instalments due in the 12 months following the date of the Claim.

This includes **individual pension plans** that have had no interruption in premium payments prior to the date of the Claim. In this case, the additional indemnity is equal to the premium paid (excluding transfers) in the **12 months** preceding the date of the Claim.

Limitations of coverage apply

The additional allowance operates:

- for policies taken out before the date of the Claim
- up to a maximum of EUR 10,000.00 per Claim and per insurance period, also exceeding the sum insured.

Art. 3.18 Special customer person: safeguarding protection plans

What is covered by the Insurance

If the Policyholder, or one of the members of the Policyholder’s household, has taken out an **accident or illness policy** with the **Company**, in the event of damage to the insured building, indemnified under the terms of the activated Covers for an amount greater than 50% of the replacement value of the building itself, the Company shall pay an additional indemnity equal to the sum of the premium instalments due during the 12 months following the date of the Claim.

Limitations of coverage apply

The additional allowance operates:

- for policies taken out before the date of the Claim
- up to a maximum of EUR 10,000.00 per Claim and per period of insurance coverage, even beyond the sum insured.



Are there coverage limits?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Covers	Deductible/Uncovered Amount	Limitation of Indemnity
Dedicato a te		
Additional allowance photovoltaic system	EUR 100.00 per Claim	EUR 5,000.00 per period of coverage.
Garden insurance	EUR 200.00 per Claim	EUR 10,000.00 per period of coverage. EUR 2,000.00 for fuel replacement for additional expenses for waste disposal
Falling trees and plants	EUR 200.00 per Claim	EUR 20,000.00 per period of coverage. EUR 2,000.00 for additional waste disposal costs
Historic cars and motorbikes	-	Sum insured indicated in the Policy
Collapse and/or structural collapse of the building	10% Uncovered Amount	- up to 50% of the sum insured for buildings less than or equal to 10 years old - up to 40% of the sum insured for buildings more than 10 years and less than 30 years old - up to 30% of the sum insured for buildings more than 30 years old
Accidental breaking of plates and mirrors	EUR 100.00 per Claim	Policy limit per period of coverage
Loss of rents	-	EUR 20,000.00 per period of coverage.
Reimbursement of taxes, fees	-	EUR 500.00 per Claim and per period of coverage
Benefits in the presence of another Policy on the building linked to a mortgage	-	EUR 500.00 per Claim and per period of coverage
Insured apartment building: extension of electrical phenomena	EUR 200.00 per Claim. For non-standard systems: 20% uncovered amount with a minimum of EUR 300.00	EUR 2,000.00 per period of coverage
Data loss in electronic devices		EUR 500.00 per Claim and per period of coverage
Burning of ported contents in other homes		10% of the sum insured indicated in the Policy



Covers	Deductible/Uncovered Amount	Limitation of Indemnity
Vacation Rentals: Liability in Rented Premises		5 times the sum insured for the contents, with a maximum of EUR 250,000.00
Damage to food supplies due to lack of cold weather	EUR 50.00 per Claim	EUR 600.00



What is NOT covered by the Insurance?

Art. 4.1 Exclusions

Damages are excluded:

- a. as a result of earthquakes, volcanic eruptions, flooding;
- b. as a consequence of acts of war, invasion, military occupation, insurrection;
- c. as a result of civil unrest, strikes, riots, acts of terrorism or organised sabotage;
- d. by nuclear explosion or by any form of contamination resulting from radioactivity or ionising radiation that may be caused by nuclear material;
- e. loss or misappropriation of insured property occurring during the events for which the insurance is provided;
- f. as a consequence of the failure or abnormal production or distribution of cold or the leakage of refrigerant (which generates cold), even if caused by events covered by the Policy;
- g. to the machine or plant in which a burst or implosion has occurred if the event is caused by wear and tear, corrosion or material defects;
- h. caused by fraudulent intent on the part of the Policyholder or the Insured;
- i. caused by the explosion or detonation of explosive devices in the context of socio-political events;
- j. electrical to electrical or electronic equipment and systems, even if caused by a mine or other event for which insurance cover is provided.

The cover exclusions are in force unless the described damaging events are covered by the optional Covers expressly indicated in the specific section of the Policy.



Where does the coverage apply?

Art. 5.1 Where the Covers operate

The Covers in this section apply in Italy, the Vatican City and the Republic of San Marino.

Under what operating conditions do we insure?

Art. 6.1 Ownership of rights arising from insurance coverage

The insurance coverage is taken out by the Policyholder on its own behalf and in the interest of its beneficiaries.

Only the Policyholder and the Company may exercise the actions, reasons and rights arising from the insurance coverage. In particular, it is the Policyholder's responsibility to perform the acts necessary for the assessment and settlement of claims.

The assessment and settlement of damages thus made shall also be binding on the Insured and any right of appeal by him/her is excluded. Payment may only be made to or with the consent of the right-holders themselves.



Art. 6.2 Form of Insurance

Insurance coverage for Covers covering material and direct damage to insured property is provided:

- for the building at **Full value** or **First Absolute Risk**
- for the content at **Full Value** or **First Absolute Risk**

depending on the choice made by the Policyholder and indicated in the specific Policy section.

Insurance coverage always operates at First Absolute Risk, i.e., without application of the proportional rule⁽⁶⁾, for Claims amounting to less than 5% of the sum insured for each batch affected by a claim and with an aggregate maximum of EUR 1,000.00. In assessing the Claim, in determining these limits, no account shall be taken of any Deductibles or Uncovered Amounts provided for in the following summary table and in the specific section of the Policy.

Art. 6.3 Value of insured property

The value of the insured property (unharmed, damaged or destroyed) at the time of the Claim is obtained according to the following criteria:

- the “value as new” is estimated for the Building, meaning the expenditure required for the complete new construction of the entire insured building according to the pre-existing type and kind, excluding only the value of the area and statues and frescoes having artistic value;
- for Content, the “value as new” is estimated, meaning the cost of replacement with other new items that are the same or equivalent;
- for Documents, based on the cost of repair or reconstruction.

Art. 6.4 Gross Negligence

The Company shall indemnify damages for which insurance coverage is provided even if they are caused by gross negligence on the part of the Policyholder⁽⁷⁾ or the Insured.

RULES OPERATING IN THE EVENT OF A CLAIM



What obligations do I have? What obligations does the company have?

Art. 1.1 Obligations in the event of a claim

In the event of a Claim, the Insured⁽⁸⁾ or Policyholder shall:

- a. do everything possible to prevent or limit the consequences of the damage and to safeguard the remaining property behind; the costs thereof shall be borne by the Company⁽⁹⁾
- b. notify the agency to which the Policy is assigned within 3 days of becoming⁽¹⁰⁾ aware of it⁽¹¹⁾.
- c. within the following 5 days, send a written statement to the Company indicating:

- the time of the beginning of the Claim
- the presumed cause of the Claim and the approximate extent of the damage

A similar declaration must be made, upon request to the Company within 15 days of the notice, to the local judicial or police authority.

- d. preserve the traces and residues without therefore being entitled to any special compensation under any circumstances
- e. prepare a detailed list of:
 - Damage suffered with reference to the quality, quantity and value of the destroyed or damaged property,
 - on request, a detailed state of the other insured property existing at the time of the Claim with an indication of its value

Logs, accounts, invoices or any document that may reasonably be requested by the Company or by experts for their investigations and audits.

If you fail to fulfil your obligations under **a. and b.** above, you may lose your right to Indemnity in whole or in part⁽¹²⁾.

Art. 1.2 Fraudulent Exaggeration of Damage

Any right to indemnity shall be forfeited by the Policyholder or Insured who:

- maliciously exaggerates the amount of the damage;
- declares things destroyed that did not exist at the time of the Claim;
- hides, steals, or tampers with saved property;
- uses false or fraudulent means or documents as justification;
- maliciously alters the traces and residues of the Claim or facilitates its progress.

Art. 1.3 Good faith

The omission by the Insured or Policyholder of circumstances aggravating the risk and/or inexact or incomplete representations made at the time of taking out the insurance coverage or during the course of the insurance cover shall not prejudice the right to full Indemnity of the damage if such omissions or inaccuracies occurred in good faith, without wilful misconduct or gross negligence.

The Company shall be entitled to the higher Premium, proportional to any greater Risk that has arisen, commencing from the time when the circumstance occurred or manifested itself.

Art. 1.4 Damage Assessment Procedure

The amount of damages is agreed upon:

- a. **directly** by the Company or by an expert appointed by it, with the Policyholder or a person designated by him/her



b. **between two experts whom the parties may appoint, one the Company and one the Policyholder, by a single act.**

The two experts must appoint a third in the event of disagreement between them or even earlier at the request of one of them. The third expert intervenes only in the event of disagreement and decisions on disputed points are taken by majority vote.

Each expert may be assisted and helped by other persons, who may intervene in the expert's operations, but have no casting vote.

In the event of disagreement on the appointment of the third expert, the President of the Court in whose jurisdiction the Claim occurred shall appoint the third expert.

Each party bears the costs of its own expert; those of the third expert are shared equally.

Art. 1.5 Experts' duties

Experts shall:

- a. investigate the circumstances, nature, cause and manner of the Claim;
- b. verify the accuracy of the descriptions and representations in the contractual documents and report whether at the time of the Claim there were circumstances that aggravated the risk and that had not been declared; to verify whether the Policyholder or Insured has fulfilled the provisions of the "Obligations in the event of a claim" of this section;
- c. Verify separately, for each Batch affected by the Claim, the existence, quality and quantity of the insured items, determining their value at the time of the Claim according to the valuation criteria stipulated in the article "Value of insured items" of the In solidità Section;
- d. estimate and liquidate the damage, including recovery costs, in accordance with the valuation criteria.

In the event of a damage assessment procedure carried out **between the two experts appointed, one by the Company and one by the Policyholder, by a single act** the results of the expert's operations must be collected in a report (with detailed estimates attached) that must be drawn up in 2 copies, one for each party.

The results of the operations referred to in points c. and d. are binding on the parties, who hereby waive their right to appeal. Only in the event of wilful misconduct, mistake, violence or breach of contractual covenants is any action or exception regarding the indemnifiability of damages remain possible.

The joint expert's report is valid even if one expert refuses to sign it; the refusal must be certified by the other experts in the final expert's report.

Experts shall be released from complying with any legal formalities.

Art. 1.6 Calculation of damages

The calculation of damages is carried out separately for each batch indicated in the specific section of the Policy.

The amount of indemnifiable damage is determined on the basis of the value as new, i.e., in the event of a Claim, subject to the limits and covers provided for in the specific Policy section:

- For the **building**, the expenses necessary to rebuild the destroyed parts or restore the damaged ones are settled. The Indemnity is initially paid in accordance with the criterion of value in use; payment of the additional indemnity as new, equal to the difference between the indemnity estimate made according to the criterion of value as new and the indemnity estimate made according to the criterion of value in use, will only be paid when the Insured rebuilds the Building and/or replaces the Contents. If this is not the case, the supplementary indemnity shall not be paid and the damage shall remain determined and indemnified according to the criterion of value in use.



As an alternative to the reconstruction of the building, the Insured may opt to purchase another similar home, it being understood that the disbursement to be made by the Company for the purchase shall not exceed the indemnifiable damage, determined according to the criterion of Value as new.

- For the **contents**, the amount of the damage is determined by subtracting the “value as new” of the insured items from the “value as new” of the uninjured items and the residual value of the damaged items, with the following exceptions:
 - **for mobile electrical, audio and audiovisual equipment and computers, their repair cost is taken as the maximum:**
 - **the ‘value as new’ for items for which no more than 4 years have elapsed since the date of purchase**
 - **of twice their value in their state of use for other things, this being understood as the “value as new” reduced by a depreciation established in relation to the type, quality, functionality, performance, state of maintenance and any other concomitant circumstance - without in any event exceeding the limit of the “value as new”**
 - **for items that are out of use or no longer usable for their current use at the time of the Claim, their value is estimated by deducting from the “value as new” a depreciation established in relation to the type, quality, functionality, performance, state of maintenance and any other concomitant circumstance**
 - **in the case of collections, only the value of the individual items damaged or destroyed shall be assessed, excluding in any case the resulting depreciation of the collection or their respective parts.**
 - **In the case of “Documents”, the amount of damages is only the costs of rebuilding.**
 - **In the case of credit instruments for which the amortisation procedure is allowed, the amount of the damage shall be only the expenses incurred by the Insured for the procedure established by law for amortisation and therefore, also for the purposes of the limitation of indemnity, the amount of these expenses and not the value of the bonds shall be taken into account.**

In any case, for each claim, the Company shall not grant sums greater than those insured, with the exception of the provisions of Article 1914 of the Italian Civil Code for recovery costs, as well as where expressly provided for by the activated Covers (assessing the depreciation related to the degree of age, state of use and conservation).

Art. 1.7 Partial insurance (proportional rule)

With regard to “Building” and “Contents” batches, if the estimates made 13 show that the value of a batch at the time of the Claim exceeds the sum insured increased by 10%, the Company shall be liable for the damage relating to this batch in proportion to the ratio of the insured value thus increased to the value at the time of the Claim.

In the case of multi-location, no set-off is permitted between batches relating to different homes.

Art. 1.8 Payment of indemnity

Upon receipt of the documents necessary to establish the right to Indemnity and to quantify it in accordance with the Specific Terms and Conditions of these Covers, the Company shall carry out:

- the payment
- the communication of the reasons why the Indemnity cannot be paid.

the payment or communication will in any case be made within thirty (30) days:

- upon receipt of the complete documentation, or
- after the conclusion of the assessment procedure, if any, with a deed of payment or report of an expert’s report, initiated in accordance with these Specific Terms and Conditions.



For the “Building” batch, the “supplemental indemnity” is paid within 30 days after the reconstruction is completed, provided that it is done within 12 months from the date of the friendly settlement deed or the final experts’ report, unless force majeure is proven.

Payment of this supplement will also be made within the indemnity limit of the insurance coverage in the following cases:

- a. as a result of proven impossibility of reconstruction at the exact location where the insured building was situated, making reconstruction in another area of the national territory necessary;
- b. if the option to purchase another existing building in another area of the national territory is chosen.

If the purchase value is lower than the indemnity limit, only the purchase value will be paid.

This is without prejudice to any different terms and conditions provided for specific Covers, to which the customer is referred for verification on time.

The Company will in any case carry out the payment of any undisputed sums.

Art. 1.9 Advance payment of indemnity

In the event of an explicit request, the Insured is entitled to obtain - prior to the settlement of the claim - the payment of an advance of 50% of the minimum amount that should be paid based on the findings, under the following conditions:

- **no dispute has arisen as to the indemnifiability of the Claim itself**
- **at the request of the Company the Insured has produced documents proving that there is no fraudulent intent on the part of the Insured or the Policyholder**
- **a total Indemnity of at least EUR 25,000.00 is envisaged.**

The Insured may obtain payment of the advance no earlier than 60 days from the date of the Claim, provided that at least 30 days have elapsed since the request.

The advance payment may in no case exceed EUR 250,000.00, whatever the estimated amount of the Claim.

If the damage affects the “Building” batch, the down payment for that batch is calculated without taking into account the “value as new”. After 90 days from the payment of the Indemnity for the value of the items at the time of the

Claim, the Insured may, however, only obtain an advance on the additional Indemnity due to him on the basis of the “value as new”, which is determined in relation to the state of progress at the time of the request.

Art. 1.10 Waiver of recourse

The Company waives recourse against⁽¹³⁾ the party responsible for the Claim, **provided that the Insured does not in turn bring an action against the party responsible. Waiver of recourse does not apply in the case of wilful misconduct.**

SPECIFIC TERMS AND CONDITIONS IN SOLIDITÀ TOWARDS OTHERS - DAMAGE TO THIRD PARTIES



What is covered by the Insurance?

Art. 1.1 Insured

The insured parties are the Policyholder or, if a different person, the owner of the building indicated in the specific section of Policy.



What is covered by the Insurance? Basic covers

Art. 2.1 Liability of the building owner

What is covered by the Insurance

The Company shall indemnify the Insureds, up to the Coverage Limit indicated in the specific section of the Policy, for the amount that they are required to compensate (principal, interest and expenses), as civilly liable under the law, for:

- death;
- Personal injuries
- Property damage

unintentionally caused to third parties as a result of an accidental event occurring in **connection with the property:**

- a. of the home indicated in the Policy
- b. intercommunicating premises used as the Insured's private office or professional firm
- c. of premises owned by the Policyholder that are not used as a civil home, provided that both the insured building and the entire building of which it forms part are used for at least 50% of the total floor area as civil homes, offices or professional firms.

This Cover also applies to damage resulting from the interruption or suspension - total or partial - of the use of goods, industrial, commercial, agricultural, and service activities, provided that they derive from a claim eligible for indemnification under this Cover; the cover is afforded up to 20% of the coverage limit indicated in the specific Policy section.

In the case of a contract entered into by a condominium owner for his or her share of the property, the Cover covers both the liability for damages for which he or she is liable in his or her own right and his or her share of the damages for which he or she is liable as a condominium owner in respect of the common property.

In the event of rental to a third party of the home insured in the Policy owned by the condominium owner, the Cover also extends to the third-party liability arising from the management of the common condominium parts, insofar as attributable to him.

What is NOT covered by the Insurance

The Cover does not apply to buildings in total or partial ruin.

In the case of a contract entered into by a condominium owner for his or her share of the property, the Cover does not include any additional charges that may arise from joint and several obligations with the other condominium owners.

Art. 2.1.1 Television aerials, spaces adjacent to or pertaining to the building

What is covered by the Insurance

Damage arising from radio and television aerials, from spaces owned by the Insured adjacent to or pertaining to the insured building, even if kept as a garden, including damage caused by the accidental fall of trees or



parts thereof (**except damage caused by felling or pruning**) is included in the Cover. The Cover also includes damage attributable to the ownership of private roads that lead from the public road to the insured building or connect several buildings insured under this Policy, provided that they are paved and the total length does not exceed 500 metres.

What is NOT covered by the Insurance

Damage caused by motor vehicles is excluded.

Limitations of coverage apply

Coverage is provided only for the portion attributable to the Policyholder/Insured.

Art. 2.1.2 Commissioning of works

What is covered by the Insurance

The Policy also covers the third party liability that arises for the Insured, in its capacity as principal of ordinary and extraordinary maintenance, extension, super-elevation or demolition works, affecting the building or home (habitual or non-habitual residence) indicated in the Policy.

What is NOT covered by the Insurance

Damage for which the Insured is liable due to defects in the plans provided by him to the contractor or in connection with the supervision of the work by persons outside the contractor is excluded.

Art. 2.1.3 Damage from water spillage due to accidental breakage

What is covered by the Insurance

Damage resulting from water spillage caused by the accidental breakage of water, sanitation, heating or air-conditioning systems serving the building or construction of which may be a part is included in the Cover.

For this Cover, the Insured's parents and children, residing in separate real estate units, who have suffered damage as a result of the events listed above are considered third parties.

Art. 2.1.4 Damage from water spillage due to blockage of pipes and backflow of sewers

What is covered by the Insurance

This Cover only applies if the Water Overflow Cover due to blockage or backflowing of sewers is included in the Policy.

The Cover also includes damage resulting from water spillage due to the overflowing of water, sanitation, heating or air conditioning systems, the blockage of their pipes, or the backflowing of sewers. For this Cover, the Insured's parents and children, residing in separate real estate units, who have suffered damage as a result of the events listed above are considered third parties.

Limitations of coverage apply

A Deductible of EUR 100.00 per claim is provided for this Cover, which applies only once for damages arising from the same cause. The Deductible shall not be aggregated with any deductible applied by other Covers.

Art. 2.1.5 Accidental Pollution Damage

What is covered by the Insurance

Within the scope of the ownership of the home indicated in the specific section of the Policy, damage resulting from accidental air, water or soil pollution is also included in the Cover.



What is NOT covered by the Insurance

Cover does not include damage resulting from gradual pollution of water, air and soil

Limitations of coverage apply

This extension of cover is provided up to EUR 100,000.00 per period of coverage.



What is covered by the Insurance? Optional covers

Art. 2.2 Liability for the management of the building

What is covered by the Insurance

The Building Owners' Liability Cover also applies to the tenancy of the home indicated in the specific Policy section. They are included in the Cover:

- risks that relate to the regular running of the home indicated in the Policy and its common parts;
- damage resulting from the **fall of non-centralised** receiving and transmitting **antennas** for television and radio amateurs installed on the roof or balconies of the building;
- damage caused to third parties as a result of ordinary maintenance work on the building and the premises of the home.

This extension of Cover is valid for the Policyholder/Insured and all members of his/her household.

Limitations of coverage apply

The Cover does not apply to damage resulting from dampness, dripping and unhealthy conditions of the premises.

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Art. 3.1 Landlord's liability

What is covered by the Insurance

The Cover is afforded for the third party liability of the Insured as owner of the home rented or on loan for use.

This Cover only applies if the home has been rented under a duly registered contract between the Policyholder/Insured (or a member of his/her household) and the tenant.

They are included in the Cover:

- damage caused by the Policyholder's own furniture contained in the insured home;
- damage for liability that, for whatever reason, falls on the landlord for damage caused to third parties by the tenants of the insured home due to facts related to its operation;
- damage resulting from the fall of non-centralised receiving and transmitting antennas for television and radio amateurs installed on the roof or balconies of the building.

For the tenant of the home resulting from the duly registered rental contract and for the members of his household, the Cover also includes

- the direct personal liability of the tenant of the insured home and members of his household in connection with the running of the home;
- liability arising from ordinary maintenance work affecting the building and the premises of the home.



What is NOT covered by the Insurance

In the case of damage caused by the Policyholder's own furniture contained in the insured home, damage resulting from a defect or original defect in the furniture itself or its components is excluded.

Limitations of coverage apply

In the case of damage caused by the Policyholder's own furniture contained in the insured home, if it is the consequence of water leakage due to the breakage of domestic appliances, including their fittings, a Deductible of EUR 100.00 per Claim shall apply.

Art. 3.2 Liability for tourist rentals

What is covered by the Insurance

The Cover is afforded for the third party liability of the Insured as owner of the home rented or on loan for use.

They are included in the Cover:

- damage caused by the Policyholder's own furniture contained in the insured home;
- damage for liability that, for whatever reason, falls on the landlord for damage caused to third parties by the tenants of the insured home due to facts related to its operation;
- damage resulting from the fall of non-centralised receiving and transmitting antennas for television and radio amateurs installed on the roof or balconies of the building.

What is NOT covered by the Insurance

The activity of renting out rooms is always excluded.

In the case of damage caused by the Policyholder's own furniture contained in the insured home, damage resulting from a defect or original defect in the furniture itself or its components is excluded.

Limitations of coverage apply

This Cover operates for tourist rentals (holiday homes, home swaps, weekend rentals and the like), managed on a non-business basis, for periods of less than 30 continuous days to the same tenant; in the event that the duration exceeds 30 days, the cover only operates if the home has been rented under a duly registered contract between the Policyholder/Insured (or a member of his/her household) and the tenant.

In the case of damage caused by the Policyholder's own furniture contained in the insured home, if as a consequence of water leakage due to the breakage of domestic appliances, including their fittings, a Deductible of EUR 100.00 per Claim shall apply.



What is NOT covered by the Insurance?

Art. 4.1 Persons not considered third parties

Third parties are not considered for this section:

- the spouse or cohabiting partner, the parents, the children of the Insured, and the members of his or her household who are listed in the Family Status Certificate;
- the legal representative, the partner with unlimited liability, the director and the persons who are in the relationship with them as per a. above, if the Insured is not a natural person;
- the persons who have an employment or collaboration relationship with one of the Insureds and suffer the damage in the performance of work or service, with the exception of the provisions applicable to domestic workers if the Private life liability of the Modulo ARMONIA is activated.



Art. 4.2 Exclusions

Covers covered by this Module do not apply to damages:

- a. **resulting from the possession or use of radioactive substances or devices for accelerating atomic particles;**
- b. **resulting from gradual pollution of water, air and soil;**
- c. **to property that each of the insured persons holds in any capacity whatsoever;**
- d. **arising from the wilful violation of laws and regulations relating to the ownership, possession and use of weapons for defence, target shooting, marksmanship, and similar purposes;**
- e. **of any kind arising directly or indirectly from asbestos or products containing asbestos;**
- f. **of any kind arising directly or indirectly from electromagnetic waves or fields;**
- g. **arising from the ownership of real estate other than that indicated in the Policy and its fixed systems;**
- h. **from theft and arising to the property of others from fire, explosion and bursting of property belonging to one of the Insureds or in their possession.**



Are there limitations of coverage?

Art. 5.1 Maximum Exposure - Joint Liability between Insureds

In the event of co-responsibility of several Insureds among themselves, the coverage limits indicated in the Policy are unique and constitute the maximum disbursement to be borne by the Company.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Cover	Deductible/Uncovered Amount	Limitation of Indemnity
Basic covers		
Liability of the building owner	-	Coverage Limit indicated in the Policy
- Television aerials, spaces adjacent to or pertaining to the building	-	
- Commissioning of works	-	
- Damage from water spillage due to accidental breakage	-	
- Damage from water spillage due to pipe clogging and sewer overflows	EUR 100.00 per Claim	
- Accidental pollution damage	-	EUR 100,000.00 per period of coverage.
Optional covers		
Liability for the management of the building	-	Coverage Limit indicated in the Policy
Landlord's liability	for damage caused by furniture due to water leakage EUR 100.00 per Claim	Coverage Limit indicated in the Policy
Liability for tourist rentals	for damage caused by furniture due to water leakage EUR 100.00 per Claim	Coverage Limit indicated in the Policy





Where does the coverage apply?

Art. 6.1 Where the Covers operate

The Covers in this section apply to damage occurring in Italy, the Vatican City and the Republic of San Marino.



PROVISIONS APPLICABLE IN CASE OF A CLAIM



What obligations do I have? What obligations does the company have?

Art. 1.1 Obligations in the event of a claim

In the event of a Claim, the Insured must send a written report to the Company within 3 days from the date on which the Claim occurred (within 6 days if it occurred abroad) or from the day on which he or she became aware of it.

The report must contain:

- Policy number and name of the Agency handling the contract;
- precise description of the event, date, place, causes and consequences of the event itself;
- names and addresses of the persons concerned and any witnesses.

In any event, the Insured shall:

- promptly notify the Company of any document served on him through a Bailiff;
- in the event of default, Article 1915 of the Italian Civil Code shall apply;
- provide the Company with all the necessary deeds and documents, regularised according to the tax regulations on stamp duties.

Art. 1.2 Management of disputes on damages and legal costs

As long as it is in its interest, **the Company** manages out-of-court and in-court disputes, both civil and criminal, on behalf of the Insured; appoints, if necessary, lawyers and experts, and will avail itself of all the rights and actions to which the Insured is entitled.

Expenses incurred in the defence of the suit brought against the Insured shall be borne by the Company, up to a limit of 25% of the Coverage Limit set forth in the Policy for the damage to which the claim refers. **If the sum owed to the injured party exceeds the coverage limit, the costs are shared between the Company and the Insured in proportion to their respective interests.**

the Company does not grant the Insured's expenses for lawyers or experts who are not appointed by the Company. Furthermore, the Company is not liable for fines, penalties and criminal court fees.



SPECIFIC TERMS AND CONDITIONS IN GUARDIA - THEFT SU MISURA



What is covered by the Insurance?

Art. 1.1 Insured items

What is covered by the Insurance

The insurance shall cover the goods (including those owned by third parties) contained in the home indicated in the specific Policy section, which fall under the following items, if the relevant insured sums are valued in the specific Policy section:

- Furniture and furnishings
- Money and valuables
- Jewellery and valuables
- Jewellery and valuables in armoured storage systems
- Precious objects
- Collections
- Collections in armoured storage systems
- Content in outbuildings

Limitations of coverage apply

If valued, furniture and furnishings, jewellery and valuables, precious objects, collections are insured up to EUR 1,000.00 when temporarily stored at third-party premises for processing or repair.

For contents in outbuildings, **the maximum limit per individual item is EUR 1,500.00, unless otherwise specified** in the specific section of the Policy.

For valuable items, the maximum limit per single item not locked in armoured cabinets or safes is EUR 15,000.00, unless otherwise specified in the specific section of the Policy if insured at full value.

Art. 1.2 Conditions of insurability

The Cover is effective if the building and inter-communicating premises used as a private office or professional firm containing the insured items have the following characteristics:

- are constructed of bricks, stones, prefabricated concrete panels or other materials of equal strength commonly used in the building industry; laminated safety glass and laminated safety glass are permitted in walls and floors communicating with the outside provided that they are fixed;
- have means of protecting and closing (such as doors, shutters, window frames in general, etc.) the openings of the homes, which are at least those usually installed in private homes.

If the openings of the homes are less than 4 metres above the ground or from practicable surfaces and the home remains unattended, the means of protection and closure must be closed with suitable devices that can only be opened from the inside, or closed with locks or padlocks.

Limitations of coverage apply

In the event of theft occurring through the breakage of glass that is not laminated security glass, a 25% Uncovered Amount shall apply.

Art. 1.3 Coexistence of private office or professional firm

What is covered by the Insurance

The home includes inter-communicating premises used as a private office and/or professional firm for the Policyholder or one of the members of their household.





What is covered by the Insurance? Basic covers

Art. 2.1 Insured risks

What is covered by the Insurance

The Company shall indemnify material and direct damage caused to the insured items, within the home indicated in the specific Policy section, by the following events:

a. **Theft** committed by breaking into premises containing insured items:

- violating their means of protection and locking (or even walls or ceilings or floors) by breaking, burglarizing, breaking through, or, when there are people in the home, through windows that are not protected by laminated safety glass or even open. When there are persons in the home, the cover shall also apply if the theft is committed through doors and French windows, not protected by laminated safety glass or even open, that give access to areas pertaining to the insured home, that are completely fenced off and with any openings closed by gates, or the like;
- by climbing, i.e., by means other than ordinary climbing using special personal agility or the use of means such as ropes, ladders or the like;
- with the removal of the stolen goods, when the home was closed, by strangers hiding in the home;
- with fraudulent use of keys;
- by opening electronic locks, without breaking or burglary, using magnetic stripe cards with a non-original microchip or microprocessor, **provided that such locks are connected to a control unit via a transmission medium, physical or wireless, and equipped with devices for recording openings and attempted openings;**
- using picks or similar tools: if no break-in of the means of protection and locking of the premises is ascertained, **the Indemnity shall be paid subject to a 20% Uncovered Amount.**

Insured items are considered to be locked in “armoured storage systems” (armoured cabinets and safes) when the perpetrator violates the means of safekeeping by breaking, burglary or fraudulent use of keys in order to gain possession of them. Otherwise, they will be considered as not closed in “Armoured storage systems”.

b. **Robbery** in the home, even if initiated outside

c. **Theft and robbery** as described above, occurring in connection with popular uprisings, strikes, riots, acts of terrorism or organised sabotage

d. **Damage**, including vandalism, occurring in connection with theft and robbery as described (or even in an attempt to commit them).

Damage to insured items caused by fire, explosion or bursting caused by the perpetrator is also included.

If Cover for Breakdowns caused by thieves and theft of fixtures and fittings of the “In solidità - Damage to property” section is in force, this Cover shall only apply to that part of the damage the value of which exceeds the limitations of Indemnity laid down in the section In solidità - Damage to Property.

In addition, the Company shall indemnify material and direct damage caused by loss of or damage to the insured items, including luggage, if the sum insured is valued in the Policy for:

e. **Robbery and mugging outside the home**, occurring in Europe, the Republic of San Marino or the Vatican City State, on the Policyholder, his spouse or any other member of the household living with him.

What is NOT covered by the Insurance

However, items (jewellery, precious items, money, valuables and other objects in general) brought along that are related to professional activities carried out on one’s own account or on behalf of others are excluded.

Limitations of coverage apply

For this Cover, the Company shall indemnify (per period of coverage and overall for the Policyholder and the household) up to the relevant sum insured indicated in the specific section of the Policy, without taking into



account the limits of Indemnity, **but for money up to a maximum of EUR 3,000 and with the application of a 10% Uncovered Amount.**

Art. 2.2 Additional indemnifiable expenses

What is covered by the Insurance

The Company also indemnifies:

- a. the costs incurred in repairing the **damage caused by thieves** to the parts of the **building** constituting the premises containing the insured items, to the fixtures and windows protecting and guarding the accesses and openings to the premises

Limitations of coverage apply

These expenses are indemnified up to 10% of the sum insured with a maximum of EUR 3,000.00 per period of coverage

- b. losses suffered as a result of fraudulent use of credit cards stolen from the cardholder as a result of an indemnifiable Claim under the insurance coverage

What is NOT covered by the Insurance

The Guarantee does not apply to automatic withdrawal and POS functions

Limitations of coverage apply

Such losses are indemnified up to EUR 1,000.00

- c. the cost of remaking personal documents (identity card, driving licence, passport, etc.) taken from the Insured both inside and outside the home
- d. the costs of **replacing locks** with the same or equivalent ones and the costs of emergency intervention to allow access to the home, even if carried out by burglary, in the event of loss or theft of the keys to the locks of the premises containing the insured items, if this has been reported to the judicial or police authorities

Limitations of coverage apply

Such expenses are indemnified up to 5% of the sum insured.

- e. expenses arising from a Claim that involved the insured batches, documented and incurred within 45 days of the date of occurrence, **up to 10% of the liquidated amount** as an additional indemnity, for the purpose of **installing or reinforcing** at least one of the following means of prevention:
 - **alarm system**
 - **armoured door**

What is NOT covered by the Insurance

Damage to pre-existing alarm systems and security doors is excluded.

Limitations of coverage apply

This additional Indemnity shall be paid even if the total Indemnity exceeds the sum insured under the individual batches and may not exceed the limit of:

- **EUR 750,00 if the total sum insured does not exceed EUR 15,000.00**
- **EUR 1,500.00 if the total sum insured exceeds EUR 15,000.00.**

- f. the **expenses** (for domestic helpers, craftsmen, etc.) incurred in rearranging the premises and their contents, in the event of an event eligible for indemnity under the insurance coverage that results in damage to the contents of the home of at least **EUR 1,000.00, up to 10% of the damage, with a maximum of EUR 250.00 per Claim and per period of coverage. The Cover only applies to the main home.**



Art. 2.3 Moving

What is covered by the Insurance

In the event that the Policyholder/Insured moves to another main home in Italy, the Republic of San Marino or the Vatican City State, the assets relating to the new home shall also be temporarily insured, within the insured sums stipulated for the individual batches purchased.

The Cover only applies to the main home.

What is NOT covered by the Insurance

Damage occurring during transport is excluded.

Limitations of coverage apply

The Cover operates for a maximum of 10 days from the date communicated, by certified email or registered letter, by the Policyholder/Insured to the Company as the date of commencement of the moving operations.

Art. 2.4 Condition reserved for occasional homes

What is covered by the Insurance

Only for the occasional homes indicated in the Policy, the Cover is valid whatever the duration of the inhabitation for all insured items, with the exception of money, jewellery and valuables, numismatic and philatelic collections, banknotes and securities and credit instruments, for which the Cover is limited to the period of habitation by the Policyholder or family members living with him/her.

Limitations of coverage apply

In the event of a Claim, the 20% Uncovered Amount shall apply, unless a different percentage is indicated in the specific Policy section.

PROTECTION SYSTEMS

Only the articles governing the protection systems declared in the specific Policy section apply.

Art. 2.5 Alarm system

What is covered by the Insurance

The Company grants a discount on the Premium for the "In guardia - Theft" Covers activated in the event that the premises of the main home containing the insured items are protected by an automatic burglar alarm system.

Limitations of coverage apply

If the plant is not present at the time of the Claim, the Indemnity shall be paid subject to a 5% Uncovered Amount.

Art. 2.6 Alarm system connected to control panel

What is covered by the Insurance

The Company grants a discount on the Premium of the In guardia - Theft Covers activated in the event that the premises of the main home containing the insured items are protected by an automatic burglar alarm system connected to the remote surveillance centre that manages it.

Limitations of coverage apply

If the plant is not present or activated at the time of the Claim - for any reason whatsoever - the Indemnity shall be paid subject to a 15% Uncovered Amount.



Art. 2.7 Special Means of Locking

What is covered by the Insurance

In addition to the provisions of the Conditions of Insurability of the activated “In guardia - Theft” Covers, the following is required for the indemnifiability of damage occurring on the premises (with the exception of robbery) any opening (door, window, skylight, glazing, etc.) of the premises of the home indicated in the Policy and containing the insured items, located vertically less than 4 metres from the ground, from water surfaces or from shelves accessible and passable from the outside without the use of personal dexterity or tools (shelves such as, for example: balconies, stairs, terraces and the like) **is defended by at least one of the means indicated below.**

a) Window frames made of:

- solid wood (i.e. wood in the form of planks, chipboard and the like, even in layers glued together) with a total thickness of at least 20 mm.
- steel sheet with a minimum thickness of 1 mm (with or without coating of other material).

Such doors and windows must be locked with security locks with bolts of adequate strength and length or strong padlocks that can only be operated from the inside and without lights of any kind; with the exception of peepholes or lights with a total area of no more than 100 square centimetres in flat access doors.

b) full-section iron bars with a minimum thickness of 15 mm, anchored in the wall, with spans, if rectangular, having sides measuring not more than 50 cm and 18 cm respectively, or, if not rectangular, of a shape inscribed in the aforementioned rectangles or of a surface area not exceeding 400 cm².

Limitations of coverage apply

If, at the time of the Claim, the means of protection and locking do not meet the characteristics described above, the Indemnity shall be paid subject to a 10% Uncovered Amount. The Uncovered Amount is raised to 35% when the theft is committed with only the breaking of non-laminated safety glass, but without breaking into the structures and locking means.

The Cover only applies to the main home.

Art. 2.8 Armoured door in flat on intermediate floor

What is covered by the Insurance

The Company grants a discount on the premium for this section if the premises of the main home containing the insured items are located entirely on an intermediate floor, and if all access to the said flat is protected by a security door.

Limitations of coverage apply

If, at the time of the Claim, the flat is not protected by a security door (the characteristics of which are indicated in the Definitions) and the theft was committed by violating such access, the Indemnity shall be paid subject to a 20% Uncovered Amount.





Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Covers	Deductible/Uncovered Amount	Limitation of Indemnity
Basic covers		
Theft, robbery in the home, theft and robbery during socio-political events, damage including vandalism of:	20% for the secondary home (unless otherwise stated in the specific Policy section)	
- Furniture and furnishings		Sum insured indicated in the Policy
- Money and valuables		Sum insured indicated in the Policy
- Jewellery and valuables		Sum insured indicated in the Policy
- Jewellery and valuables in armoured storage systems		Sum insured indicated in the Policy
- Valuable objects at first absolute risk		Sum insured indicated in the Policy up to EUR 15,000.00 per individual item if not placed in armoured storage systems
- Valuables at full value		Sum insured indicated in the Policy
- Collections at first absolute risk		Sum insured indicated in the Policy
- Collections and full-value collections		Sum insured indicated in the Policy
- Collections in armoured storage systems at first absolute risk		Sum insured indicated in the Policy
- Collections in armoured storage systems at full value		Sum insured indicated in the Policy
- Content in outbuildings		Sum insured indicated in the Policy, up to EUR 1,500.00 per individual item unless otherwise specified in the Policy
- Goods under insured items in temporary storage with third parties for processing or repair	-	EUR 1,000.00
Robbery and mugging outside the home	For money 10% Uncovered Amount	Sum insured indicated in the Policy
		For the money EUR 3,000.00
Further Indemnifiable expenses:		
- Faults caused by thieves to the building	-	10% of the sum insured for the batch affected by the Claim with a maximum of EUR 3,000.00 per period of coverage
- Fraudulent use of credit cards (no POS and withdrawal)	-	EUR 1,000.00



Covers	Deductible/Uncovered Amount	Limitation of Indemnity
- Expenses for remaking personal documents	-	-
- Lock replacement due to loss of keys	-	5% of the sum insured for the batch affected by the Claim
- Alarm system and security door expenses	-	10% of the liquidated amount with a limit of: - EUR 750.00 if sum insured ≤ EUR 15,000.00 - EUR 1,500.00 if sum insured > EUR 15,000.00
- Expenses for rearrangement of premises	-	10% of the damage with a limit of EUR 250.00 per Claim and per period of coverage
Moving	-	For a maximum of 10 days



SPECIFIC TERMS AND CONDITIONS IN GUARDIA - THEFT - SU MISURA VIP



What is covered by the Insurance?

Art. 1.1 Insured items

What is covered by the Insurance

The insurance shall cover the goods (including those owned by third parties) contained in the home indicated in the specific Policy section, which fall under the following items, if the relevant insured sums are valued in the specific Policy section:

- Furniture and furnishings
- Money and valuables
- Jewellery and valuables
- Jewellery and valuables in armoured storage systems
- Precious objects
- Collections
- Collections in armoured storage systems
- Content in outbuildings

Limitations of coverage apply

If valued, furniture and furnishings, jewellery and valuables, precious objects, collections **are insured up to EUR 2,000.00** when temporarily stored at third-party premises for processing or repair.

For contents in outbuildings, the maximum limit per individual item is EUR 2,500.00, unless otherwise specified in the specific section of the Policy.

For valuable items, the maximum limit per single item not locked in armoured cabinets or safes is EUR 25,000.00, unless otherwise specified in the specific section of the Policy if insured at full value.

Art. 1.2 Conditions of insurability

The Cover is effective if the building and inter-communicating premises used as a private office or professional firm containing the insured items have the following characteristics:

- a) are constructed of bricks, stones, prefabricated concrete panels or other materials of equal strength commonly used in the building industry; laminated safety glass and laminated safety glass are permitted in walls and floors communicating with the outside provided that they are fixed;
- b) have means of protection and locking (such as doors, shutters, window frames in general, etc.) of the openings of the home, with the specific characteristics below according to the type of home indicated in the specific section of the Policy.

Art. 1.2.1 Means of protection and locking for intermediate floor flats

Means of locking premises

What is covered by the insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, when the same remain unattended, is that:

A) OPENINGS TO THE OUTSIDE

- each entrance to the premises containing the insured property at the location indicated in the specific section of the Policy is protected by a locked armoured door;

B) ALARM SYSTEM

- the premises containing the insured items located in the location indicated in the specific section of the Policy are equipped with or manned by an intrusion alarm system connected to a remote surveillance



centre at least with a telephone line switched by means of a digital telephone dialer and the same is activated.

The insurance also applies when:

- the theft is committed through openings secured by protective and locking means that do not meet the above characteristics;
- the theft is committed by removing armoured doors or locks applied to them, without breaking or forcing the relevant structures or frames;
- the alarm system has not been activated.

Limitations of coverage apply

If only one of the aforementioned hypotheses occurs, the Insurance is subject to an Uncovered Amount of 25% and, if the last hypothesis and one of the two previous hypotheses occur, to an Uncovered Amount of 35%. Moreover, in any event, the Indemnity shall not exceed EUR 50,000.00.

In the event that there are persons in the home, notwithstanding the foregoing, the Insurance shall apply under the terms set forth in the following Article Insured risks.

In such case, if the theft is committed through openings protected by means of protection and locks that do not comply with the above characteristics or even open and these are located vertically less than 4 metres from the ground, from water surfaces or from shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, and/or the alarm system is not activated, a 25% Uncovered Amount shall be applied and the Indemnity shall not exceed EUR 50,000.00.

Armoured storage systems

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, even if there are persons on the premises, is that the armoured storage systems used for:

- the items “Jewellery and precious items in armoured storage systems” and “Valuables in armoured storage systems” are wall safes, provided that the total sum insured does not exceed EUR 100,000.00, or safes;
- the batch “Collections locked in armoured storage systems” consist of a safe.

Art. 1.2.2 Means of protection and closure for flats not on an intermediate floor

Means of closure and protection of premises

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, when the same remain unattended, is that:

A) OPENINGS TO THE OUTSIDE

- each entrance to the premises containing the insured property at the location indicated in the specific section of the Policy is protected by a locked armoured door;
- any other opening of the premises containing the insured property at the location indicated in the specific section of the Policy, located in a vertical line less than 4 metres from the ground, water surfaces or shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, is protected by at least one of the means indicated below:

a) doors and window frames made of:

- solid wood (i.e., wood in the form of planks, chipboard and the like, even in layers glued together) with a total thickness of at least 20 mm, steel sheet with a minimum thickness of 1 mm (with or without a coating of other material).



Such doors and windows must be locked with security locks with bolts of adequate strength and length or armoured padlocks that can only be operated from the inside and without lights of any kind;

- laminated safety glass, either totally fixed or closed with devices (such as bolt bars or similar) that can only be operated from the inside, or closed with locks or padlocks;

b) gratings of:

- full-section iron with a minimum thickness of 15 mm, anchored in the wall, with spans, if rectangular, having sides measuring not more than 50 cm and 18 cm respectively, or, if not rectangular, of a shape inscribed in the aforementioned rectangles or of an area not exceeding 400 cm².

B) ALARM SYSTEM

The premises containing the insured property at the location indicated in the specific section of the Policy are equipped or manned:

- by an intruder alarm system connected to a remote control centre at least with a switched telephone line via a digital telephone dialer, provided that the total sum insured under the items "Furniture and furnishings", "Money and valuables", "Jewellery and valuables", "Jewellery and valuables in armoured storage systems", "Valuables", "Collections", "Collections in armoured storage systems", "Contents in outbuildings" does not exceed EUR 100,000,

or

- from an intrusion alarm system connected to a remote control centre with a two-way radio link; and the same is activated.

The insurance also applies when:

- the theft is committed through openings secured by protective and locking means that do not meet the above characteristics;
- the theft is committed by the removal of armoured doors, grilles, door and window frames or locks applied to them, without breaking or forcing the relevant structures or frames;
- the theft is committed by removing laminated safety glass panes from their frames, breaking the loom;
- the alarm system has not been activated.

Limitations of coverage apply

If only one of the aforementioned hypotheses occurs, the Insurance is subject to an Uncovered Amount of 25% and, if the last hypothesis and one of the three previous hypotheses occur, to an Uncovered Amount of 35%. Moreover, in any event, the Indemnity shall not exceed EUR 50,000.00.

In the event that there are persons in the home, notwithstanding the foregoing, the insurance shall apply under the terms set forth in the following Article Insured risks.

In such case, if the theft is committed through openings protected by means of protection and locks that do not comply with the above characteristics or even open and these are located vertically less than 4 metres from the ground, from water surfaces or from shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, and/or the alarm system is not activated, a 25% Uncovered Amount shall be applied and the Indemnity shall not exceed EUR 50,000.00.

Armoured storage systems

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, even if there are persons on the premises, is that the armoured storage systems used for:

- the items "Jewellery and precious items in armoured storage systems" and "Valuables in armoured storage systems" are wall safes, provided that the total sum insured does not exceed EUR 100,000.00, or safes;
- the batch "Collections locked in armoured storage systems" consist of a safe.



Art. 1.2.3 Means of protection and closure for non-isolated villa

Means of closure and protection of premises

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, when the same remain unattended, is that:

A. OPENINGS TO THE OUTSIDE

- each entrance to the premises containing the insured property at the location indicated in the specific section of the Policy is protected by a locked armoured door;
- any other opening of the premises containing the insured property at the location indicated in the specific section of the Policy, located in a vertical line less than 4 metres from the ground, water surfaces or shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, is protected by at least one of the means indicated below:

a. doors and window frames made of:

- solid wood (i.e., wood in the form of planks, chipboard and the like, even in layers glued together) with a total thickness of at least 20 mm, steel sheet with a minimum thickness of 1 mm (with or without a coating of other material).

Such doors and windows must be locked with security locks with bolts of adequate strength and length or armoured padlocks that can only be operated from the inside and without lights of any kind;

- laminated safety glass, either totally fixed or closed with devices (such as bolt bars or similar) that can only be operated from the inside, or closed with locks or padlocks;

b. gratings of:

- full-section iron with a minimum thickness of 15 mm, anchored in the wall, with spans, if rectangular, having sides measuring not more than 50 cm and 18 cm respectively, or, if not rectangular, of a shape inscribed in the aforementioned rectangles or of an area not exceeding 400 cm².

B. ALARM SYSTEM

The premises containing the insured property at the location indicated in the specific section of the Policy are equipped or manned:

- by an intruder alarm system connected to a remote control centre at least with a switched telephone line via a digital telephone dialer, provided that the total sum insured under the items "Furniture and furnishings", "Money and valuables", "Jewellery and valuables", "Jewellery and valuables in armoured storage systems", "Valuables", "Collections", "Collections in armoured storage systems", "Contents in outbuildings" does not exceed EUR 100,000,

or

- from an intrusion alarm system connected to a remote control centre with a two-way radio link; and the same is activated.

The insurance also applies when:

- the theft is committed through openings secured by protective and locking means that do not meet the above characteristics;
- the theft is committed by the removal of armoured doors, grilles, door and window frames or locks applied to them, without breaking or forcing the relevant structures or frames;
- the theft is committed by removing laminated safety glass panes from their frames, breaking the loom;
- the alarm system has not been activated.

Limitations of coverage apply

If only one of the aforementioned hypotheses occurs, the Insurance is subject to an Uncovered Amount of 25% and, if the last hypothesis and one of the three previous hypotheses occur, to an Uncovered Amount of 35%. Moreover, in any event, the Indemnity shall not exceed EUR 50,000.00.



In the event that there are persons in the home, notwithstanding the foregoing, the insurance shall apply under the terms set forth in the following Article Insured risks.

In such case, if the theft is committed through openings protected by means of protection and locks that do not comply with the above characteristics or even open and these are located vertically less than 4 metres from the ground, from water surfaces or from shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, and/or the alarm system is not activated, a 25% Uncovered Amount shall be applied and the Indemnity shall not exceed EUR 50,000.00.

Armoured storage systems

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, even if there are persons on the premises, is that the armoured storage systems used for:

- the items “Jewellery and precious items in armoured storage systems” and “Valuables in armoured storage systems” are wall safes, provided that the total sum insured does not exceed EUR 100,000.00, or safes;
- the batch “Collections locked in armoured storage systems” consist of a safe.

Art. 1.2.4 Means of protection and closure for isolated villa

Means of closure and protection of premises

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, when the same remain unattended, is that:

A. OPENINGS TO THE OUTSIDE

- each entrance to the premises containing the insured property at the location indicated in the specific section of the Policy is protected by a locked armoured door;
- any other opening of the premises containing the insured property at the location indicated in the specific section of the Policy, located in a vertical line less than 4 metres from the ground, water surfaces or shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, is protected by at least one of the means indicated below:

a. doors and window frames made of:

- solid wood (i.e., wood in the form of planks, chipboard and the like, even in layers glued together) with a total thickness of at least 20 mm, steel sheet with a minimum thickness of 1 mm (with or without a coating of other material).

Such doors and windows must be locked with security locks with bolts of adequate strength and length or armoured padlocks that can only be operated from the inside and without lights of any kind;

- laminated safety glass, either totally fixed or closed with devices (such as bolt bars or similar) that can only be operated from the inside, or closed with locks or padlocks;

b. gratings of:

- full-section iron with a minimum thickness of 15 mm, anchored in the wall, with spans, if rectangular, having sides measuring not more than 50 cm and 18 cm respectively, or, if not rectangular, of a shape inscribed in the aforementioned rectangles or of a surface area not exceeding 400 cm².

B. ALARM SYSTEM

- the premises containing the insured property located in the location indicated in the specific section of the Policy are equipped with or manned by an intrusion alarm system connected to a remote surveillance centre with two-way radio link and the same is activated.

The insurance also applies when:

- the theft is committed through openings secured by protective and locking means that do not meet the above characteristics;



- the theft is committed by the removal of armoured doors, grilles, door and window frames or locks applied to them, without breaking or forcing the relevant structures or frames;
- the theft is committed by removing laminated safety glass panes from their frames, breaking the loom;
- the alarm system has not been activated.

Limitations of coverage apply

If only one of the aforementioned hypotheses occurs, the Insurance is subject to an Uncovered Amount of 25% and, if the last hypothesis and one of the three previous hypotheses occur, to an Uncovered Amount of 35%. Moreover, in any event, the Indemnity shall not exceed EUR 50,000.00.

In the event that there are persons in the home, notwithstanding the foregoing, the insurance shall apply under the terms set forth in the following Article Insured risks.

In such case, if the theft is committed through openings protected by means of protection and locks that do not comply with the above characteristics or even open and these are located vertically less than 4 metres from the ground, from water surfaces or from shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, and/or the alarm system is not activated, a 25% Uncovered Amount shall be applied and the Indemnity shall not exceed EUR 50,000.00.

Armoured storage systems

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, even if there are persons on the premises, is that the armoured storage systems used for:

- the items "Jewellery and valuables in armoured storage systems" and "Valuables in armoured storage systems" consist of safes,
- the batch "Collections locked in armoured storage systems" consist of a safe.

Art. 1.3 Coexistence of private office or professional firm

What is covered by the Insurance

The home includes inter-communicating premises used as a private office and/or professional firm for the Policyholder or one of the members of their household.



What is covered by the Insurance? Basic covers

Art. 2.1 Insured risks

What is covered by the Insurance

The Company shall indemnify material and direct damage caused to the insured items, **within the home indicated in the specific Policy section**, by the following events:

- a) **Theft** committed by breaking into premises containing insured items:
- violating their means of protection and locking (or even walls or ceilings or floors) by breaking, burglarizing, breaking through, or, when there are people in the home, through windows that are not protected by laminated safety glass or even open. When there are persons in the home, the cover shall also apply if the theft is committed through doors and French windows, not protected by laminated safety glass or even open, that give access to areas pertaining to the insured home, that are completely fenced off and with any openings closed by gates, or the like,
 - by climbing, i.e., by means other than ordinary climbing using special personal agility or the use of means such as ropes, ladders or the like
 - with the removal of the stolen goods, when the home was closed, by strangers hiding in the home



- with fraudulent use of keys
- by opening electronic locks, without breaking or burglary, using magnetic stripe cards with a non-original microchip or microprocessor, **provided that such locks are connected to a control unit via a transmission medium, physical or wireless, and equipped with devices for recording openings and attempted openings;**
- using picks or similar tools: if no break-in of the means of protection and locking of the premises is ascertained, **the Indemnity shall be paid subject to a 20% uncovered amount.**

Insured items are considered to be locked in “armoured storage systems” (armoured cabinets and safes) when the perpetrator violates the means of safekeeping by breaking, burglary or fraudulent use of keys in order to gain possession of them. Otherwise, they will be considered as not closed in “armoured storage systems”.

The armoured storage systems must be at least those described in the “Conditions of Insurability” relating to the type of insured home.

- b) **Robbery** in the home, even if initiated outside
- c) **Theft and robbery** as described above, occurring in connection with popular uprisings, strikes, riots, acts of terrorism or organised sabotage
- d) **Damage**, including vandalism, occurring in connection with theft and robbery as described (or even in an attempt to commit them).

Damage to insured items caused by fire, explosion or bursting caused by the perpetrator is also included.

If Cover for Breakdowns caused by thieves and theft of fixtures and fittings of the “In solidità - Damage to property” section is in force, this cover shall only apply to that part of the damage the value of which exceeds the limitations of Indemnity laid down in the section In solidità - Damage to Property.

In addition, if the sum insured for the batch “Robbery and mugging outside the home” is indicated in the specific Policy section, the Company shall indemnify direct property damage caused by loss of or damage to the insured items, including luggage, for:

- e) **Robbery and mugging outside the home**, occurring in Europe, the Republic of San Marino or the Vatican City State, on the Policyholder, his spouse or any other member of the household living with him. Cover is extended to items handed over for temporary storage in cloakrooms or temporarily deposited in locked containers at restaurants, movie theatres, theatres, exhibitions and shows, museums, banks (excluding safe-deposit boxes), department stores or similar and supermarkets.

What is NOT covered by the Insurance

However, items (jewellery, precious items, money, valuables and other objects in general) brought along that are related to professional activities carried out on one’s own account or on behalf of others are excluded.

Limitations of coverage apply

For this Cover, the Company shall indemnify (per period of coverage and overall for the Policyholder and the household) up to the relevant sum insured indicated in the specific section of the Policy, without taking into account the limitations of Indemnity, but, **for cash and theft by stealth, up to a maximum of EUR 3,500,00 and with the application of a 10% Uncovered Amount.**

Art. 2.2 Additional indemnifiable expenses

What is covered by the Insurance

The Company also indemnifies:

- a. the costs incurred in repairing the **damage caused by thieves** to the parts of the **building** constituting the premises containing the insured items, to the fixtures and windows protecting and guarding the accesses and openings to the premises



Limitations of coverage apply

These expenses are indemnified up to 10% of the sum insured with a maximum of EUR 3,000.00 per period of coverage

- b. losses suffered as a result of fraudulent use of credit cards stolen from the cardholder as a result of an indemnifiable Claim under the insurance coverage

What is NOT covered by the Insurance

The Guarantee does not apply to automatic withdrawal and POS functions

Limitations of coverage apply

Such losses are indemnified up to EUR 1,000.00

- c. the cost of remaking personal documents (identity card, driving licence, passport, etc.) taken from the Insured both inside and outside the home
- d. the costs of **replacing locks** with the same or equivalent ones and the costs of emergency intervention to allow access to the home, even if carried out by burglary, in the event of loss or theft of the keys to the locks of the premises containing the insured items, if this has been reported to the judicial or police authorities

Limitations of coverage apply

Such expenses are indemnified up to 5% of the sum insured.

- e. expenses arising from a Claim that involved the insured batches, documented and incurred within 45 days of the date of occurrence, **up to 10% of the liquidated amount** as an additional indemnity, for the purpose of **installing or reinforcing** at least one of the following **means of prevention**:
- **alarm system**
 - **armoured door**

What is NOT covered by the Insurance

Damage to pre-existing alarm systems and security doors is excluded.

Limitations of coverage apply

This additional indemnity is paid even if the aggregate indemnity exceeds the sum insured under the individual batches and may not exceed the limit of:

- **EUR 750,00 if the total sum insured does not exceed EUR 15,000.00**
- **EUR 1,500.00 if the total sum insured exceeds EUR 15,000.00.**

- f. the **expenses** (for domestic helpers, craftsmen, etc.) incurred in rearranging the premises and their contents, in the event of an event eligible for indemnity under the insurance coverage that results in damage to the contents of the home of at least EUR 1,000.00, **up to 10% of the damage, with a maximum of EUR 250.00 per claim and per period of coverage. The Cover only applies to the main home.**

Art. 2.3 Moving

What is covered by the Insurance

In the event that the Policyholder/Insured moves to another main home in Italy, the Republic of San Marino or the Vatican City State, the assets relating to the new home shall also be temporarily insured, within the insured sums stipulated for the individual batches purchased.

The Cover only applies to the main home.

What is NOT covered by the Insurance

Damage occurring during transport is excluded.



Limitations of coverage apply

The Cover operates for a maximum of **10 days** from the date communicated, by certified email or registered letter, by the Policyholder/Insured to the Company as the date of commencement of the moving operations.

Art. 2.4 Condition reserved for occasional homes

What is covered by the Insurance

Only for the occasional homes indicated in the Policy, the Cover is valid whatever the duration of the inhabitation for all insured items, with the exception of money, jewellery and valuables, numismatic and philatelic collections, banknotes and securities and credit instruments, for which the insurance is limited to the period of habitation by the Policyholder or family members living with him/her.

Limitations of coverage apply

In the event of a Claim, the 20% Uncovered Amount shall apply, unless a different percentage is indicated in the specific Policy section.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Covers	Deductible/Uncovered Amount	Limitation of Indemnity
Basic covers		
Theft, robbery in the home, theft and robbery during socio-political events, damage including vandalism of:	20% for the secondary home (unless otherwise stated in the specific Policy section)	
- Furniture and furnishings		Sum insured indicated in the Policy
- Money and valuables		Sum insured indicated in the Policy
- Jewellery and valuables		Sum insured indicated in the Policy
- Jewellery and valuables in armoured storage systems		Sum insured indicated in the Policy
- Valuable objects at first absolute risk		Sum insured indicated in the Policy Up to EUR 25,000.00 per individual item if not placed in armoured storage systems
- Valuables at full value		Sum insured indicated in the Policy
- Collections at first absolute risk		Sum insured indicated in the Policy
- Collections and full-value collections		Sum insured indicated in the Policy
- Collections in armoured storage systems at first absolute risk		Sum insured indicated in the Policy
- Collections in armoured storage systems at full value		Sum insured indicated in the Policy



Covers	Deductible/Uncovered Amount	Limitation of Indemnity
- Content in outbuildings		Sum insured indicated in the Policy Up to EUR 2,500.00 per individual item unless otherwise stated in the Policy
- Goods from insured items in temporary storage at a third party for processing or repairing	-	EUR 2,000.00
Robbery and mugging outside the home and burglary	For money 10% Uncovered Amount	Sum insured indicated in the Policy For money EUR 3,500.00
Further Indemnifiable expenses:		
- Faults caused by thieves to the building	-	10% of the sum insured for the batch affected by the Claim with a maximum of EUR 3,000.00 per period of coverage
- Fraudulent use of credit cards (no POS and withdrawal)	-	EUR 1,000.00
- Expenses for remaking personal documents.	-	-
- Lock replacement due to loss of keys	-	5% of the sum insured for the batch affected by the Claim
- Alarm system and security door expenses	-	10% of the liquidated amount with a maximum of: - EUR 750.00 if sum insured <= EUR 15,000.00 - EUR 1,500.00 if sum insured > EUR 15,000.00
- Expenses for rearrangement of premises	-	10% of the damage with a maximum of EUR 250.00 per Claim and per period of coverage
Moving	-	For a maximum of 10 days



SPECIFIC TERMS AND CONDITIONS IN GUARDIA - THEFT - ALL INCLUSIVE



What is covered by the Insurance?

The batch “**Contents - Money and valuables - Documents**” is insured at the level of coverage chosen by the Policyholder from among those listed below (BASIC, COMFORT, TOP).

The level of coverage chosen is indicated in the specific Policy section.

Art. 1.1 Insured items - BASIC level

What is covered by the Insurance

The insurance shall cover the assets (including those owned by third parties) contained in the home indicated in the specific Policy section that fall under the “**Contents - Money and valuables - Documents**” batch, if the relevant sum insured is indicated in the specific Policy section.

Limitations of coverage apply

The following limits of indemnity shall apply:

- jewellery and valuables, numismatic and philatelic collections, banknotes and securities, credit instruments, documents **up to a maximum of EUR 15,000.00; but, for items not locked in armoured cabinets or safes, up to a limit of 20% of the sum insured, with a maximum of EUR 5,000.00;**
- money: **10% of the sum insured, up to a maximum of EUR 1,000.00;**
- furs, carpets, tapestries, paintings, sculptures and similar objects of art (excluding valuables), objects and services of silverware, if not locked in armoured cabinets or safes, **EUR 10,000.00 per individual object.**

The following are also insured:

- furniture, furnishings, clothing, sporting goods, provisions, tools, bicycles and mopeds, placed in the outbuildings, including detached outbuildings in the spaces adjacent to or pertaining to the insured building, **up to a maximum of EUR 1,500.00 per individual item and in total not more than 10% of the sum insured;**
- the contents in temporary storage at a third party’s premises for processing or repair, **up to EUR 1,000.00.**

Art. 1.2 Insured items - COMFORT level

What is covered by the Insurance

The insurance shall cover the assets (including those owned by third parties) contained in the home indicated in the specific Policy section that fall under the “**Contents - Money and valuables - Documents**” batch, if the relevant sum insured is indicated in the specific Policy section.

Limitations of coverage apply

The following limits of Indemnity shall apply:

- jewellery and valuables, numismatic and philatelic collections, banknotes and securities, credit instruments, documents **up to a maximum of EUR 30,000.00; but, for items not locked in armoured cabinets or safes, up to a limit of 40% of the sum insured, with a maximum of EUR 10,000.00;**
- money: **10% of the sum insured, up to a maximum of EUR 1,500.00;**
- furs, carpets, tapestries, paintings, sculptures and similar objects of art (excluding valuables), objects and services of silverware, unless locked in armoured cabinets or safes: **EUR 13,500.00 per individual object.**

The following are also insured:

- furniture, furnishings, clothing, sporting goods, provisions, tools, bicycles and mopeds, placed in the outbuildings, including detached outbuildings in the spaces adjacent to or pertaining to the insured building, **up to a maximum of EUR 1,500.00 per individual item and in total not more than 10% of the sum insured, and the contents, if it is temporarily stored at a third party’s premises for processing or repair, up to a maximum of EUR 1,000.00.**



Art. 1.3 Insured items - TOP level

What is covered by the Insurance

The insurance shall cover the assets (including those owned by third parties) contained in the home indicated in the specific Policy section that fall under the “**Contents - Money and valuables - Documents**” batch, if the relevant sum insured is indicated in the specific Policy section.

Limitations of coverage apply

The following limits of Indemnity shall apply:

- a. for jewellery and valuables, numismatic and philatelic collections, banknotes and securities, credit instruments, documents **up to a maximum of EUR 40,000.00; but, for items not locked in armoured cabinets or safes, up to a limit of 50% of the sum insured, with a maximum of EUR 15,000.00;**
- b. for money: **10% of the sum insured, up to a maximum of EUR 2,000.00;**
- c. for furs, carpets, tapestries, paintings, sculptures and similar objects of art (excluding valuables), objects and services of silverware, unless locked in armoured cabinets or safes: EUR 15,000.00 per individual object.

The following are also insured:

- d. furniture, furnishings, clothing, sporting goods, provisions, tools, bicycles and mopeds, placed in the outbuildings, including detached outbuildings in the spaces adjacent to and/or pertaining to the insured building, **up to a maximum of EUR 1,500.00 per individual item and in total not more than 10% of the sum insured;**
- e. the contents, if it is temporarily stored at a third party’s premises for processing or repair, **up to a maximum of EUR 1,000.00.**

Art. 1.4 Conditions of insurability

The Cover is effective if the building and inter-communicating premises used as a private office or professional firm containing the insured items have the following characteristics:

- a. **are constructed of bricks, stones, prefabricated concrete panels or other materials of equal strength commonly used in the building industry; laminated safety glass and laminated safety glass are permitted in walls and floors communicating with the outside provided that they are fixed;**
- b. **have means of protecting and closing (such as doors, shutters, window frames in general, etc.) the openings of the homes, which are at least those usually installed in private homes.**

If the openings of the homes are less than 4 metres above the ground or from practicable surfaces and the home remains unattended, the means of protection and closure must be closed with suitable devices that can only be opened from the inside, or closed with locks or padlocks.

Limitations of coverage apply

In the event of theft occurring through the breakage of glass that is not laminated security glass, a 25% Uncovered Amount shall apply.

Art. 1.5 Coexistence of private office or private practice

What is covered by the Insurance

The home includes inter-communicating premises used as a private office and/or private practice for the Policyholder or one of the members of their household.



What is covered by the Insurance? Basic covers

Art. 2.1 Insured risks

The Company shall indemnify direct damages caused to the insured property, **within the home indicated specific section of the Policy**, by the following events:



- a) **Theft** committed by breaking into premises containing insured items:
- violating their means of protection and locking (or even walls or ceilings or floors) by breaking, burglarizing, breaking through, or, when there are people in the home, through windows that are not protected by laminated safety glass or even open. When there are persons in the home, the cover shall also apply if the theft is committed through doors and French windows, not protected by laminated safety glass or even open, that give access to areas pertaining to the insured home, that are completely fenced off and with any openings closed by gates, or the like;
 - by climbing, i.e., by means other than ordinary climbing using special personal agility or the use of means such as ropes, ladders or the like;
 - with the removal of the stolen goods, when the home was closed, by strangers hiding in the home;
 - with fraudulent use of keys;
 - by opening electronic locks, without breaking or burglary, using magnetic stripe cards with a non-original microchip or microprocessor, **provided that such locks are connected to a control unit via a transmission medium, physical or wireless, and equipped with devices for recording openings and attempted openings;**
 - using picks or similar tools: if no break-in of the means of protection and locking of the premises is ascertained, **the Indemnity shall be paid subject to a 20% Uncovered Amount.**

Insured items are considered to be locked in armoured cabinets and safes when the thief violates the means of safekeeping by breaking, burglary or fraudulent use of keys in order to gain possession of them. Otherwise, they will be considered as not locked in armoured cabinets and safes.

- b) **Robbery** in the home, even if initiated outside;
- c) **Theft and robbery** as described above, occurring in connection with popular uprisings, strikes, riots, acts of terrorism or organised sabotage;
- d) **Damage**, including vandalism, occurring in connection with theft and robbery as described (or even in an attempt to commit them).

Damage to insured items caused by fire, explosion or bursting caused by the perpetrator is also included.

If Cover for Breakdowns caused by thieves and theft of fixtures and fittings of the “In solidità - Damage to property” section is in force, this Cover shall only apply to that part of the damage the value of which exceeds the limitations of Indemnity laid down in the section In solidità - Damage to Property.

In addition, the Company shall indemnify material and direct damage caused by loss of or damage to the insured items, including luggage, if the sum insured is valued in the Policy for:

- e) **Robbery and mugging outside the home**, occurring in Europe, the Republic of San Marino or the Vatican City State, on the Policyholder, his spouse or any other member of the household living with him.

What is NOT covered by the Insurance

However, items (jewellery, precious items, money, valuables and other objects in general) brought along that are related to professional activities carried out on one's own account or on behalf of others are excluded.

Limitations of coverage apply

For this Cover, the Company shall indemnify (per period of coverage and overall for the Policyholder and the household) up to the relevant sum insured indicated in the specific section of the Policy, without taking into account the limitations of Indemnity, **but for money up to a maximum of EUR 3,000.00 and with the application of a 10% Uncovered Amount.**

Art. 2.2 Additional indemnifiable expenses

What is covered by the Insurance

The Company also indemnifies:

- a. the costs incurred in repairing the **damage caused by thieves** to the parts of the **building** constituting the



premises containing the insured items, to the fixtures and windows protecting and guarding the accesses and openings to the premises

Limitations of coverage apply

These expenses are indemnified up to 10% of the sum insured with a maximum of EUR 3,000.00 per period of coverage

- b. losses suffered as a result of fraudulent use of credit cards, excluding automatic withdrawal and POS functions, stolen from the cardholder as a result of an indemnifiable Claim under the insurance coverage.

Limitations of coverage apply

Such losses are indemnified up to EUR 1,000.00

- c. the cost of remaking personal documents (identity card, driving licence, passport, etc.) taken from the Insured both inside and outside the home,
d. the costs of **replacing locks** with the same or equivalent ones and the costs of emergency intervention to allow access to the home, even if carried out by burglary, in the event of loss or theft of the keys to the locks of the premises containing the insured items, if this has been reported to the judicial or police authorities

Limitations of coverage apply

Such expenses are indemnified up to 5% of the sum insured.

- e. expenses arising from a Claim involving the batch “Content - Money and Valuables - Documents” that are documented and incurred within 45 days of the date of occurrence, **up to 10% of the liquidated amount** as an additional indemnity, for the purpose of **install or reinforce** at least one of the following **means of prevention**:

- **alarm system**
- **armoured door**

Limitations of coverage apply

This Additional Indemnity shall be paid even if the aggregate Indemnity exceeds the sum insured under the “Contents - Money and valuables - Documents” batch and may not exceed the limit of:

- **EUR 750.00 if the sum insured does not exceed EUR 15,000.00,**
- **EUR 1,500.00 if the sum insured exceeds EUR 15,000.00.**

What is NOT covered by the Insurance

Damage to pre-existing alarm systems and security doors is excluded.

- f. expenses (for domestic helpers, artisans, etc.) incurred in rearranging the premises and their contents, in the event of an event eligible for indemnity under the active Covers that results in damage to the contents of the home of at least EUR 1,000.00, up to 10% of the damage, with a maximum of EUR 250.00 per Claim and per period of coverage. The Cover only applies to the main home.

Art. 2.3 Moving

What is covered by the Insurance

In the event that the Policyholder/Insured moves to another main home in Italy, the Republic of San Marino or the Vatican City State, the goods pertaining to the new home that fall under the definition of “**Content - Money and Valuables - Documents**” shall also be temporarily insured.

The Cover only applies to the main home.

What is NOT covered by the Insurance

Damage occurring during transport is excluded.



Limitations of coverage apply

The Cover operates for a maximum of **10 days** from the date communicated, by certified email or registered letter, by the Policyholder/Insured to the Company as the date of commencement of the moving operations.

Art. 2.4 Condition reserved for occasional homes

What is covered by the Insurance

Only for the occasional homes indicated in the Policy, the Cover is valid whatever the duration of the period in which the home is uninhabited for all insured items, with the exception of money, jewellery and valuables, numismatic and philatelic collections, banknotes and securities and credit instruments, for which the Cover is limited to the period of habitation by the Policyholder or family members living with him/her.

Limitations of coverage apply

In the event of a Claim, the 20% Uncovered Amount shall apply, unless a different percentage is indicated in the specific Policy section.

Art. 2.5 Exclusion of precious jewellery

What is covered by the Insurance

The Company grants a discount on the Premium for this section, in the event that the specific section of the Policy indicates that jewellery and precious items are not insured and are thus excluded from the batch "Contents, Money and valuables, documents" and not insured.

What is NOT covered by the Insurance

Theft of jewellery and valuables is not indemnified at the time of the Claim.

PROTECTION SYSTEMS

Only the articles governing the protection systems declared in the specific Policy section apply.

Art. 2.6 Alarm system

What is covered by the Insurance

The Company grants a discount on the Premium for the "In guardia - Theft" Covers activated in the event that the premises of the main home containing the insured items are protected by an automatic burglar alarm system.

Limitations of coverage apply

If the plant is not present at the time of the Claim, the Indemnity shall be paid subject to a 5% Uncovered Amount.

Art. 2.7 Alarm system connected to control panel

What is covered by the Insurance

The Company grants a discount on the Premium of the "In guardia - Theft" Covers activated in the event that the premises of the main home containing the insured items are protected by an automatic burglar alarm system connected to the remote surveillance centre that manages it.

Limitations of coverage apply

If the plant is not present or activated at the time of the Claim - for any reason whatsoever - the Indemnity shall be paid subject to a 15% Uncovered Amount.

Art. 2.8 Special Means of Locking

What is covered by the Insurance

In addition to the provisions of the Conditions of Insurability of the activated "In guardia - Theft" Covers, the following is required for the indemnifiability of damage occurring on the premises (with the exception of robbery



any opening (door, window, skylight, glazing, etc.) of the premises of the home indicated in the specific section of the Policy and containing the insured items, located vertically less than 4 metres from the ground, from water surfaces or from shelves accessible and passable from the outside without the use of personal dexterity or tools (shelves such as, for example: balconies, stairs, terraces and the like) **is defended by at least one of the means indicated below.**

a) Window frames made of:

- solid wood (i.e. wood in the form of planks, chipboard and the like, even in layers glued together) with a total thickness of at least 20 mm;
- steel sheet with a minimum thickness of 1 mm (with or without coating of other material).

Such doors and windows must be locked with security locks with bolts of adequate strength and length or armoured padlocks that can only be operated from the inside and without lights of any kind; with the exception of peepholes or lights with a total area of no more than 100 square centimetres in flat access doors.

b) full-section iron bars with a minimum thickness of 15 mm, anchored in the wall, with spans, if rectangular, having sides measuring not more than 50 cm and 18 cm respectively, or, if not rectangular, of a shape inscribed in the aforementioned rectangles or of a surface area not exceeding 400 cm².

Limitations of coverage apply

In the event of theft, if the means of protection and locking do not meet the above characteristics, a 10% Uncovered Amount shall be applied. This Uncovered Amount is raised to 35% if the theft is committed with only the breaking of non-laminated safety glass, but without breaking into the structures and locking means.

The Cover only applies to the main home.

Art. 2.9 Armoured door in flat on intermediate floor

What is covered by the Insurance

The Company grants a discount on the Premium for this section if the premises of the main home containing the insured items are located entirely on an intermediate floor, and if all access to the said flat is protected by a security door.

Limitations of coverage apply

If, at the time of the Claim, the flat is not protected by a security door (the characteristics of which are indicated in the Definitions) and the theft was committed by violating such access, the indemnity shall be paid subject to a 20% Uncovered Amount.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Cover	Deductible/Uncovered Amount	Limitation of Indemnity
Basic covers		
Burglary, housebreaking, theft and robbery in occasion of socio-political events, damage including vandalism of Content, Values, Documents	20% for home secondary (except as otherwise indicated in the specific Policy section)	Sum insured indicated in the Policy



Cover	Deductible/Uncovered Amount	Limitation of Indemnity
- of which jewellery, precious items, numismatic and philatelic collections, banknotes and securities, credit instruments, documents		<p>Basic:</p> <ul style="list-style-type: none"> - EUR 15,000.00 locked in armoured cupboards or safes - 20% of the sum insured up to EUR 5,000.00 anywhere <p>Comfort:</p> <ul style="list-style-type: none"> - EUR 30,000.00 locked in armoured cabinets or safes - 40% of the sum insured up to EUR 10,000.00 anywhere <p>Top:</p> <ul style="list-style-type: none"> - EUR 40,000.00 locked in armoured cabinets or safes - 50% of the sum insured up to EUR 15,000.00 wherever placed
- of which money		<p>Basic:</p> <p>10% of the sum insured with a maximum of EUR 1,000.00</p> <p>Comfort:</p> <p>10% of the sum insured with a maximum of EUR 1,500.00</p> <p>Top:</p> <p>10% of the sum insured with a maximum of EUR 2,000.00</p>
- of which furs, carpets, tapestries, paintings, sculptures, silverware		<p>Basic:</p> <p>EUR 10,000.00 per individual item (if not locked in armoured cabinets and safes)</p> <p>Comfort:</p> <p>EUR 13,500.00 per individual item (if not locked in armoured cabinets and safes)</p> <p>Top:</p> <p>EUR 15,000.00 per individual item (if not locked in armoured cabinets and safes)</p>
- of which furniture, furnishings, clothing, sporting goods, provisions, tools, cycles and mopeds in the outbuildings		<p>10% of the sum insured with a maximum of EUR 1,500.00 per individual item</p>
- of which contained when in temporary storage at a third party for processing or repair		<p>EUR 1,000.00</p>



Cover	Deductible/Uncovered Amount	Limitation of Indemnity
Robbery and mugging outside the home	For money 10% Uncovered Amount	Sum insured indicated in the policy, for the money EUR 3,000.00
Further Indemnifiable expenses:		
- Faults caused by thieves to the building		10% of the sum insured with a maximum of 3,000.00 per Claim and per period of coverage
- Fraudulent use of credit cards (no POS and withdrawal)		EUR 1,000.00
- Expenses for remaking personal documents.		
- Lock replacement due to loss of keys		5% of the sum insured
- Alarm system and security door expenses		10% of the liquidated amount with a maximum of: - EUR 750.00 if sum insured < EUR 15,000.00 - EUR 1,500.00 if sum insured > EUR 15,000.00
- Expenses for rearrangement of premises		10% of the damage with a maximum of EUR 250.00 per Claim and per period of coverage
Moving		For a maximum of 10 days



SPECIFIC TERMS AND CONDITIONS IN GUARDIA - THEFT - ALL INCLUSIVE VIP



What is covered by the Insurance?

Art. 1.1 Insured items

What is covered by the Insurance

The insurance shall cover the assets (including those owned by third parties) contained in the home indicated in the specific Policy section that fall under the “**Contents - Money and valuables - Documents**” batch, if the relevant sum insured is indicated in the specific Policy section.

Limitations of coverage apply

The following limits of Indemnity shall apply:

- for jewellery and valuables, numismatic and philatelic collections, banknotes and securities, credit instruments, documents **up to a maximum of EUR 50,000.00; but, for items not locked in armoured cabinets or safes, up to a limit of 50% of the sum insured, with a maximum of EUR 20,000.00;**
- for money: **5% of the sum insured, up to a maximum of EUR 4,000.00;**
- for furs, carpets, tapestries, paintings, sculptures and similar objects of art (excluding jewellery), objects and services of silverware, if not enclosed in armoured storage systems: **EUR 25,000.00 per single object.**

The following are also insured:

- furniture, furnishings, clothing, sporting goods, provisions, tools, bicycles and mopeds, placed in the outbuildings, including detached outbuildings in the spaces adjacent to and/or pertaining to the insured building, **up to a maximum of EUR 2,500.00 per individual item and in total not more than 10% of the sum insured,**
- the contents if it is temporarily stored at a third party's premises for processing or repair, **up to EUR 2,000.00.**

Art. 1.2 Conditions of insurability

The Cover is effective if the building and inter-communicating premises used as a private office or professional firm containing the insured items have the following characteristics:

- are constructed of bricks, stones, prefabricated concrete panels or other materials of equal strength commonly used in the building industry; laminated safety glass and laminated safety glass are permitted in walls and floors communicating with the outside provided that they are fixed;
- have means of protection and locking (such as doors, shutters, window frames in general, etc.) of the openings of the home, with the specific characteristics below according to the type of home indicated in the specific section of the Policy.

Art. 1.2.1 Means of protection and locking for intermediate floor flats

Means of locking premises

What is covered by the insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, when the same remain unattended, is that:

A. OPENINGS TO THE OUTSIDE

- each entrance to the premises containing the insured property at the location indicated in the specific section of the Policy is protected by a locked armoured door;

B. ALARM SYSTEM

- the premises containing the insured items located in the location indicated in the specific section of the Policy are equipped with or manned by an intrusion alarm system connected to a remote surveillance centre at least with a telephone line switched by means of a digital telephone dialer and the same is activated.



The Cover also applies when:

- the theft is committed through openings secured by protective and locking means that do not meet the above characteristics;
- the theft is committed by removing armoured doors or locks applied to them, without breaking or forcing the relevant structures or frames;
- the alarm system has not been activated.

Limitations of coverage apply

If only one of the aforementioned hypotheses occurs, the Cover is subject to an Uncovered Amount of 25% and, if the last hypothesis and one of the two previous hypotheses occur, to an Uncovered Amount of 35%. Moreover, in any event, the Indemnity shall not exceed EUR 50,000.00.

In the event that there are persons in the home, notwithstanding the foregoing, the Cover shall apply under the terms set forth in the following Article Insured risks. In such case, if the theft is committed through openings protected by means of protection and locks that do not comply with the above characteristics or even open and these are located vertically less than 4 metres from the ground, from water surfaces or from shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, and/or the alarm system is not activated, **a 25% Uncovered Amount shall be applied and the Indemnity shall not exceed EUR 50,000.00.**

Armoured storage systems

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, even if there are persons on the premises, is that the armoured storage systems used for:

- jewellery and valuables, numismatic and philatelic collections and collections, banknotes and securities, credit instruments, documents and for furs, carpets, tapestries, paintings, sculptures and similar objects of art, silverware in the batch "Content - Money and valuables - Documents", are a wall safe, provided that the sum insured does not exceed EUR 100,000.00, or safe;
- the batch "Collections locked in armoured storage systems" consist of a safe.

Art. 1.2.2 Means of protection and closure for flats not on an intermediate floor

Means of closure and protection of premises

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, when the same remain unattended, is that:

A. OPENINGS TO THE OUTSIDE

- each entrance to the premises containing the insured property at the location indicated in the specific section of the Policy is protected by a locked armoured door,
- any other opening of the premises containing the insured property at the location indicated in the specific section of the Policy, located in a vertical line less than 4 metres from the ground, water surfaces or shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, is protected by at least one of the means indicated below:

a. doors and window frames made of:

- solid wood (i.e., wood in the form of planks, chipboard and the like, even in layers glued together) with a total thickness of at least 20 mm, steel sheet with a minimum thickness of 1 mm (with or without a coating of other material).

Such doors and windows must be locked with security locks with bolts of adequate strength and length or armoured padlocks that can only be operated from the inside and without lights of any kind;



- laminated safety glass, either totally fixed or closed with devices (such as bolt bars or similar) that can only be operated from the inside, or closed with locks or padlocks;

b. gratings of:

- full-section iron with a minimum thickness of 15 mm, anchored in the wall, with spans, if rectangular, having sides measuring not more than 50 cm and 18 cm respectively, or, if not rectangular, of a shape inscribed in the aforementioned rectangles or of a surface area not exceeding 400 cm².

B. ALARM SYSTEM

The premises containing the insured property at the location indicated in the specific section of the Policy are equipped or manned:

- by an intrusion alarm system connected to a remote control centre at least with a telephone line switched by means of a digital telephone dialler, provided that the sum insured under the “Content Money and Valuables-Documents” batch does not exceed EUR 100,000.00,

or

- from an intrusion alarm system connected to a remote control centre with a two-way radio link; and the same is activated.

The Cover also applies when:

- the theft is committed through openings secured by protective and locking means that do not meet the above characteristics;
- the theft is committed by the removal of armoured doors, grilles, door and window frames or locks applied to them, without breaking or forcing the relevant structures or frames;
- the theft is committed by removing laminated safety glass panes from their frames, breaking the loom;
- the alarm system has not been activated.

Limitations of coverage apply

If only one of the aforementioned hypotheses occurs, the Cover is subject to an Uncovered Amount of 25% and, if the last hypothesis and one of the three previous hypotheses occur, to an Uncovered Amount of 35%. Moreover, in any event, the Indemnity shall not exceed EUR 50,000.00.

In the event that there are persons in the home, notwithstanding the foregoing, the Cover shall apply under the terms set forth in the following Article Insured risks.

In such case, if the theft is committed through openings protected by means of protection and locks that do not comply with the above characteristics or even open and these are located vertically less than 4 metres from the ground, from water surfaces or from shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, and/or the alarm system is not activated, a 25% Uncovered Amount shall be applied and the Indemnity shall not exceed EUR 50,000.00.

Armoured storage systems

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, even if there are persons on the premises, is that the armoured storage systems used for:

- jewellery and valuables, numismatic and philatelic collections and collections, banknotes and securities, credit instruments, documents and for furs, carpets, tapestries, paintings, sculptures and similar objects of art, silverware in the batch “Content - Money and valuables - Documents”, are a wall safe, provided that the sum insured does not exceed EUR 100,000.00, or safe;
- the batch “Collections locked in armoured storage systems” consist of a safe.



Art. 1.2.3 Means of protection and closure for non-isolated villa

Means of closure and protection of premises

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, when the same remain unattended, is that:

A. OPENINGS TO THE OUTSIDE

- each entrance to the premises containing the insured property at the location indicated in the specific section of the Policy is protected by a locked armoured door,
- any other opening of the premises containing the insured property at the location indicated in the specific section of the Policy, located in a vertical line less than 4 metres from the ground, water surfaces or shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, is protected by at least one of the means indicated below:

a. doors and window frames made of:

- solid wood (i.e. wood in the form of planks, chipboard and the like, even in layers glued together) with a total thickness of at least 20 mm, steel sheet with a minimum thickness of 1 mm (with or without a coating of other material).

Such doors and windows must be locked with security locks with bolts of adequate strength and length or strong padlocks that can only be operated from the inside and without lights of any kind;

- laminated safety glass, either totally fixed or closed with devices (such as bolt bars or similar) that can only be operated from the inside, or closed with locks or padlocks;

b. gratings of:

- full-section iron with a minimum thickness of 15 mm, anchored in the wall, with spans, if rectangular, having sides measuring not more than 50 cm and 18 cm respectively, or, if not rectangular, of a shape inscribed in the aforementioned rectangles or of a surface area not exceeding 400cm².

B. ALARM SYSTEM

The premises containing the insured property at the location indicated in the Policy are equipped or manned:

- by an intrusion alarm system connected to a remote control centre at least with a telephone line switched by means of a digital telephone dialler, provided that the sum insured under the "Content - Money and Valuables Documents" batch does not exceed EUR 100,000.00,

or

- from an intrusion alarm system connected to a remote control centre with a two-way radio link; and the same is activated.

The Cover also applies when:

- the theft is committed through openings secured by protective and locking means that do not meet the above characteristics;
- the theft is committed by the removal of armoured doors, grilles, door and window frames or locks applied to them, without breaking or forcing the relevant structures or frames;
- the theft is committed by removing laminated safety glass panes from their frames, breaking the loom;
- the alarm system has not been activated.

Limitations of coverage apply

If only one of the aforementioned hypotheses occurs, the Cover is subject to an Uncovered Amount of 25% and, if the last hypothesis and one of the three previous hypotheses occur, to an Uncovered Amount of 35%. Moreover, in any event, the Indemnity shall not exceed EUR 50,000.00.

In the event that there are persons in the home, notwithstanding the foregoing, the Cover shall apply under the terms set forth in the following Article Insured risks.



In such case, if the theft is committed through openings protected by means of protection and locks that do not comply with the above characteristics or even open and these are located vertically less than 4 metres from the ground, from water surfaces or from shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, and/or the alarm system is not activated, a 25% Uncovered Amount shall be applied and the Indemnity shall not exceed EUR 50,000.00.

Armoured storage systems

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, even if there are persons on the premises, is that the armoured storage systems used for:

- jewellery and valuables, numismatic and philatelic collections and collections, banknotes and securities, credit instruments, documents and for furs, carpets, tapestries, paintings, sculptures and similar objects of art, silverware in the batch "Content - Money and valuables - Documents", are a wall safe, provided that the sum insured does not exceed EUR 100,000.00, or safe,
- the batch "Collections locked in armoured storage systems" consist of a safe.

Art. 1.2.4 Means of protection and closure for isolated villa

Means of closure and protection of premises

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, when the same remain unattended, is that:

A. OPENINGS TO THE OUTSIDE

- each entrance to the premises containing the insured property at the location indicated in the specific section of the Policy is protected by a locked armoured door;
- any other opening of the premises containing the insured property at the location indicated in the specific section of the Policy, located in a vertical line less than 4 metres from the ground, water surfaces or shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, is protected by at least one of the means indicated below:
 - a. doors and window frames made of:
 - solid wood (i.e. wood in the form of planks, chipboard and the like, even in layers glued together) with a total thickness of at least 20 mm, steel sheet with a minimum thickness of 1 mm (with or without a coating of other material). Such doors and windows must be locked with security locks with bolts of adequate strength and length or strong padlocks that can only be operated from the inside and without lights of any kind;
 - laminated safety glass, either totally fixed or closed with devices (such as bolt bars or similar) that can only be operated from the inside, or closed with locks or padlocks;
 - b. gratings of:
 - full-section iron with a minimum thickness of 15 mm, anchored in the wall, with spans, if rectangular, having sides measuring not more than 50 cm and 18 cm respectively, or, if not rectangular, of a shape inscribed in the aforementioned rectangles or of a surface area not exceeding 400 cm².

B. ALARM SYSTEM

- the premises containing the insured property located in the location indicated in the specific section of the Policy are equipped with or manned by an intrusion alarm system connected to a remote surveillance centre with two-way radio link and the same is activated.

The Cover also applies when:

- the theft is committed through openings secured by protective and locking means that do not meet the above characteristics;



- the theft is committed by the removal of armoured doors, grilles, door and window frames or locks applied to them, without breaking or forcing the relevant structures or frames;
- the theft is committed by removing laminated safety glass panes from their frames, breaking the loom;
- the alarm system has not been activated.

Limitations of coverage apply

If only one of the aforementioned hypotheses occurs, the Cover is subject to an Uncovered Amount of 25% and, if the last hypothesis and one of the three previous hypotheses occur, to an Uncovered Amount of 35%. Moreover, in any event, the Indemnity shall not exceed EUR 50,000.00.

In the event that there are persons in the home, notwithstanding the foregoing, the Cover shall apply under the terms set forth in the following Article Insured risks.

In such case, if the theft is committed through openings protected by means of protection and locks that do not comply with the above characteristics or even open and these are located vertically less than 4 metres from the ground, from water surfaces or from shelves (such as balconies, stairs, terraces and the like) that are accessible and walkable from the outside without the use of personal dexterity or tools, and/or the alarm system is not activated, a 25% Uncovered Amount shall be applied and the Indemnity shall not exceed EUR 50,000.00.

Armoured storage systems

What is covered by the Insurance

An essential condition for the recoverability of damages occurring on the premises, with the exception of damages from robbery, even if there are persons on the premises, is that the armoured storage systems used for:

- jewellery and valuables, numismatic and philatelic collections and collections, banknotes and securities, credit instruments, documents and for furs, carpets, tapestries, paintings, sculptures and similar objects of art, silverware in the batch "Content - Money and valuables - Documents", are a safe,
- the batch "Collections locked in armoured storage systems" consist of a safe.

Art. 1.3 Coexistence of private office or private practice

What is covered by the Insurance

The home includes inter-communicating premises used as a private office and/or private practice for the Policyholder or one of the members of their household.



What is covered by the Insurance? Basic covers

Art. 2.1 Insured risks

What is covered by the Insurance

The Company shall indemnify direct damages caused to the insured property, **within the home indicated** in the specific Policy section, by the following events:

a. **Theft** committed by breaking into premises containing insured items:

- violating their means of protection and locking (or even walls or ceilings or floors) by breaking, burglarizing, breaking through, or, when there are people in the home, through windows that are not protected by laminated safety glass or even open. When there are persons in the home, the cover shall also apply if the theft is committed through doors and French windows, not protected by laminated safety glass or even open, that give access to areas pertaining to the insured home, that are completely fenced off and with any openings closed by gates, or the like,



- by climbing, i.e., by means other than ordinary climbing using special personal agility or the use of means such as ropes, ladders or the like
- with the removal of the stolen goods, when the home was closed, by strangers hiding in the home
- with fraudulent use of keys
- by opening electronic locks, without breaking or burglary, using magnetic stripe cards with a non-original microchip or microprocessor, **provided that such locks are connected to a control unit via a transmission medium, physical or wireless, and equipped with devices for recording openings and attempted openings;**
- using picks or similar tools: if no break-in of the means of protection and locking of the premises is ascertained, **the Indemnity shall be paid subject to a 20% uncovered amount.**

Insured items are considered to be locked in “armoured storage systems” (armoured cabinets and safes) when the thief violates the means of safekeeping by breaking, burglary or fraudulent use of keys in order to gain possession of them. Otherwise, they will be considered as not closed in “armoured storage systems”.

The armoured storage systems must be at least those described in the “Conditions of Insurability” relating to the type of insured home.

b. **Robbery** in the home, even if initiated outside

c. **Theft and robbery** as described above, occurring in connection with popular uprisings, strikes, riots, acts of terrorism or organised sabotage

d. **Damage**, including vandalism, occurring in connection with theft and robbery as described (or even in an attempt to commit them).

Damage to insured items caused by fire, explosion or bursting caused by the perpetrator is also included.

If Cover for Breakdowns caused by thieves and theft of fixtures and fittings of the “In solidità - Damage to property” section is in force, this Cover shall only apply to that part of the damage the value of which exceeds the limitations of Indemnity laid down in the section In solidità - Damage to Property.

In addition, if the sum insured for the batch “Robbery and mugging outside the home” is indicated in the specific Policy section, the Company shall indemnify direct property damage caused by loss of or damage to the insured items, including luggage, for:

e. **Robbery, mugging and theft by stealth**, occurring in Europe, the Republic of San Marino or the Vatican City State, on the Policyholder/Insured or one of the members of his/her household. Cover is extended to items handed over for temporary storage in cloakrooms or temporarily deposited in locked containers at restaurants, movie theatres, theatres, exhibitions and shows, museums, banks (excluding safe-deposit boxes), department stores or similar and supermarkets.

What is NOT covered by the Insurance

However, items (jewellery, precious items, money, valuables and other objects in general) brought along that are related to professional activities carried out on one’s own account or on behalf of others are excluded.

Limitations of coverage apply

For this Cover, the Company shall indemnify (per period of coverage and overall for the Policyholder and the household) up to the relevant sum insured indicated in the specific section of the Policy, without taking into account the limitations of Indemnity, but, **for cash and theft by stealth, up to a maximum of EUR 3,500,00 and with the application of a 10% Uncovered Amount.**

Art. 2.2 Additional indemnifiable expenses

What is covered by the Insurance

The Company also indemnifies:

a. the costs incurred in repairing the **damage caused by thieves** to the parts of the **building** constituting the premises containing the insured items, to the fixtures and windows protecting and guarding the accesses and openings to the premises



Limitations of coverage apply

The above expenses are indemnified up to 10% of the sum insured with a maximum of EUR 3,000.00 per period of coverage.

- b. losses suffered as a result of fraudulent use of credit cards stolen from the cardholder as a result of an indemnifiable Claim under the insurance coverage.

What is NOT covered by the Insurance

The Cover does not apply to automatic withdrawal and POS functions

Limitations of coverage apply

The above losses shall be indemnified **up to a maximum of EUR 1,000.00**

- c. the cost of remaking personal documents (identity card, driving licence, passport, etc.) taken from the Insured both inside and outside the home
- d. the cost of **replacing locks** with the same or equivalent ones and the cost of emergency intervention to allow access to the home, even if carried out by breaking in

Limitations of coverage apply

The above expenses are indemnified up to 5% of the sum insured, in the event of loss or theft of the keys to the locks of the places containing the insured items, if this has been reported to the Police or Judicial Authorities

- e. expenses arising from a Claim involving the batch "Content - Money and Valuables - Documents" that are documented and incurred within 45 days of the date of occurrence, **up to 10% of the liquidated amount** as an additional indemnity, for the purpose of **install or reinforce** at least one of the following **means of prevention**:
- **alarm system**
 - **armoured door**

What is NOT covered by the Insurance

Damage to pre-existing alarm systems and security doors is excluded.

Limitations of coverage apply

This additional Indemnity shall be paid even if the total Indemnity exceeds the sum insured under the batch "Content - Money and valuables - Documents" and may not exceed the limit of:

- **EUR 750.00 if the sum insured for this batch does not exceed EUR 15,000.00**
- **EUR 1,500.00 if the sum insured for this batch exceeds EUR 15,000.00.**

- f. the **expenses** (for domestic helpers, craftsmen, etc.) incurred in rearranging the premises and their contents, in the event of an event eligible for indemnity under the insurance coverage that results in damage to the contents of the home of at least **EUR 1,000.00, up to 10% of the damage, with a maximum of EUR 250.00 per Claim and per period of coverage. The Cover only applies to the main home.**

Art. 2.3 Moving

What is covered by the Insurance

In the event that the Policyholder/Insured moves to another main residence in Italy, the Republic of San Marino or the Vatican City State, the goods pertaining to the new residence that fall under the definition of "Content - Money and Valuables - Documents" shall also be temporarily insured.

The Cover only applies to the main home.



What is NOT covered by the Insurance

Damage occurring during transport is excluded.

Limitations of coverage apply

The Cover operates for a maximum of **10 days** from the date communicated, **by certified email or registered letter**, by the Policyholder/Insured to the Company as the date of commencement of the moving operations.

Art. 2.4 Condition reserved for occasional homes

What is covered by the Insurance

Only for the occasional homes indicated in the Policy, the Cover is valid whatever the duration of the period in which the home is uninhabited for all insured items, with the exception of money, jewellery and valuables, numismatic and philatelic collections, banknotes and securities and credit instruments, for which the Cover is limited to the period of habitation by the Policyholder or family members living with him/her.

Limitations of coverage apply

In the event of a Claim, the 20% Uncovered Amount shall apply, unless a different percentage is indicated in the specific Policy section.

Art. 2.5 Exclusion of jewellery and precious items

What is covered by the Insurance

The Company grants a discount on the Premium for this section in the event that the specific section of the Policy indicates that jewellery and precious items are not insured and are thus excluded from the batch "Contents, Money and valuables, documents" and not insured.

What is NOT covered by the Insurance

Theft of jewellery and valuables is not indemnified at the time of the Claim.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Cover	Deductible/Uncovered Amount	Limitation of Indemnity
Basic covers		
Theft, robbery in the home, theft and robbery during socio-political events, damage including vandalism of Contents, Valuables, Documents	20% for the secondary home (unless otherwise stated in the specific Policy section)	Sum insured indicated in the Policy
- of which jewellery, precious items, numismatic and philatelic collections, banknotes and securities, credit instruments, documents		- EUR 50,000.00 locked in armoured cabinets or safes - 50% of the sum insured up to EUR 20,000.00 wherever placed
- of which money		5% of the sum insured with a maximum of EUR 4,000.00
- of which furs, carpets, tapestries, paintings, sculptures, silverware		EUR 25,000.00 per individual item (if not placed in armoured storage systems)



Cover	Deductible/Uncovered Amount	Limitation of Indemnity
- of which furniture, furnishings, clothing, sporting goods, provisions, tools, cycles and mopeds in the outbuildings		10% of the sum insured with a maximum of EUR 2,500.00 per individual item
- of which contained when in temporary storage at a third party for processing or repair		EUR 2,000.00
Robbery and mugging outside the home	For money 10% Uncovered Amount	Sum insured indicated in the policy, for the money EUR 3,500.00
Further Indemnifiable Expenses:		
- Faults caused by thieves to the building		10% of the sum insured with a maximum of EUR 3,000.00 per Claim and per period of coverage
- Fraudulent use of credit cards (no POS and withdrawal)	-	EUR 1,000.00
- Expenses for remaking personal documents.	-	-
- Lock replacement due to loss of keys	-	5% of the sum insured
- Alarm system and security door expenses	-	10% of the liquidated amount with a maximum of: - EUR 750.00 if sum insured > EUR 15,000.00 - EUR 1,500.00 if sum insured > EUR 15,000.00
- Expenses for rearrangement of premises		10% of the damage with a maximum of EUR 250.00 per Claim and per period of coverage
Moving		For a maximum of 10 days



What is covered by the Insurance? Optional Covers

DEDICATO A TE CASA

NATURA

Art. 3.1 Photovoltaic and Solar Thermal Plant Theft

What is covered by the Insurance

The Company shall indemnify direct property damage to photovoltaic and/or solar thermal systems serving the insured building caused by theft.

The Company shall indemnify such damage provided that:

- the panels are firmly anchored to the roof of the building or installed at a height of not less than 2 metres above the ground, water or shelves that can be accessed from the outside without the use of personal agility or tools;
- the manufacturer's installation and operating regulations are complied with;
- the theft took place by forcing the appropriate brackets and breaking the fastening mechanisms of the system.

Failure to comply with any of the above conditions will result in the loss of the right to Indemnity in the event of a Claim.

What is NOT covered by the Insurance

Indirect damages such as loss of expected profits, loss of enjoyment or use, or other damages are excluded.

Limitations of coverage apply

For each Claim, the Indemnity is paid:

- applying a 10% Uncovered Amount with a minimum of EUR 500.00
- up to the relevant sum insured in the specific Policy section

LUXURY HOUSE

Art. 3.2 Theft of jewellery and valuables in safe deposit boxes at credit institutions

What is covered by the Insurance

The Company indemnifies direct property damage caused by the theft of jewellery and valuables kept in safe-deposit boxes and/or armoured rooms inside credit institutions.

Limitations of coverage apply

The Indemnity is paid:

- in excess of sums already insured by the credit institution,
- up to the relevant sum insured indicated in the specific Policy section per period of coverage.

FAMILY SPECIAL

Art. 3.3 Fraud in the home

What is covered by the Insurance

The Company shall indemnify direct damage to property resulting from the theft of money, jewellery and valuables in the event of fraud that occurs as a result of access to the insured home by deception or fraud against one of the members of the Policyholder's/Insured's household who is under 16 years of age or over 60 years of age.

The Cover only applies to the main home.

What is NOT covered by the Insurance

However, events not involving the theft of cash, jewellery or precious items are not included which takes place at the same time as the fraud or deception.

Limitations of coverage apply

The Indemnity is paid:

- applying a **20% Uncovered Amount with a minimum of EUR 100.00**
- up to a maximum of **EUR 1,000.00 per Claim and per period of coverage.**

Art. 3.4 Senior Special

a. Theft and robbery of money withdrawn from ATMs for collection of pension

What is covered by the Insurance

The Company indemnifies direct damage to property resulting from the theft of money caused by robbery or mugging suffered by the Policyholder/Insured or his/her spouse or cohabiting partner, in the case of withdrawals at bank and post office ATMs or at the post office counter to collect pension.

This Cover operates for up to two hours after the withdrawal or collection of the pension, and is valid within the borders of Europe.

Limitations of coverage apply

The Indemnity is paid:

- applying a **10% Uncovered Amount with a minimum of EUR 50.00**
- up to a maximum of **EUR 1,500.00 per Claim and per period of coverage, which shall be aggregated with any other sums insured in this respect.**

b. Theft due to sudden illness

What is covered by the Insurance

In the event of theft resulting from a sudden illness, the Company shall indemnify direct property damage resulting from loss of or damage to insured items, including luggage, carried by the Policyholder/Insured or his/her spouse or cohabiting partner.

What is NOT covered by the Insurance

Excluded from the Cover are items carried pertaining to professional activities performed on one's own account or on behalf of others, such as jewellery, valuables, money, valuables and other items in general.

Limitations of coverage apply

This Cover is valid within the borders of Europe.

The Indemnity is paid:

- applying a **10% Uncovered Amount with a minimum of EUR 50.00**
- up to a maximum of **EUR 1,500.00 per Claim and per period of coverage, but with a maximum of EUR 500.00 for cash.**

c. Reimbursement of medical expenses incurred as a result of robbery or mugging

What is covered by the Insurance

In the event of violence suffered by the Policyholder/insured, his/her spouse or cohabiting partner during a robbery or mugging, the Company reimburses medical expenses incurred for:

- examinations and diagnostic tests



- services of general practitioners and/or specialists
- purchase of medicines prescribed by doctors

The Claim report must be accompanied by a medical certificate, and the course of the injuries must be documented by additional medical certificates.

Only medical expenses that are a direct and exclusive consequence of the violence suffered are reimbursed and until recovery.

Limitations of coverage apply

The Indemnity is paid:

- applying a **Deductible of EUR 50.00 per Claim**
- **up to EUR 2,000.00 per Claim and per period of coverage.**

TRAVEL AND LEISURE SPECIAL

Art. 3.5 Theft of contents taken to other homes

What is covered by the Insurance

The Company shall indemnify damage due to theft even if the goods are brought to and placed in a home other than the one indicated in the specific section of the Policy, where the Policyholder or one of the members of his/her household is temporarily staying, anywhere in Europe.

Limitations of coverage apply

The Cover only applies if the main home is insured.

Indemnity is paid up to 10% of the individual insured batches in the specific Policy section.

Art. 3.6 Extension of robbery and mugging to the whole world

What is covered by the Insurance

The Company shall also be liable for direct damage to property caused by loss of or damage to the insured items, including luggage due to **robbery and mugging outside the home**, occurring worldwide, on the Policyholder, his spouse or any other member of the household living with him.

What is NOT covered by the Insurance

Excluded from the cover are items carried pertaining to professional activities performed on one's own account or on behalf of others, such as jewellery, precious items, money, valuables and other items in general.

Limitations of coverage apply

The Company shall indemnify (per period of coverage and overall for the Policyholder and the household) up to the relevant sum insured indicated in the specific section of the Policy, without taking into account the limitations of Indemnity, **but for cash up to a maximum of EUR 3,500,00 and with the application of a 10% Uncovered Amount.**

SPECIAL PROFESSIONAL

Art. 3.7 Additional allowance for presence of commercial activity

What is covered by the Insurance

The Company shall pay an additional indemnity as compensation for losses resulting from the temporary, partial or total interruption or hindrance of business activities caused by a Claim indemnifiable under this section.

Limitations of coverage apply

The Cover only applies if the main home is insured.

The additional allowance applies:

- to business activities owned and conducted by the Policyholder
- up to an amount equal to 10% of the payable damages with a maximum of EUR 2,500.00 per Claim and per insurance year.

PIÙ GENERALI

Art. 3.8 Increase in sum insured for Christmas and wedding celebrations

What is covered by the Insurance

For each batch, the sum insured indicated in the specific Policy section is increased by 15%:

- for the period from midnight on 20 December to midnight on the following 7 January
- for the period from midnight on the 30th day prior to the date of marriage of the Policyholder/Insured or of one of the members of his/her household until midnight on the 30th day following that date.

The Cover only applies to the main home.

Art. 3.9 Theft committed or facilitated, with wilful misconduct or gross negligence, by domestic workers and domestic helpers

What is covered by the Insurance

The Company shall indemnify direct property damage resulting from theft committed or facilitated, with wilful misconduct or gross negligence, by domestic workers and domestic helpers regularly employed by the Policyholder/Insured.

The Cover only applies to the main home.

Limitations of coverage apply

The Indemnity is paid:

- applying a 20% Uncovered Amount with a minimum of EUR 100.00,
- up to EUR 1,500.00 per Claim and per period of coverage.

Art. 3.10 Customers Special Motor Vehicle Liability

What is covered by the Insurance

If the Policyholder or one of the members of his/her household is the owner of a motor vehicle insured with a third party liability policy with the Company:

- a. The Company shall be liable for direct damage to property caused by the loss of or damage to insured items, including luggage, carried by the Policyholder, his/her spouse and any other member of the household living with him/her, as a result of theft in the event of a traffic accident or sudden illness.

What is NOT covered by the Insurance

The Cover only applies for events that occurred in Europe.

Excluded from the Cover are items carried pertaining to professional activities performed on one's own account or on behalf of others, such as jewellery, valuables, money, valuables and other items in general.

Limitations of coverage apply

For this Cover, the Indemnity is paid:



- up to the relevant sum insured, per insurance year and in total for the household living with him/her, without taking into account the limitations of indemnity indicated in the specific Policy section;
- up to EUR 3,000.00 for money, whatever the number of insured dwellings;
- applying a 10% Uncovered Amount per Claim.

b. The Company shall be liable for direct property damage resulting from the theft of luggage inside the boot of a parked car.

The Cover is provided on the basis of the following conditions:

- the theft took place in a location more than 50 km away from the municipality where the home is located and in any case within the territory of Italy, the Republic of San Marino and the Vatican State
- the car has a hard top, locked doors and luggage compartment with raised windows
- limited to the period between 8 p.m. and 7 a.m., parking shall take place in a locked shed or in a guarded public area, or in a guarded car park.

Limitations of coverage apply

For this Cover, the Indemnity is paid:

- applying a Deductible of EUR 50.00 per Claim
- up to EUR 300.00 per period of coverage.

c. The Company shall pay an additional indemnity of EUR 1,500.00 in the event of an indemnifiable Claim under the insurance coverage and simultaneous theft or robbery of the motor vehicle. This Cover is provided on condition that the car is kept in a garage that is part of the insured building or the larger building of which it is part.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Covers	Deductible/Uncovered Amount	Limitation of Indemnity
Optional Covers Dedicato a te		
Theft of photovoltaic and solar thermal system	10% with a minimum of EUR 500.00	Sum insured indicated in the Policy
Theft of jewellery and valuables in safe deposit boxes at credit institutions	-	Sum insured indicated in the Policy
Fraud in the home	20% with a minimum of EUR 100.00	EUR 1,000.00 per Claim and per period of coverage
Senior special:		
- Mugging and robbery of money withdrawn from ATMs for pension collection	10% with a minimum of EUR 50.00	EUR 1,500.00 per claim and per period of coverage
- Theft due to sudden illness	10% with a minimum of EUR 50.00	EUR 1,500.00 per claim and per period of coverage
		For cash EUR 500.00

Covers	Deductible/Uncovered Amount	Limitation of Indemnity
- Reimbursement of medical expenses incurred as a result of robbery or mugging	EUR 50.00 per Claim	EUR 2,000.00 per Claim and per period of coverage
Theft of contents brought into other homes	-	10% of the individual batches insured
Extension to robbery and mugging to the whole world	10% for cash	For cash EUR 3,000.00
Additional allowance for presence of commercial activity	-	10% of the payable damages with a maximum of EUR 2,500.00 per Claim and per period of coverage





What is NOT covered by the Insurance?

Art. 4.1 Exclusions

The following damages are excluded:

- a. as a result of earthquakes, volcanic eruptions, floods, hurricanes, whirlwinds, sea tempests, landslides and other disruptions of nature
- b. as a consequence of acts of war, invasion, military occupation, insurrection
- c. by nuclear explosion or by any form of contamination resulting from radioactivity or ionising radiation that may be caused by nuclear material
- d. as a result of confiscations and requisitions
- e. loss or theft of insured property occurring in the event of fire, explosion or bursting
- f. committed or facilitated with wilful misconduct or gross negligence by the Insured or by:
 - persons living with the Insured or occupying the premises containing the insured property or premises communicating with such premises
 - employees of the above-mentioned persons or of the Insured
- g. committed or facilitated by persons entrusted with the surveillance of the properties themselves or of the premises containing them
- h. from theft caused to insured property occurring on premises left uninhabited:
 - after midnight on the fifteenth consecutive day in which the home is uninhabited, for jewellery and precious items, money, banknotes and securities, credit instruments in general, numismatic and philatelic collections
 - after midnight of the 30th consecutive day in which the home is uninhabited, for jewellery and precious items in armoured storage systems
 - for the main home, after midnight of the 60th consecutive day in which the home is uninhabited, for the other insured property.

The cover exclusions are in force, except in cases where the described damaging events are covered by the optional covers expressly indicated in the Policy.



Where does the coverage apply?

Art. 5.1 Where the Covers operate

All Covers in this section are valid in Italy, in the Vatican City State and in the Republic of San Marino.

The Robbery and Theft Outside the Home, Robbery and Theft of Money from ATMs for collection of pension, Theft Due to Sudden Illness, Theft of Contents Taken to Other Homes, and Special Customer Motor vehicle Liability Covers also apply in Europe.

The Robbery Mugging Extension Cover applies worldwide.

Under what operating conditions do we ensure

Art. 6.1 Ownership of rights arising from the Policy

The Covers are taken out by the Policyholder in its own name and on its own behalf.

Only the Policyholder and the Company may exercise the actions, reasons and rights arising from the contract. In particular, it is the Policyholder's responsibility to perform the acts necessary for the assessment and settlement of claims.



The assessment and settlement of damages thus made shall also be binding on the Insured and any right of appeal by him/her is excluded. Payment may only be made to or with the consent of the rightholders themselves.

Art. 6.2 Effectiveness of Covers

The Covers are provided at First Absolute Risk, i.e., without application of the proportional rule pursuant to Article 1907 of the Italian Civil Code.

For the following batches:

- Precious objects
- Collections
- Collections in armoured storage systems

full-value insurance with an indication of the insured properties is also provided.

Art. 6.3 Value of insured property

The value of the insured properties (undamaged, stolen, damaged or destroyed) at the time of the Claim is obtained in relation to their nature, quality, age, use and other causes.

If no more than one year has elapsed since the purchase of the insured items and if there is appropriate documentation valid for tax purposes, stating the date of purchase and the amount paid, the value of the insured items is obtained by estimating the “value as new”, i.e. the cost of replacing the insured items with new ones of the same or equivalent value, up to the amount stated in the relevant documentation.

Items that are no longer working or in use at the time of the Claim are excluded from “value as new” insurance.



PROVISIONS APPLICABLE IN CASE OF A CLAIM



What obligations do I have? What obligations does the company have?

Art. 1.1 Obligations in the event of a claim⁽¹⁴⁾

In the event of a Claim, the Insured or Policyholder shall:

- a. do what he can to prevent or limit the consequences of the damage and safeguard the remaining property,
- b. within 3 days of becoming aware of it, report it to the judicial or police authorities and to the agency, explaining the fact in detail and stating the approximate amount of the damage,
- c. if credit instruments have been stolen he or she shall:
 - report it to the debtors,
 - carry out the amortisation procedure, if appropriate and without prejudice to the right to reimbursement of costs,
- d. preserve the traces and residues without therefore being entitled to any special indemnity
- e. submit to the agency within 5 days of the report a detailed list of the stolen, destroyed or damaged items, with an indication of their value,
- f. demonstrate both to the Company and to the experts, the quality, quantity and value of the property existing at the time of the Claim and to prove the damage and loss resulting therefrom, keeping available such records, bills, invoices and any other documents as may be reasonably requested.

In case of failure to fulfil the obligations under a., b., c. above, the Insured may lose all or part of his right to Indemnity⁽¹⁵⁾.

Art. 1.2 Wilful exaggeration of damage

Any right to indemnity shall be forfeited by the Policyholder or Insured who:

- wilfully exaggerates the amount of the damage,
- declares things destroyed that did not exist at the time of the Claim,
- hides, steals, or tampers with saved property,
- uses false or fraudulent means or documents as justification,
- wilfully alters the traces and residues of the Claim or facilitates its progress.

Art. 1.3 Good faith

The omission by the Insured or Policyholder of circumstances aggravating the risk and/or inexact or incomplete representations made at the time of entering into the contract or during the course of its effectiveness shall not impair the right to full indemnity of the damage if such omissions or inaccuracies occurred in good faith, without wilful misconduct or gross negligence.

The Company shall be entitled to the higher premium, proportional to any greater risk that has arisen, commencing from the time when the circumstance occurred or manifested itself.

Art. 1.4 Damage Assessment Procedure

The amount of damages is agreed upon:

- a. directly by the Company or by an expert appointed by it, with the Policyholder or a person designated by him/her
- b. between two experts whom the parties may appoint, one the Company and one the Policyholder, by a single specific deed.

The two experts must appoint a third in the event of disagreement between them or even earlier at the request of one of them. The third expert intervenes only in the event of disagreement and decisions on disputed points are taken by majority vote.



Each expert may be assisted and helped by other persons, who may intervene in the expert's operations, but have no casting vote.

If the experts cannot agree on the appointment of the third expert, such appointment, even at the request of only one of the parties, shall be made by the president of the court in whose jurisdiction the Claim occurred.

Each party bears the costs of its own expert; those of the third expert are shared equally.

Art. 1.5 Experts' duties

Experts shall:

- a. investigate the circumstances, nature, cause and manner of the Claim
- b. verify the accuracy of the descriptions and representations in the contractual documents and report whether at the time of the Claim there were circumstances that aggravated the risk and that had not been declared; to verify whether the Policyholder or Insured has fulfilled the provisions of the article Obligations in the event of a claim of this section;
- c. Verify separately, for each batch affected by the Claim, the existence, quality and quantity of the insured items, determining their value at the time of the Claim according to the valuation criteria stipulated in the article Value of insured items of this section;
- d. estimate and liquidate the damage, including recovery costs, in accordance with the valuation criteria.

In the event of a damage assessment procedure carried out **between the two experts appointed, one by the Company and one by the Policyholder, by a single act** the results of the expert's operations must be collected in a report (with detailed estimates attached) that must be drawn up in two copies, one for each party.

The results of the operations referred to in points c. and d. are binding on the parties, who hereby waive their right to appeal. Any action or exception regarding the indemnifiability of damages remain possible only in the event of wilful misconduct, mistake, violence or breach of contractual covenants.

The joint expert's report is valid even if one expert refuses to sign it; the refusal must be certified by the other experts in the final expert's report.

Experts shall be released from complying with any legal formalities.

Art. 1.6 Calculation of damages

The amount of damages is calculated:

- for stolen and destroyed property, on the basis of the value they had at the time of the Claim
- for damaged property, on the basis of the cost of repair, limited to the value at the time of the Claim.

The Company compensates:

- in the case of **collections**, only the value of the individual items damaged or destroyed shall be assessed, excluding in any case the resulting depreciation of the collection or their respective parts.
- for **documents**, only the costs of remaking them.
- for **credit instruments** for which the amortisation procedure is allowed, only the expenses incurred by the Insured for the procedure established by law for amortisation; therefore, also for the purposes of the limitation of indemnity, reference is made to the amount of these expenses and not to the value of the credit instruments.

Art. 1.7 Payment of indemnity

Upon receipt of the documents necessary to establish the right to Indemnity and to quantify it in accordance with the Specific Terms and Conditions of these Covers, the Company shall:

- proceed with the payment;
- send the communication of the reasons why the Indemnity cannot be paid.



The payment or communication will in any case be made within thirty (30) days:

- upon receipt of the complete documentation, or
- after the conclusion of the assessment procedure, if any, with a deed of payment or report of an expert's report, initiated in accordance with these Specific Terms and Conditions.

This is without prejudice to any different terms and conditions provided for specific Covers, to which the customer is referred for specific verification.

The Company will in any case carry out the payment of any undisputed sums.

Art. 1.8 Reduction of insured sums - Automatic reinstatement

In the event of a Claim, the insured sums of the individual policy batches and the relevant limitations of indemnity shall be reduced by an amount equal to the indemnifiable damage, without a corresponding premium refund. This reduction takes place with immediate effect and until the end of the current coverage period.

Limited to the first Claim in each period of coverage, both the insured sums and the limitations of indemnity of the batches affected by Claim are automatically reinstated to their original values as of midnight on the day of the event.

The automatic reinstatement of insured sums does not apply to the following batches:

- **Precious objects**
- **Collections**
- **Collections locked in armoured storage systems**

if insured at full value.

In the event of further Claims, the Company shall reinstate the sums insured and limitations of indemnity if the Policyholder, pays a corresponding premium determined according to the extent of the reinstatement and the remaining duration of the coverage period.

In the case of multi-location, no set-off is permitted between batches relating to different homes.

Art. 1.9 Any uncovered amount and deductible payable by the Insured

If there is an Uncovered Amount and/or Deductible payable by the Insured, the Indemnity shall be settled as follows:

- if more than one Uncovered Amount applies, a percentage equal to the aggregate of the percentages shall be applied, with a maximum of 30%.
- If both the Uncovered Amount and Deductible apply, in the event of a Claim, the Company shall reimburse the Insured the sum paid under the insurance coverage less the percentage of the uncovered amount, with a minimum equal to the amount of the Deductible.
- if several insurances co-exist with different insurers, the Indemnity shall be determined¹⁶ without taking into account the Uncovered Amount or Deductible, the amount of which shall be deducted after the amount so calculated.

Art. 1.10 Recoveries

In the event of partial or total recovery of the stolen property, the Insured must notify the Company as soon as he becomes aware of it. In the event of full compensation of the damage the Company becomes the owner of the recovered items.

In the event of partial compensation of the damage, the value of the recovery shall be divided between the Company and Insured in the same proportion.

In both cases, the Insured may take back the recovered items by returning to the Company the Indemnity received.



SPECIFIC TERMS AND CONDITIONS - COMMON PROVISIONS



When and how do I pay?

Art. 1.1 Adjustment of premium and sums insured

Without prejudice to the provisions of the Modulo Generale with reference to the payment of the Premium, the commencement of the Covers and the means of payment of the Premium if expressly provided for in the Policy, an adjustment of 1,5% of the sums insured and the Premium, except for In Guardia All inclusive VIP, In Guardia Su Misura VIP.

However, the following items are not subject to adjustment

- Absolute Deductibles,
- minimum and maximum Uncovered Amounts,
- all values expressed as percentages,
- limitations of Indemnity.



When does the coverage begin and when does it end?

Art. 2.1 Duration of Activated Covers

The effective and expiry dates of the activated Covers are indicated in the Policy.

Art. 2.2 Activation and Deactivation of Optional Covers

This Module provides Basic Covers and Optional Covers. Optional Covers can only be activated if the corresponding Basic Covers are active. Optional Covers may be independently deactivated from the corresponding Basic Covers.

✓ EXAMPLE Mode of activation: I wish to activate the optional Electrical phenomena Cover. This Cover can only be activated upon activation of the Casa Start Basic Cover.

✓ EXAMPLE Mode of deactivation: Once the basic Casa Start Cover and optional Cover Electrical phenomena are activated, I can decide to deactivate both covers or deactivate only the optional Cover.



How can I cancel the Covers?

Art. 3.1 Cancellation and Extension of Activated Covers

Unless otherwise stated in the Policy, upon expiry, the duration of the activated Covers is extended for one year and so on. In this case, the Policyholder or the Company may prevent the tacit extension by giving notice of cancellation within the terms and according to the procedures indicated in the General Terms and Conditions of Insurance set out in the Modulo Generale in **compliance with the interdependence constraints between the Covers.**

The termination of all specific Covers of this Module as a result of cancellation shall also entail the simultaneous termination of the specific related Covers activated in the Modulo PREVENZIONE E ASSISTENZA.

PROVISIONS APPLICABLE IN CASE OF A CLAIM



What obligations do I have? What obligations does the company have?

Art. 1.1 Inspection of insured property

The Company is always entitled to visit the insured property and the Insured is obliged to provide it with all necessary indications and information.



How can I cancel the Covers?

Art. 2.1 Withdrawal in the event of a claim

The Policyholder or the Company may withdraw, with effect for all the Covers activated with this Module, as a consequence of the notification of any claim relating to one or more of the Covers activated with this Module, made in accordance with the terms of the contract during the entire duration of the Cover. This right may be exercised within 60 days of payment or refusal of payment.

Withdrawal:

- must be communicated in writing by registered letter with return receipt or by Certified E-Mail;
- if it is exercised by the Policyholder, it shall take effect from the date of receipt of the notice;
- if it is exercised by the Company, it takes effect 30 days after the date of receipt of the notice.

In all cases, by the fifteenth day following the effective date of withdrawal, the Company shall reimburse the Policyholder for the portion of the Premium relating to the period of time in which the risk was not incurred, if any, excluding taxes.

The payment or collection of Premiums due after the Claim report or any other action of the parties shall not be construed as their waiver of the right of withdrawal.

Withdrawal may be exercised according to the terms and conditions indicated in the Modulo Generale's General Terms and Conditions of Insurance; therefore, the termination of all the specific Covers of this Module following withdrawal due to a Claim shall also entail the simultaneous termination of the specific related Covers activated in the Modulo PREVENZIONE E ASSISTENZA.

- 1 Article 1907 of the Italian Civil Code.
- 2 Article 1910 of the Italian Civil Code.
- 3 Ministerial Decree of 26 June 1984 of the Ministry of the Interior.
- 4 Loss and deterioration of the rented property; Fire of insured property; Fire in a house inhabited by several tenants.
- 5 Article 1910 of the Italian Civil Code.
- 6 Article 1907 of the Italian Civil Code.
- 7 Notwithstanding the provisions of Article 1900 of the Italian Civil Code.
- 8 Article 1914 of the Italian Civil Code.
- 9 Article 1913 of the Italian Civil Code.
- 10 Failure to comply with any of the obligations set forth in points a) and b) may result in the total or partial loss of the right to Indemnity pursuant to Article 1915 of the Italian Civil Code.
- 11 Article 1915 of the Italian Civil Code.
- 12 In accordance with the provisions of the Article Value of Insured Property of the In Solidità Section.
- 13 Article 1916 of the Italian Civil Code.
- 14 Article 1915 of the Italian Civil Code.
- 15 Article 1910 of the Italian Civil Code.



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IMMAGINA VIVI ADESSO

This Information Pack of the Modulo ARMONIA - 22.10.2022 edition consists of:

- Policy Information Document (DIP) for Modulo ARMONIA
- Additional DIP Modulo ARMONIA
- Terms and Conditions of Insurance Modulo ARMONIA

Immagina Adesso ARMONIA with.....

- **In amicizia**, to resolve an unforeseen incident **connected to private life liability with economic protection**
- **In accordo**, to be supported by **legal protection**
- **Dedicated to you personalised** with covers designed for how you are and what you need.



Discover Immagina Adesso ARMONIA in the insurance solution you have chosen!

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Generali Italia S.p.A. - Tax code and registration with the Companies Register of Treviso - Belluno No. 00409920584 - VAT No. 01333550323 - Share Capital: EUR 1,618,628,450.00 fully paid-up - Certified e-mail (PEC): generalitalia@pec.generaligroup.com. Company registered in Italy with the IVASS Companies Register No. 1.00021, subject to the management and coordination of the sole Shareholder Assicurazioni Generali S.p.A. and belongs to the Generali Group, which is registered under No. 026 in the Register of Insurance Groups.

Full pre-contractual and contractual information on this insurance is provided in other documents.

What type of insurance is this?

This insurance covers liability and legal protection risks in non-professional private life.



What is covered by the Insurance?

IN AMICIZIA SECTION

- ✓ Liability for damages unintentionally caused to third parties as a result of an accidental event occurring in the course of private life that resulted in:
 - death;
 - bodily injury to individuals;
 - property damage.
- ✓ The cover applies also to the liability in which the Insured may incur for damage caused to third parties arising from:
 - interruption or suspension of the use of goods, of industrial, commercial, agricultural and service activities;
 - housekeeping activities;
 - falling non-centralised antennas;
 - ordinary maintenance work;
 - use of hotel rooms or similar facilities;
 - ownership, possession, use and storage of weapons for defence, target shooting, marksmanship and spearfishing purposes;
 - participation in social and volunteering activities;
 - spillage of water and other liquids resulting from accidental breakage of domestic appliances and machines;
 - playing sports at a non-professional level;
 - practice of hobbies in general for recreational purposes only;
 - from intoxication or poisoning caused by food or drink prepared or supplied by the Insured;
 - participation in school collegial bodies and activities authorized by school authorities for trips, sports events, recreational events within the school centre;
 - fire, explosion and bursting of homes owned by the Insured or rented to the Insured;
 - fire, explosion and bursting of property owned or held by the Insured;
 - ownership, possession and use of vehicles and driving of motor vehicles by minor children.



What is NOT covered by the Insurance?

IN AMICIZIA SECTION

The insurance does not cover damages:

- ✗ arising from the performance of professional activity;
- ✗ arising from the performance of nursing, medical or sanitary work in general by domestic workers;
- ✗ arising from the possession or use of radioactive substances or devices for the acceleration of atomic particles;
- ✗ of any kind resulting from water, air and soil pollution;
- ✗ to property that one of the insureds holds in any capacity;
- ✗ arising from rowing and sailing with any craft longer than 6.5 m;
- ✗ deriving from the practice of sports activities as a non-amateur, paragliding, parachuting and air sports in general, participation in competitions or contests in heavy athletics, boxing, martial arts;
- ✗ arising from the wilful violation of laws and regulations relating to the ownership, possession and use of weapons for defence, target shooting, marksmanship, and similar purposes;
- ✗ resulting from hunting;
- ✗ arising directly or indirectly from asbestos or products containing asbestos;
- ✗ of any kind arising directly or indirectly from electromagnetic waves and/or fields;
- ✗ arising from ownership of real estate and its fixed systems;
- ✗ arising from ownership or use of animals;
- ✗ resulting from the use of motor vehicles, machinery or systems driven or operated by a person who does not possess the psycho-physical requirements necessary for qualification in accordance with the provisions of the law;
- ✗ from theft and arising to the property of others from fire, explosion and bursting of property belonging to one of the Insureds or in their possession.

Furthermore,

- ✗ punitive exemplary damages are in any case excluded.

- ✓ The insurance cover extends to the direct personal liability of domestic workers for property damage and bodily injury involuntarily caused to third parties, excluding the insured themselves, as a result of an accidental event occurring in the performance of their duties on behalf of the Insured.

Additional covers are available to extend and customize coverage, as indicated in the Additional DIP.

IN ACCORDO SECTION

- ✓ Legal Protection within the sphere of private non-professional life, including leisure time and travel/vacation, excluding the ownership and possession of animals, and the ownership and/or management of real estate for residential use that is directly used by the Insured.
- ✓ A telephone legal advice service is provided to deal with legal disputes, set up communications with counterparties, obtain clarifications on laws, decrees and regulations in force.

Additional covers are also available to extend and customise coverage, as indicated in the Additional DIP.

The exclusions are included in the Terms and Conditions of Insurance and are in bold.

IN ACCORDO SECTION

The Company shall not bear the following expenses:

- ✗ payment of fines or penalties in general; tax charges other than the standard court fee;
- ✗ the VAT shown on the invoices of the appointed professionals that the Insured may deduct for tax purposes;
- ✗ expenses reimbursed by the counterparty;
- ✗ the expenses due from other debtors and charged to the Insured in accordance with the principle of joint and several liability;
- ✗ expenses, including budgeted expenses, not agreed with DAS, in accordance with the rules on Claim management.

The cover is excluded for:

- ✗ claims arising from wilful misconduct of the Insured; damage incurred due to ecological, atomic or radioactive disaster; tax matters, except for criminal proceedings;
- ✗ family law, except for acts of voluntary jurisdiction provided for in the cover;
- ✗ inheritance and donations law;
- ✗ disputes and proceedings arising out of the ownership or use of vehicles, aircrafts and watercrafts;
- ✗ disputes relating to the acquisition or construction of real estate and for hidden defects which subsequently became apparent;
- ✗ disputes and proceedings in which the economic value of the dispute or the
- ✗ value of the administrative sanction is less than EUR 250.00; disputes with insurance companies.

In addition, if the relevant additional condition has not been signed, the cover does not apply to:

- ✗ disputes and proceedings arising from employment activities;
- ✗ disputes and proceedings relating to real estate owned by the Insured and leased to third parties;
- ✗ disputes and proceedings related to the Insured as an Internet user.

The exclusions are included in the Terms and Conditions of Insurance and are in bold.



Are there limitations of coverage?

The Covers provide for limitations of Indemnity, Deductibles and Uncovered Amounts which

are summarised in the Policy.

- Deductible shall mean the portion of the damage expressed as a fixed amount that remains payable by the Insured in the event of a Claim.
- Uncovered Amount shall mean the percentage of indemnifiable damage for which the Insured remains liable.

In addition, there are Exclusion Periods, i.e. time periods after the date of activation of the Covers, during which the Covers do not apply in whole or in part.

These terms are marked in the Terms and Conditions of Insurance in bold.

Specific limitations of Indemnity are contained in the Terms and Conditions of insurance and marked in bold.



Where does the coverage apply?

For Private life liability, the insurance covers damage occurring worldwide.

For Legal Protection, the insurance shall apply to Claims which occur and must be heard in the courts of all European countries, in the case of criminal proceedings or in tort damages; in the European Union, Switzerland, Principality of Monaco, Liechtenstein, Andorra, Republic of San Marino and Vatican City, in the case of civil law disputes of a contractual nature; in Italy, Vatican City and Republic of San Marino, in the other cases.



What are my obligations?

When taking out the Policy containing these Covers or when activating them on an existing Policy, true, correct and complete representations regarding the risk to be insured (Articles 1892, 1893 and 1894 of the Italian Civil Code) must be made. Furthermore, during the period of validity of the Covers, written notice shall be given to the Company of any change that entails an increase or decrease in the insured risk (Articles 1897 and 1898 of the Italian Civil Code). In the event of a Claim, the relevant report must be submitted to the Company within three days of the date on which the event giving rise to the Claim occurred or the Insured became aware of it.

Failure to comply with even one of the aforementioned obligations may result in the total or partial loss of the Indemnity as well as the termination of the Covers.



When and how do I pay?

Information on payment of the Premium is included in the DIP of the Modulo Generale.



When does the coverage begin and when does it end?

The Covers take effect at 12:00 p.m. on the day of activation for each one indicated in the Policy, if the Premium or the first Premium instalment has been paid; otherwise they take effect at 12:00 p.m. on the day of payment. If the Policyholder fails to pay the Premiums or subsequent Premium instalments, the insurance is suspended from 12:00 p.m. on the thirtieth day after the due date and resumes at 12:00 p.m. of the day of payment.

The term of the Covers are indicated in the Policy for each and, if tacit renewal is provided for, in the absence of cancellation, on expiration they are extended for a duration of one year and so on.

In general, the Covers apply to Claims occurring during their term, until their expiration.

Certain Covers are subject to a period of time, following the pertaining effective date, during which all or part of the Covers are ineffective.



How can I cancel the policy?

All notices shall be made in writing to the Agency to which the Policy including these Covers is assigned or to the Company by registered letter or by certified email.

In order to prevent the automatic extension of the Covers, if any, the Policyholder or the Company shall send the written notice of cancellation at least 30 days before the expiry date indicated in the Policy or the expiry of the year for which the insurance has been extended. The right of cancellation may be exercised in accordance with the rules of interdependence between Covers.

In case of coverage providing a term longer than five years, in the event of reduction in the Premium that is in any case envisaged for all covers with a multi-year term, the Policyholder may also exercise their right of withdrawal after five years with at least 30 days' notice and with effect from the end of the year in which the right of withdrawal was exercised.

Furthermore, the Policyholder or the Company shall have the right to withdraw for a Claim, with effect for all the Covers activated in this Module, even after each Claim relating to one or more of the same and up to the sixtieth day from the payment or refusal of the Indemnity, by sending the relevant notice within this term.

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Private life liability and legal protection insurance

Additional pre-contractual information document for damage insurance products (Additional Non-life DIP)

Insurance Company: GENERALI ITALIA S.p.A.

Product: Immagina Adesso - Modulo ARMONIA Edition: 22.10.2022

The published Additional Non-life DIP is the latest available



This document contains additional and complementary information to that contained in the pre-contractual information document for damage insurance products (Non-life DIP), to help the potential Policyholder understand in more detail the characteristics of the product, the contractual obligations and the Company's financial situation.

The Policyholder shall read the Terms and Conditions of Insurance before executing the contract.

GENERALI ITALIA S.p.A. is a company belonging to the Generali Group; registered office is at Via Marocchesa, 14 - 31021 Mogliano Veneto (TV) - ITALY; telephone number: 041.5492111; website: www.generali.it; e-mail address: info.it@generali.com; PEC address: generalitalia@pec.generaligroup.com.

The Company is authorised by the Italian Ministry of Industry, Trade and Crafts Decree No. 289 of 2 December 1927, and is registered under number 1.00021 with the Insurance Companies Register.

Shareholders' equity as at 31 December 2021: EUR 9,050,863,796 of which EUR 1,618,628,450 related to share capital and EUR 7,130,519,742 to total equity reserves. The figures refer to the latest approved financial statements. The Solvency and Financial Condition Report (SFCR) is available at <https://generali.it/note-legali>.

Solvency Capital Requirement: EUR 7,827,344,769.68

Minimum Capital Requirement: EUR 3,359,474,146.09

Eligible Own Funds: EUR 19,238,700,398.43

Solvency ratio: 246% (this ratio represents the ratio between the amount of basic own funds and the amount of the Solvency Capital Requirement required by the Solvency 2 regulations in force since 1 January 2016).

The contract is governed by Italian law.

The Modulo ARMONIA is an insurance solution dedicated to family protection:

In amicitia: Liability for damage unintentionally caused to third parties as a result of an accidental event resulting in death, bodily injury, or damage to property.

In accordo: Legal Protection of the Insured in private life.

The Covers are effective, within the coverage limits indicated - for each of the Covers - in the Policy or in the Terms and Conditions of Insurance, if stated in the Policy and if the corresponding Premium has been paid.

What is covered by the Insurance?

There is no additional information to that provided in the Non-life DIP.

OPTIONS WITH PREMIUM REDUCTION

The following alternative option with reduced Premium is available for the IN ACCORDO SECTION - Legal Protection.

Private life Legal Protection Light

Protects the Insured in the cases envisaged by the Private life Legal Protection cover described in the DIP, except in the case of civil law disputes relating to the right to property or other rights in rem, including the rental of homes used by the Insured and in the case of civil law disputes of a contractual nature relating to the purchase of goods or services for private life.

OPTIONS WITH PAYMENT OF AN ADDITIONAL PREMIUM

In addition to the Covers already described in the Non-Life DIP, with the payment of an additional Premium, the following OPTIONS - indicated per Section - are available.


IN AMICIZIA SECTION - Private life liability


Covers dedicated to children	The Private life liability Cover is extended to children residing elsewhere for study purposes who are not older than 28; children of others in care of the Insured; minor children of the Insured in care of others.
Liability of cohabiting persons	Extension of Private life liability Cover under the same conditions for cohabiting persons.
Liability of non-cohabiting family members of the Insureds	Extension of Private life liability Cover under the same conditions for non-cohabiting family members.
Cyber insurance: privacy breach by minor children	The Cover applies in the case of breach of privacy laws committed by minor children.
Bed & Breakfast	The Private life liability Cover also applies as a consequence of an event arising from the performance of Bed & Breakfast accommodation activities.
Bed & Breakfast including damage to clients' property	The Cover also includes damage for which the Insureds are liable vis-à-vis their clients for the theft, destruction and deterioration of delivered property, excluding jewellery and precious objects, money and valuables, or non-delivered property.
Hunter's liability	The Cover applies in the event of liability of the Insured for damage caused to third parties in the performance of hunting activity.
Liability for kite surfing and kite flying on all surfaces	The Cover applies in the event of liability of the Insured for damage caused to third parties in the performance of the sport of kite surfing and similar disciplines at an amateur level.
Operation of interconnecting rooms for private office or private practice	Provides for the extension of Private life liability Cover to the management of rooms interconnected with the home used as a private office or private practice by the Insured.

IN ACCORDO SECTION - Legal protection

Legal protection of homes leased to third parties	Legal Protection Cover extends to the ownership of the homes indicated in the Policy leased to third parties. In addition, the following is included in the Cover <ul style="list-style-type: none"> - disputes with the tenant in case the building suffers damage caused by the tenant; - motion for eviction against the tenant for non-payment of rent and possible action for recovery of unpaid rent.
Employee legal protection	Protects the Insured in the context of his/her employment with a public or private employer for: <ul style="list-style-type: none"> - legal assistance for in tort damage caused to the Insured by a wrongful act of a third party;
Employee legal protection	<ul style="list-style-type: none"> - participation in disputes relating to tort claims brought by third parties, as a result of an alleged wrongful act of the Insured; - defend themselves in criminal proceedings; - participation in disputes with their own employer; - participation in disputes with public social security institutions or bodies.

Legal protection of digital life	Protects the Insured as an Internet user in the event of: <ul style="list-style-type: none"> - identity theft and/or fraudulent use by third parties personal or financial data of the Insured; - civil law disputes of a contractual nature with suppliers of goods and services, for purchases relating to one's private life made online or by means of distance selling techniques.
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 What is NOT covered by the Insurance?	
There is no additional information to that provided in the Non-life DIP.	

 Are there limitations of coverage?	
IN AMICIZIA SECTION - Private life liability The following specific limits apply per each Cover.	
Private life liability	Deductible of EUR 200.00; Deductible of EUR 1,000.00 for damage occurring in the United States of America and Canada (excluding punitive exemplary damages). For damage due to interruption or suspension - total or partial - of the use of property, industrial, commercial, agricultural and service activities, the Cover shall apply up to 20% of the Coverage Limit indicated in the Policy for Private life liability Cover.
Damage to third parties caused by fire	The Cover applies to the Insured's liability for damage caused to third parties: <ul style="list-style-type: none"> - in the event of a fire in the home owned or rented by the Insured, Cover shall apply up to EUR 300,000.00 per Claim and per year. - in the event of fire to the property of the Insured, the Cover shall apply with a EUR 200.00 Deductible for each Claim up to 10% of the Coverage Limit indicated in the Policy with a limit of EUR 50,000.00; in the event of multi-location up to 20% of the Coverage Limit indicated in the Policy with a limit of EUR 100,000.00. - arising from accidental pollution of the air, water or soil up to EUR 100,000.00 per insurance year - from driving motor vehicles by a minor child duly licensed to drive with a Deductible of EUR 500.00.
Cyber insurance: privacy breach by minor children	In the event of a breach of privacy committed by minor children, a Deductible of EUR 500.00 and Indemnity of up to EUR 5,000.00 per Claim and per year applies.
Bed & Breakfast including damage to clients' property	In the event of theft, destruction and deterioration of delivered property, excluding jewellery and precious objects, money and valuables, or non-delivered property, the Cover shall apply per customer, with a Deductible of EUR 100.00, up to EUR 1,000.00 with a limit of EUR 500.00 for jewellery and precious objects, money and valuables. In the event of damage caused in the course of the Bed & Breakfast activity to third-party vehicles, including clients' vehicles, located in the places where the Bed & Breakfast activity is carried out and pertaining to the home indicated in the Policy, a Deductible of EUR 200.00 shall apply.
Liability for kite surfing and kite flying on all surfaces	The Cover is subject to a 10% Uncovered Amount and a minimum of EUR 250.00 up to 50% of the Coverage Limit indicated in the Policy for Private life liability Cover with a limit of EUR 500,000.00.

IN ACCORDO SECTION - Legal protection

The following specific limits apply per each Cover.

Private life legal protection	<p>The expenses of an attorney for substituted service are included in the Cover subject to a limit of EUR 3,000.00 per Claim.</p> <p>The costs of enforcement are included in the Cover within the limits of the first two attempts.</p> <p>The costs for the assistance of an interpreter are included in the Cover up to a maximum of 10 hours.</p> <p>Costs related to translations of reports or documents of the proceedings are included in the cover up to a maximum limit of EUR 1,000.00.</p> <p>The advance payment of the security deposit ordered by the competent authority is provided for within the limit of the sum insured. The amount must be returned to the Company within 60 days.</p>
Legal protection of homes leased to third parties	<p>In the event of legal action for eviction for non-payment of rent, the Cover is limited to EUR 2,500.00 and the Deductible is EUR 500.00.</p>
Advance of expenses to lawyers and experts	<p>The Advance of expenses to lawyers and experts, which is not provided for in the event of criminal proceedings for an offence committed with intent, shall apply up to a maximum of EUR 1,500.00 per Claim.</p>



What are my obligations? What are the company's obligations?

What to do in case of claim?	<p>Reporting a claim: The claim must be reported in writing within 3 days of the date on which the Claim occurred or the Insured became aware of it, pursuant to Article 1913 of the Italian Civil Code, with the narration of the event, the indication of the date, place and cause of the Claim and its consequences, and the personal details of the injured parties and witnesses.</p> <p>Direct/convention assistance: no direct/convention assistance is provided for the handling of Claims.</p> <p>Management by other companies: for the Covers of the In accordo - Legal Protection section, it is specified that the management of Claims is entrusted to D.A.S. Difesa Automobilistica Sinistri S.p.A., whose contact details and telephone numbers are indicated in the aforementioned section of the Terms and Conditions of insurance.</p> <p>Statute of limitations: rights arising from the contract other than the right to payment of Premium instalments (which is time-barred in one year from the individual due dates), are time-barred within two years from the day on which the event on which the right is based occurred, pursuant to Article 2952 of the Italian Civil Code. In liability insurance, the two-year period starts running on the day on which the third party has claimed compensation from the Insured or has instituted legal proceedings against the Insured to claim compensation.</p>
Incorrect statements or reticence	<p>There is no additional information to that provided in the Non-life DIP.</p>
Obligations of the company	<p>For the Private life liability Cover, the Company, up to the Coverage Limit indicated in the Policy, is obliged to take charge of the claim made by the injured party against the Insured and assumes, on the Insured's behalf, the management of out-of-court and in-court disputes, both civil and criminal, including the mediation procedures for civil disputes envisaged by the regulations in force.</p> <p>The exercise of the right of withdrawal on the ground of reconsideration renders any Claim made ineffective.</p>



When and how do I pay?

Premium	There is no additional information to that provided in the Non-life DIP.
Refund	In the event of cancellation by the Company due to a Claim, the Policyholder shall be entitled, within 15 days from the effective date of the cancellation, to reimbursement of the instalment of Premium paid and not due, net of taxes.



When does the coverage begin and when does it end?

Term	IN ACCORDO SECTION - LEGAL PROTECTION For civil law disputes of a contractual nature there is a 90-day Exclusion Period. For acts of voluntary jurisdiction there is a 2-year Exclusion Period.
Suspension	It is not possible to suspend the insurance coverage during the contract.



How can I cancel the policy?

Cooling-off period	If the contract has been sold entirely through distance communication techniques, the Policyholder may withdraw within 14 days from entering into the contract by written request to be sent to the Agency to which the policy is assigned or to the Company by registered letter with acknowledgement of receipt or certified email.
Termination	There is no additional information to that provided in the Non-life DIP.



Who is this product aimed at?

Immagina Adesso - Modulo ARMONIA is targeted at individuals and families. The Module is addressed to the customer who has expressed the needs Asset Protection and Assistance and help.



What costs do I incur?

Brokers for the sale of this insurance receive on average 22.30% of the taxable Premium paid by the Policyholder for commission-type remuneration.

HOW CAN I LODGE COMPLAINTS AND RESOLVE DISPUTES?

To the Insurance Company	The provisions of the Additional DIP of the Modulo Generale apply.
To IVASS	The provisions of the Additional DIP of the Modulo Generale apply.

BEFORE RESORTING TO THE JUDICIAL AUTHORITIES, alternative dispute resolution systems can be used such as:

Mediation	The provisions of the Additional DIP of the Modulo Generale apply.
Assisted Negotiation	The provisions of the Additional DIP of the Modulo Generale apply.
Other alternative dispute resolution systems	For the In accordo - Legal Protection section, in the event of a disagreement between the Insured and DAS regarding the advisability of resorting to legal action and the subsequent handling of the dispute, the decision is referred to an arbitrator. In this case, the petition to initiate arbitration against DAS must be made by registered letter addressed to:

**Other alternative
dispute resolution
systems**

D.A.S. Difesa Automobilistica Sinistri S.p.A. Via Enrico Fermi 9/B - 37135 Verona -
Fax (045) 8351023 - certified e-mail: servizio.clienti@pec.das.it.

For the settlement of cross-border disputes, the provisions of the Additional DIP of
the Modulo Generale shall apply.

***WARNING: FOR THIS CONTRACT, THE COMPANY HAS AN INTERNET AREA RESERVED FOR THE
POLICYHOLDER ("HOME INSURANCE"), THEREFORE AFTER EXECUTING IT YOU WILL BE ABLE TO
CONSULT THIS AREA AND USE IT TO TELEMATICALLY MANAGE THE CONTRACT ITSELF.***

Module Structure

The **Modulo ARMONIA** is an integral part of the Immagina Adesso insurance contract and contains the Specific Terms and Conditions of the following Covers:

- In amicitia: Private life liability
- In accordo: Legal protection

The Covers are effective if they are stated in the Policy and if the relevant Premium has been paid.

The Specific Terms and Conditions are made up in turn of:

- the Definitions;
- the rules specific to the individual Covers activated, which contain the specific discipline of those Covers;
- the Common Rules, which contain the discipline common to all activated Covers.

SPECIFIC TERMS AND CONDITIONS - DEFINITIONS

In the Specific Terms and Conditions of this Module, the following terms are given the meanings specified herein:

COMMON DEFINITIONS

Household	The persons named in the Insured's family status certificate. Minor children are always included in the household, even if they do not appear on the family status certificate.
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SPECIFIC DEFINITIONS IN AMICIZIA

Clients	People staying in the Bed & Breakfast accommodation and using the Bed & Breakfast services and their guests.
Deductible	Fixed amount to be borne by the Insured. This amount is deducted from the amount of the indemnity/compensation.
Delivered property	Property, other than vehicles, brought by clients and handed over for safekeeping to the Insureds.
Main home	The only place where, in fact, the Insured and his/her household normally live.
Non delivered property	Property, other than vehicles, brought by clients, not handed over for safekeeping to the Insureds and which are in the Bed & Breakfast accommodation during their stay.
Uncovered Amount	Fixed amount to be borne by the Insured, expressed as a percentage of the indemnity/compensation amount.
Vehicles	Vehicles and their trailers.

SPECIFIC DEFINITIONS IN ACCORDO

Arbitration	It is an alternative procedure to ordinary civil courts, which the parties may use to resolve a dispute or prevent it from arising.
Costs of losing the case	These are the costs that the losing party in a civil case must pay to the prevailing party. The court shall decide whether and to what extent those costs are to be charged to the parties.
Court fees	These are the costs of the criminal trial that are imposed on the defendant in the event of his conviction.
DAS	D.A.S. Difesa Automobilistica Sinistri S.p.A..



Exclusion Period	The time period, following the date of activation of the Covers, during which the Cover, in whole or in part, are not effective.
Expert fees	These are those relating to the work of the expert appointed by the judge (court-appointed expert witness) or by the parties (party-appointed expert).
Final Judgment	Final decision, no longer appealable or modifiable.
In tort damage	It is the damage resulting from a wrongful act; typically it is the damage to persons or to property as a result of the negligent conduct of other persons. There is no contractual relationship between the injured party and the liable party or, if there is, it has no connection with the harmful event.
Legal assistance/ Out-of-court phase	This is the activity consisting in the attempt to mediate between the parties in order to settle a dispute amicably and thus avoid recourse to the courts. It includes procedures such as civil mediation, assisted negotiation, and joint conciliation.
Offence	<p>It is a type of offence that is defined:</p> <ul style="list-style-type: none">- culpable offence if it is committed without intent, i.e. through negligence, imprudence or incompetence;- unintentional offence if the consequences are more serious than those foreseen and intended;- offence with intent if it is committed voluntarily and with the knowledge of committing an offence. <p>The offence is punishable by a fine or imprisonment.</p>
Settlement	Agreement by which the parties, by making mutual concessions, put an end to a dispute that has already arisen or prevent one that might arise.
Wilful	The wrongful act done with the knowledge and intent to cause an event contrary to the law.



SPECIFIC TERMS AND CONDITIONS IN AMICIZIA: PRIVATE LIFE LIABILITY



What is covered by the Insurance?

Art. 1.1 Insured

The insured parties are the Policyholder/Insured named in the Policy and his/her household, namely:

- The persons named in the Insured's family status certificate at the time of the Claim;
- the Insured's minor children, even if not cohabiting.



What is covered by the Insurance? Basic Cover

Art. 2.1 Private life liability

What is covered by the Insurance

The Company shall indemnify the Insureds, up to the Coverage Limit indicated in the Policy, for the amount that they are obliged to compensate (principal, interest and expenses), as civilly liable under the law, for:

- Death
- Bodily injuries
- Property damage

involuntarily caused to third parties as a result of an accident occurring in the course of private life, **thus excluding risks arising from professional activities.**

The insurance also includes liability that may be incurred by the Insureds for damage attributable to the wilful misconduct of persons for whom they are legally liable.

The Cover also apply to the Insured's liability for damage caused by:

- interruption or suspension - total or partial - of the use of goods**, of industrial, commercial, agricultural and service activities, provided that they are the consequence of a Claim indemnifiable under this Cover;

Limitations of coverage apply

The Cover is effective up to 20% of the Coverage Limit indicated in the Policy.

- normal **operation of homes and** their common parts;
- fall of non-centralised** receiving and transmitting **antennas** for television and radio amateurs installed on the roofs or balconies of the Insureds' homes;
- ordinary maintenance work** affecting the buildings and premises of the Insureds' homes;
- use of hotel rooms or similar facilities;
- ownership, possession, use and safekeeping of weapons for the purposes of defence, target shooting, skeet shooting and underwater fishing, provided that the Insured is in compliance with the laws in force at the time of the Claim;
- participation in social and volunteering activities limited to personal liability;
- spillage of water and other liquids resulting from accidental breakage of domestic appliances and machines;
- practising sports, including participation in competitions or meetings, whether individually or as part of a team at a non-professional level and without any form of remuneration;
- the practice of DIY, gardening, fishing and hobbies in general, modelling and the use of radio-controlled model aircraft, drones, for recreational purposes only in compliance with current regulations on remotely piloted aircraft as per ENAC regulations, excluding damage caused to third-party models;
- intoxication or poisoning caused by food or drink prepared or supplied by the Insured;
- participation in school collegial bodies and activities authorized by school authorities for trips, sports events, recreational events within the school centre.



Limitations of coverage apply

If indicated in the Policy, the absolute Deductible of EUR 200.00 per Claim shall apply. Any lower Deductibles (or minimum Uncovered Amount) provided for in these Specific Terms and Conditions are therefore raised to that amount.

Any higher Deductibles provided for in these Specific Terms and Conditions remain valid.

Art. 2.1.1 Domestic workers

What is covered by the Insurance

Third parties are considered to be those engaged, even on an occasional basis, in domestic services, including gardening, babysitting, care and assistance to the elderly, the sick or disabled ("caregiver"), members of the Policyholder's/Insured's household, for accidents at work (excluding occupational illnesses) suffered in the performance of their duties.

For domestic workers subject to compulsory insurance with the national institute for insurance against accidents at work (INAIL), the Cover also applies to any recourse action by INAIL.

The insurance cover extends to the **direct personal liability of domestic workers** for property damage and bodily injury involuntarily caused to third parties, excluding the insured themselves, as a result of an accidental event occurring in the performance of their duties on behalf of the Insured.

What is NOT covered by the Insurance

In any event, damages resulting from the performance of nursing, medical or healthcare activities in general are excluded.

Art. 2.1.2 Damage to third parties caused by fire

What is covered by the Insurance

The Cover applies to the Insured's liability for damage caused to third party property by fire, explosion and bursting:

a. of homes owned by the Insured or rented to the Insured.

The insurance coverage is extended to damage resulting from accidental air, water or soil pollution.

What is NOT covered by the Insurance

Insurance does not cover damage:

- to things that the Policyholder has in his care or custody or holds in any capacity;
- resulting from gradual pollution of water, air and soil.

Limitations of coverage apply

The Cover is effective up to EUR 300,000.00 per Claim and per year. This Coverage Limit cannot be combined with the limit for Third Party Liability Insurance in the Modulo CASA. For damage resulting from accidental pollution of the air, water or soil, Cover shall apply up to EUR 100,000.00 per insurance year.

b. of property owned or held by the Insured, provided that such events occurred outside the home.

What is NOT covered by the Insurance

Damage to property held by one of the Insureds in any capacity is excluded.

Limitations of coverage apply

The Cover applies:

- with a Deductible of EUR 200.00 per Claim;



- up to 10% of the Coverage Limit indicated in the Policy with a limit of EUR 50,000.00 or, in the event of multi-location, up to 20% of the maximum coverage indicated in the Policy with a limit of EUR 100,000.00.

Art. 2.1.3 Motor vehicles

What is covered by the Insurance

The Cover applies to the Insured's liability for damage caused to third parties arising from:

- driving a moped, motorbike, agricultural machine by **minor child duly licensed to drive**; this coverage is only effective if the compulsory insurance is duly active, with exclusive reference to bodily injury caused to third parties transported without the parents' knowledge, in relation to any recourse action brought by the TPL insurer. **A Deductible of EUR 500.00 applies**;
- driving or ignition by **minor children not licensed to drive, without the knowledge of their parents**, of a motor vehicle, moped, motorbike or agricultural machine subject to compulsory insurance regularly in force, for damage caused to third parties for any recourse action brought by the TPL insurer;
- any fact resulting from the use, as a **passenger** of motor vehicles, excluding damage to the motor vehicle itself;
- the ownership, possession and use of vehicles such as bicycles, including pedal electric cycles, electric scooters, wheelchairs for the disabled, golf cars, hoverboards and segways that are not subject to compulsory insurance under current legal provisions and whose use is carried out in compliance with the legal regulations for the circulation of such vehicles.



What is covered by the Insurance? Optional covers

DEDICATED TO YOU

FAMILY SPECIAL

Art. 3.1 Covers dedicated to children

What is covered by the Insurance

Private life liability Cover is extended to:

- **Children residing elsewhere for study purposes**

The Cover also applies to the Insured's children up to the age of 28 who are no longer part of the Insured's household as students residing elsewhere.

- **Minor children of others in care of the Insured**

If the Insured temporarily cares, free of charge and as a courtesy, of the supervision of minor children of persons who are not part of his or her household, the Cover also extends to the third-party liability of the child's parents. The Cover only applies to the liability of the Insured or the minor's parents for damage to property and bodily injury involuntarily caused to third parties as a result of an accidental act of the minor.

What is NOT covered by the Insurance

Damage caused by minors to the Insured is in any case excluded.

Limitations of coverage apply

Coverage is limited to the period in which the child is under supervision.

- **Minor children of the Insured in care of others**

The Cover is also extended to persons who are not part of the Insured's household and who temporarily look after the Insured's minor children, free of charge and as a courtesy. The Cover only applies to the liability of such persons for damage to property and bodily injury involuntarily caused to third parties as a result of an accidental act of the minor.



Limitations of coverage apply

Coverage is limited to the period in which the child is under supervision.

Art. 3.2 Liability of cohabiting persons

What is covered by the Insurance

Private life liability Cover is extended to the persons named in the Policy.

Art. 3.3 Liability of non-cohabiting family members of the Insureds

What is covered by the Insurance

Private life liability Cover is extended to non-cohabiting family members of Insureds named in the Policy and to all members of their household.

For each identified family member (and the relevant household), the extension of Cover shall apply up to an amount equal to that indicated in the Policy, as if a separate policy had been taken out for each of these identified family members; references to the Policyholder/Insured means the persons indicated in the Policy.

WEB SPECIAL

Art. 3.4 Cyber insurance: privacy breach by minor children

What is covered by the Insurance

The Company shall indemnify damages resulting from the breach of privacy laws, i.e. damage to⁽¹⁾:

- image;
- social life;
- reputation,

caused by the Insured's minor children - provided they are cohabiting with the Insured - caused by the publication on social networks or Internet platforms of photographic images and videos:

- of persons who have not provided their consent required by law in this regard;
- of minors without the consent of those exercising parental authority or persons considered equivalent to them by law.

How the coverage works

The Cover applies as long as the regulatory rules for registration on social networks and Internet platforms mentioned have been complied with.

Limitations of coverage apply

The Cover applies:

- **with a Deductible of EUR 500.00;**
- **up to EUR 5,000.00 per Claim and per year.**

Where does the coverage apply?

The coverage is effective within the territory of the Italian Republic, the Vatican City State and the Republic of San Marino.



INVESTMENT HOUSE

Art. 3.5 Bed & Breakfast

What is covered by the Insurance

The Private life liability Cover also applies as a consequence of an event arising from the performance of Bed & Breakfast accommodation activities (accommodation and breakfast) provided that this activity:

- is duly authorised and carried out in accordance with the terms of the applicable laws and regional regulations;
- is carried out in the Insured's main home through normal family organisation.

The Cover includes damage resulting from:

- housekeeping activities;
- the operation of swimming pools and tennis courts provided that access is reserved exclusively for overnight guests of the Bed & Breakfast;
- any cultural and recreational activities inherent in the activity carried out in the Bed & Breakfast accommodation;
- from the ownership and maintenance of fixed signs, if the Building liability of the Modulo CASA is included in the Policy;
- things provided - limited to breakfast - or sold by the Insured directly to clients of the Bed & Breakfast.

Limited to food and beverages processed within the insured home, damage resulting from a defect or original defect in the product itself is included.

What is NOT covered by the Insurance

The following are always excluded:

- **damage to goods sold or supplied and the costs of repairs, replacement, recall or replacement;**
- **damages resulting from non-use.**

How the coverage works

The coverage applies to damages that occurred and were reported within one year after the sale and, in any case, within 6 months after the termination of the insurance, provided that they relate to items sold or supplied during the term of the insurance.

What is NOT insured

The following damages are always excluded:

- **damages to property of Bed & Breakfast's clients;**
- **damages arising from the organisation of sports competitions and contests in general, fireworks shows, and events or entertainments open to the public;**
- **damages to property held by the Insured in any capacity and to third party property caused by fire, explosion and bursting of property belonging to the Insured or in the possession of the Insured;**
- **damage arising from theft.**

Punitive damages are in any case excluded.

How the coverage works

The Bed & Breakfast Cover applies provided that the number of beds allocated to clients is not greater than 12.

If this limit is exceeded during the term of the contract, coverage is no longer effective from the first insurance year following the year in which the limit was exceeded.



Art. 3.6 Bed & Breakfast including damage to clients' property

What is covered by the Insurance

The Private life liability Cover also applies as a consequence of an event arising from the performance of Bed & Breakfast accommodation activities (accommodation and breakfast) provided that this activity:

- is duly authorised and carried out in accordance with the terms of the applicable laws and regional regulations;
- is carried out in the Insured's main home through normal family organisation.

The Cover includes damage resulting from:

- housekeeping activities;
- the operation of swimming pools and tennis courts provided that access is reserved exclusively for overnight guests of the Bed & Breakfast;
- any cultural and recreational activities inherent in the activity carried out in the Bed & Breakfast accommodation;
- from the ownership and maintenance of fixed signs, if the Building liability of the Modulo CASA is included in the Policy;
- things provided - limited to breakfast - or sold by the Insured directly to clients of the Bed & Breakfast.

Limited to food and beverages processed within the insured home, damage resulting from a defect or original defect in the product itself is included.

What is NOT insured

The following are always excluded:

- damage to goods sold or supplied and the costs of repairs, replacement, recall or replacement;
- damages resulting from non-use.

How the coverage works

The Cover is effective for damages that occurred and were reported within one year after the sale and, in any case, within 6 months after the termination of the insurance, provided that they relate to items sold or supplied during the term of the insurance.

What is covered by the Insurance

The Cover also covers damage:

- for which the insureds are liable to their clients for the theft, destruction and deterioration of delivered property (including animals), excluding jewellery and precious objects, money and valuables, or non-delivered property (this cover also applies notwithstanding the exclusions provided for in this section with regard to property held by the Insured).

What is NOT covered by the Insurance

The following damages are excluded from this coverage:

- damage from non-use;
- damage caused by burns from contact with heating and ironing, washing, stain-removal and similar appliances.

This coverage does not apply to vehicles and watercrafts in general nor to things in or on the vehicles themselves.

Limitations of coverage apply

This coverage applies, per client, up to EUR 1,000.00, with a limit of EUR 500.00 for jewellery and precious objects, money and valuables.

The absolute Deductible of EUR 100.00 shall apply to the compensation for each client.



Due to the limits of this coverage, members of the same Household are considered to be a single client

- to the vehicles (including bicycles) of third parties, including clients, which are on the premises where the Bed & Breakfast activity is carried out or in any case pertaining to the Bed & Breakfast accommodation, and are damaged as a result of this activity; however, traffic risks are excluded.

What is NOT insured

The following damages are excluded:

- from fire and theft;
- from non-use;
- to properties on or in the vehicles themselves.

Limitations of coverage apply

An absolute deductible of EUR 200.00 applies for each damaged vehicle.

What is NOT insured

The following damages are excluded:

- damages arising from the organisation of sports competitions and contests in general, fireworks shows, and events or entertainments open to the public;

Punitive damages are in any case excluded.

How the coverage works

The Bed & Breakfast Cover, including damage to clients' property, applies provided that the number of beds allocated to clients is not greater than 12.

If this limit is exceeded during the term of the contract, coverage is no longer effective from the first insurance year following the year in which the limit was exceeded.

Limitations of coverage apply

If the Third Party Liability Cover of the Modulo CASA is insured under the Policy, such Cover does not apply to delivered property, undelivered property and vehicles, to which only this Cover shall apply.

Delivered property, undelivered property and vehicles are not considered "Contents" of the home for the purposes of the Policy Covers.

TRAVEL AND LEISURE SPECIAL

Art. 3.7 Hunters liability

What is covered by the Insurance

Insurance is provided for the Insured's (meaning the person univocally identified and named in the Policy) liability arising from:

- the use of the hunting licence at the times, places and circumstances permitted by the laws and regulations in force;
- personal use or as owner (excluding entrusting to a third party even free of charge) of firearms for the purposes of hunting, target shooting, skeet shooting and similar activities;
- the personal use and the use for the practice of hunting of both pointing and cutting objects as well as small rowing boats for hunting in marshes, lakes or waterways, as well as from the packing of cartridges for one's own needs, provided this is done personally;
- personal use of hawks and bow for hunting;
- from possession of hunting dogs.



Limitations of coverage apply

With regard to the Insured's liability arising from the possession of hunting dogs, the Cover is subject to the application of an absolute Deductible of EUR 50.00 per Claim for damage to property.

This Cover fulfils the obligation provided for in Law No. 157 of 11 February 1992.

The Coverage Limit provided for in the Policy complies with the legal requirements, in force at the time the contract is entered into, in terms of minimum Coverage Limit.

The insurance also applies to damage occurring in all European countries where there is no insurance obligation. This Cover only applies to persons identified in the Policy.

For each identified Insured, the extension of cover applies up to an amount equal to the sum indicated in the Policy under the heading Coverage Limit, as if a separate policy had been taken out for each Insured; only for the purposes of this Cover, references to the Insured means only the identified persons and not also to the members of the Household.

What is NOT covered by the Insurance

The Cover does not apply:

- a. **if the Insured does not meet the legal age and hunting licence requirements;**
- b. **if the Insured is not in possession of a valid shotgun licence for hunting purposes;**
- c. **if the hunting activity is carried out using means not permitted by law, and in prohibited places and periods and in any case not in accordance with the applicable legal provisions;**
- d. **for fire damage;**
- e. **for damage, including theft, to property and animals that the Insured has in his or her possession or custody in any capacity;**
- f. **for damage to the ownership and use of means of transport or locomotion in general;**
- g. **arising from participation in competitions or contests.**

Art. 3.8 Liability for kite surfing and kite flying on all surfaces

What is covered by the Insurance

The Private life liability Cover applies to the Insured's liability from the practice - as an amateur - of kitesurfing and similar disciplines, including preparation, training and courses.

The Cover also applies to individual training sessions, provided that they are carried out in authorised, appropriately delimited and marked areas, in compliance with the relevant regulations.

What is NOT covered by the Insurance

Active participants in the activities covered by this Cover are excluded from the definition of third parties.

Limitations of coverage apply

The Cover applies:

- **with the 10% Uncovered Amount with a minimum of EUR 250.00;**
- **up to 50% of the Coverage Limit indicated in the Policy for Private life liability Cover with a limit of EUR 500,000.00.**



SPECIAL PROFESSIONAL

Art. 3.9 Operation of interconnecting rooms for private office or private practice

What is covered by the Insurance

The Private life liability Cover also applies to risks arising from the normal operation of interconnecting rooms used as the Insured's private office or private practice.

What is NOT covered by the Insurance

Damages arising from liability in connection with professional and commercial activities are excluded.



What is NOT covered by the Insurance?

Art. 4.1 Persons not considered third parties

The following persons are not considered third parties:

- a. the spouse or cohabiting partner, the parents, the children of the Insured, all the members of his or her household who are listed in the family status certificate;
- b. the legal representative, the partner or shareholder with unlimited liability, the director and the persons who are in the relationship with them as per a) above, if the Insured is not a natural person;
- c. the persons who have an employment or collaboration relationship with one of the Insureds and suffer the damage in the performance of work or service, with the exception of the provisions applicable to domestic workers.

Art. 4.2 Exclusions

The insurance does not apply to damages:

- a. resulting from the possession or use of radioactive substances or devices for accelerating atomic particles;
- b. of any kind resulting from water, air and soil pollution, except as provided for under the Non-life Cover to third parties by fire;
- c. to property that one of the Insureds holds in any capacity;
- d. arising from rowing and sailing with any craft longer than 6.5 m;
- e. deriving from the practice of sports activities as a non-amateur, paragliding, parachuting and air sports in general, participation in competitions or contests in heavy athletics, boxing, martial arts;
- f. arising from the wilful violation of laws and regulations relating to the ownership, possession and use of weapons for defence, target shooting, marksmanship, and similar purposes;
- g. resulting from hunting;
- h. of any kind arising directly or indirectly from asbestos or products containing asbestos;
- i. of any kind arising directly or indirectly from electromagnetic waves and/or fields;
- j. arising from ownership of real estate and its fixed systems;
- k. arising from ownership or use of animals;
- l. resulting from the use of motor vehicles, machinery or systems driven or operated by a person who does not possess the psycho-physical requirements necessary for qualification in accordance with the provisions of the law, except as provided under the Motor Vehicle Cover;
- m. arising from the use of motor vehicles or trailers, from the navigation of motorised watercraft and boats, and from the use of aircraft, except as provided under the Motor Vehicle Cover;
- n. from theft and arising to the property of others from fire, explosion and bursting of property belonging to one of the Insureds or in their possession, except as provided under the Non-life Cover to third parties by fire;



- o. caused to third parties as a result of extraordinary maintenance works affecting the buildings and premises of the Insureds' homes.

Furthermore, punitive exemplary damages are in any case excluded.



Are there limitations of coverage?

Art. 5.1 Maximum Exposure - Joint Liability between Insureds

The coverage limits indicated in the Policy are unique and constitute the maximum disbursement to be borne by the Company, even in the case of joint liability between several Insureds.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Covers	Deductible/ Uncovered Amount	Limit of Indemnity
Private life liability	if indicated in Policy Deductible EUR 200.00	Coverage Limit indicated in the Policy
	Deductible EUR 1,000.00 for damages in the USA and Canada	
		for interruption and suspension of use of goods and activities: 20% of the Coverage Limit indicated in the Policy
Basic Covers	- Domestic workers	- Coverage Limit indicated in the Policy for Private life liability
	- Damage to third parties caused by fire	-
	- affecting owned homes	- EUR 300,000.00 per Claim and per year for accidental air, water, soil pollution: EUR 100,000.00
	- affecting property owned by the Insured	Deductible EUR 200.00 10% of the Coverage Limit indicated in the Policy for Private life liability up to a maximum of EUR 50,000.00 (in the case of multi-locat- ion: 20% of the Coverage Limit stated in the Policy for Private life liability up to a maximum of EUR 100,000.00)
	- Motor Vehicles	- Coverage Limit indicated in the Policy for Private life liability
	Covers dedicated to children	- Coverage Limit indicated in the Policy for Private life liability
	Liability of cohabiting persons	- Coverage Limit indicated in the Policy for Private life liability
Optional Covers	Liability of non-cohab- iting persons	- For each identified Insured Coverage Limit indicated in the Policy for Private life liability
	Cyber Insurance: privacy breach by minor children	Deductible EUR 500.00 EUR 5,000.00 per Claim and per year
	Bed & Breakfast	Coverage Limit indicated in the Policy for Private life liability Maximum 12 beds



Covers	Deductible/ Uncovered Amount	Limit of Indemnity
Bed & Breakfast including damage to clients' property:	-	Coverage Limit indicated in the Policy for Private life liability Maximum 12 beds
- for the clients' properties	Deductible EUR 100.00	up to EUR 1,000.00 (EUR 500.00 for jewellery and precious objects, money and valuables)
Optional Covers - vehicles	Deductible EUR 200.00	-
Hunter's liability	-	For each identified Insured Coverage Limit indicated in the Policy for
Kitesurfing and kite flying liability	Uncovered Amount 10% minimum 250.00 EUR	50% of the Coverage Limit stated in the Policy for Private life liability up to a maximum of EUR 500,000.00



Where does the coverage apply?

Art. 6.1 Territorial Scope

The insurance applies to damage occurring worldwide.

Limitations of coverage apply

For the United States of America and Canada, the Deductible of EUR 1,000.00 per Claim shall apply.



PROVISIONS APPLICABLE IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 Obligations in the event of a claim

In the event of a Claim, the Insured must send a written report to the Company within 3 days from the date on which the Claim occurred (within 6 days if it occurred abroad) or from the day on which he or she became aware of it.

The report must contain:

- Policy number and name of the Agency handling the contract;
- precise description of the event, date, place, causes and consequences of the event itself;
- names and addresses of the persons concerned and any witnesses.

In any event, the Insured shall:

- promptly notify the Company of any document served on him through a Bailiff;
- in case of default, Article 1915 of the Italian Civil Code shall apply;
- provide the Italian Company with all the necessary deeds and documents, regularised according to the tax regulations on stamp duties.

Art. 1.2 Management of disputes on damages and legal costs

As long as it is in its interest, the Company manages out-of-court and in-court disputes, both civil and criminal, on behalf of the Insured; appoints, if necessary, lawyers and experts, and will avail itself of all the rights and actions to which the Insured is entitled.

Expenses incurred in the defence of the suit brought against the Insured shall be borne by the Company, up to a limit of 25% of the Coverage Limit set forth in the Policy for the damage to which the claim refers. **If the sum owed to the injured party exceeds the Coverage Limit, the costs are shared between the Company and the Insured in proportion to their respective interests.**

The Company does not bear the Insured's expenses for lawyers or experts who are not appointed by the Company. Furthermore, the Company is not liable for fines, penalties and criminal court fees.



SPECIFIC TERMS AND CONDITIONS IN ACCORDO: LEGAL PROTECTION

PREAMBLE

In relation to the regulations introduced by Legislative Decree No. 209 of 7 September 2005 - Title XI, Chapter II, Articles 163 and 164, the Company has chosen to entrust the management of Legal Protection Claims to D.A.S. Difesa Automobilistica Sinistri S.p.A., with registered office in via Enrico Fermi 9/B - Verona - toll-free number to call 800 880 880 - fax 045/8351023 - certified email address servizio.clienti@pec.das.it, hereinafter referred to as DAS.

All complaints, documents and any other elements relating to those Claims shall be sent to the latter.



What is covered by the Insurance?

Art. 1.1 Insured

The insured parties are the Policyholder/Insured named in the Policy and his/her household, namely:

- The persons named in the Insured's family status certificate at the time of the Claim;
- the Insured's minor children, even if not cohabiting.

Art. 1.2 Expenses included in the cover

What is covered by the Insurance

Within the Coverage Limit of the amount insured and the conditions provided in the Policy, the Company shall assume the risk of out-of-court and in-court assistance that is necessary to protect the rights of the Insured, as a consequence of a Claim for which the Cover apply.

This includes the following expenses:

- Legal fees: for the assistance of a lawyer per level of proceedings appointed to handle the Claim, for the activities actually performed and detailed in the bill
- Expenses of an attorney for substituted service

Limitations of coverage apply

Limit of amount per Claim EUR 3,000.00

- Expert fees: for the assistance of the court-appointed expert/technical advisor and/or a party-appointed technical advisor
- Costs of losing the case awarded in favour of the other party

What is NOT covered by the Insurance

Any liability arising from joint and several liability obligations is excluded

- Costs resulting from a settlement authorised by DAS, including the counterparty's expenses, **provided they have been authorised by DAS**
- Court fees
- Expenses of arbitrators and legal counsel in the event that a dispute falling under the cover must be referred to and settled in Arbitration
- Investigation expenses: for investigations into the persons, properties, modalities and dynamics of accidents resulting in Claims and, in criminal proceedings, for the search of defence evidence
- Expenses for drafting reports, complaints, applications to the judicial authorities

Limitations of coverage apply

Costs are compensated only in case of initiation of criminal proceedings in which the other party is indicted



- j. Mediation and assisted negotiation expenses, for mediation bodies' fees
- k. Costs of enforcement

Limitations of coverage apply

The costs of enforcement are included within the limits of the first two attempts

- l. Tax charges: standard court fee for the costs of court documents and VAT on the fees of appointed professionals, **if the Insured cannot deduct it for tax purposes.**

In addition, in the event of arrest, threat of arrest or criminal proceedings abroad, in one of the countries in which the Cover applies, the Company shall bear:

- a. the costs for the assistance of an interpreter

Limitations of coverage apply

Within the maximum limit of 10 working hours

- b. costs relating to translations of minutes or proceedings documents

Limitations of coverage apply

Up to a maximum limit of EUR 1,000.00

- c. the advance payment of the security deposit ordered by the competent authority,

Limitations of coverage apply

Within the limit of the sum insured. The amount must be returned to the Company within 60 days.



What is covered by the Insurance? Basic Covers

It is possible to choose one of the following alternative Covers:

Private life legal protection

Private life legal protection - Light

Art. 2.1 Private life legal protection

What is covered by the Insurance

The Cover applies if stated in the Policy and concerns the protection of the Insured's rights in the following areas:

1. extra-professional private life, including leisure time and travel/vacation

Limitations of coverage apply

Ownership and possession of animals is excluded

2. ownership and/or tenancy of real estate for residential use that is directly used by the Insured.

The Cover applies to:

- a. legal assistance for in tort damage to the Insured caused by a wrongful act of a third party
- b. participation in disputes relating to tort claims brought by third parties, as a result of an alleged wrongful act of the Insured;

Limitations of coverage apply

This Cover is in addition to what is due, for legal expenses connected to the defence of a claim and to losing the case, under the Third Party Liability Cover, applicable in favour of the Insured⁽²⁾. In the event that third party liability coverage does not exist or is not applicable, the Cover applies to the



legal expenses necessary to protect the rights of the Insured in relation to the intervention of DAS, directly or through professionals appointed by it, for the out-of-court phase only

c. defend themselves in criminal proceedings

Limitations of coverage apply

If the criminal proceedings relate to an offence committed with intent, Cover only applies if the Insured is acquitted by a final judgment or in the cases of dismissal of unfounded charges or if the offence is changed from committed with intent to committed with negligence

d. appeal to the competent ordinary court of first instance against an administrative sanction

e. obtain assistance in the following acts of voluntary jurisdiction:

- application for separation by mutual consent between the spouses and subsequent application for divorce

Limitations of coverage apply

The Cover is valid for marriages celebrated in Italy provided that the application is jointly submitted by the insured spouses, through the assistance of a single lawyer jointly chosen by the spouses and approved by DAS. Any subsequent divorce application shall be covered, again through the assistance of a single lawyer chosen by mutual agreement between the spouses and approved by DAS, provided that the separation by mutual consent occurred during the term of this contract and that it gave rise to a Claim managed by DAS, and furthermore provided that there was continuity of insurance coverage during the period between the approval of the separation by mutual consent and the divorce application. Separation and divorce are considered a single Claim for all purposes

- application for disqualification or incapacitation, appointment of a guardian or revocation of such measures in favour of a relative or next in kin
- claim for declaration of absence or presumed death⁽³⁾ or declaration of existence⁽⁴⁾ of a relative or next in kin

f. participation in civil law disputes of a contractual nature relating to the purchase of goods or services for private life

g. participation in civil law disputes relating to the right of ownership or other rights in rem, including leases, concerning homes directly used by the Insured.

When the coverage begins and when it ends

TERM OF EFFECTIVENESS AND EXCLUSION PERIOD

In cases of civil law disputes of a contractual nature and for acts of voluntary jurisdiction, the Cover is subject to the Exclusion Period set out in the article Exclusion Period in the section When does coverage begin and when does it end?

Art. 2.1 Private life legal protection - Light

What is covered by the Insurance

The Cover applies if stated in the Policy and concerns the protection of the Insured's rights in the following areas:

1. extra-professional private life, including leisure time and travel/vacation

What is NOT covered by the Insurance

Ownership and possession of animals is excluded

2. ownership and/or tenancy of real estate for residential use that is directly used by the Insured.

The Cover applies to:

- a. legal assistance for in tort damage to the Insured caused by a wrongful act of a third party



- b. participation in disputes relating to tort claims brought by third parties, as a result of an alleged wrongful act of the Insured⁽⁶⁾;

Limitations of coverage apply

This Cover is in addition to what is due, for legal expenses connected to the defence of a claim and to losing the case, under the Third Party Liability Cover, applicable in favour of the Insured⁽⁶⁾. In the event that third party liability coverage does not exist or is not applicable, the Cover applies to the legal expenses necessary to protect the rights of the Insured in relation to the intervention of DAS, directly or through professionals appointed by it, for the out-of-court phase only

- c. defend themselves in criminal proceedings

Limitations of coverage apply

If the criminal proceedings relate to an offence committed with intent, Cover only applies if the Insured is acquitted by a final judgment or in the cases of dismissal of unfounded charges or if the offence is changed from committed with intent to committed with negligence

- d. appeal to the competent ordinary court of first instance against an administrative sanction

- e. obtain assistance in the following acts of voluntary jurisdiction:

- application for separation by mutual consent between the spouses and subsequent application for divorce

Limitations of coverage apply

The Cover is valid for marriages celebrated in Italy provided that the application is jointly submitted by the insured spouses, through the assistance of a single lawyer jointly chosen by the spouses and approved by DAS. Any subsequent divorce application shall be covered, again through the assistance of a single lawyer chosen by mutual agreement between the spouses and approved by DAS, provided that the separation by mutual consent occurred during the term of this contract and that it gave rise to a Claim managed by DAS, and furthermore provided that there was continuity of insurance coverage during the period between the approval of the separation by mutual consent and the divorce application. Separation and divorce are considered a single Claim for all purposes

- application for disqualification or incapacitation, appointment of a guardian or revocation of such measures⁽⁷⁾ in favour of a relative or next in kin
- claim for declaration of absence or presumed death⁽⁸⁾ or declaration of existence⁽⁹⁾ of a relative or next in kin

When the coverage begins and when it ends

TERM OF EFFECTIVENESS AND EXCLUSION PERIOD

For acts of voluntary jurisdiction, the Cover is subject to the Exclusion Period set out in the article Exclusion

Period of the section When does the coverage begin and when does it end?

Art. 2.2 Telephone legal advice

What is covered by the Insurance

In addition to the agreed Covers, DAS offers a telephone legal advice insurance service.

The service is active:

- **within the scope of the matters provided under the coverage;**
- **Monday to Friday from 8 a.m. to 6 p.m. via toll-free number 800 880 880 and via the number +39 02 8295 1155 for requests from abroad.**



The Insured may call during office hours and obtain legal advice for:

- deal properly with legal disputes;
- correctly set up notices addressed to counterparties, such as claims for compensation or formal warnings;
- obtain clarification on laws, decrees and regulations in force.

Art. 2.3 Advance of expenses to lawyers and experts

What is covered by the Insurance

The Cover is only effective if it is stated in the Policy.

The Company and DAS undertake to pay advances to lawyers and experts appointed under this Cover.

What is NOT covered by the Insurance

The payment of advances in the case of criminal proceedings for offences committed with intent is excluded.

Limitations of coverage apply

The Cover is limited to a maximum of EUR 1,500.00 per Claim, following final confirmation that the insurance coverage applies.

What are my obligations?

The Policyholder/Insured undertakes to repay the amounts advanced within 60 days if it is determined that said amounts shall not be borne by the Company at the settlement of the dispute or proceeding.



What is covered by the Insurance? Optional Covers

DEDICATED TO YOU

INVESTMENT HOUSE

Art. 3.1 Legal protection of homes leased to third parties

What is covered by the Insurance

The Covers a), b), c), d), f), g) of the article Private life legal protection extend to the ownership of the homes indicated in the Policy leased to third parties.

In addition, the following is included in the cover:

- disputes with the tenant in the event of damage to the building caused by the tenant
- motion for eviction against the tenant for non-payment of rent. This includes any action for the recovery of unpaid rent.

Limitations of coverage apply

In the event of legal action for eviction for non-payment of rent, the cover is limited to EUR 2,500.00 and with a fixed deductible of EUR 500.00

What is NOT covered by the Insurance

Motions for eviction on other grounds are excluded.



SPECIAL PROFESSIONAL

Art. 3.2 Employee legal protection

What is covered by the Insurance

This Cover concerns the protection of the Insured's rights in the context of his/her employment with a public or private employer.

The Cover applies to:

- a. legal assistance for in tort damage to the Insured caused by a wrongful act of a third party
- b. participation in disputes relating to tort claims brought by third parties, as a result of an alleged wrongful conduct of the Insured;

Limitations of coverage apply

This cover is in addition to what is due, for legal expenses connected to the defence of a claim and to losing the case, from the liability section, operating in favour of the Insured⁽¹⁰⁾. In the event that third party liability coverage does not exist or is not applicable, the Cover applies to the legal expenses necessary to protect the rights of the Insured in relation to the intervention of DAS, directly or through professionals appointed by it, for the out-of-court phase only

- c. defend themselves in criminal proceedings

Limitations of coverage apply

If the criminal proceedings relate to an offence committed with intent, Cover only applies if the Insured is acquitted by a final judgment or in the cases of dismissal of unfounded charges or if the offence is changed from committed with intent to committed with negligence

- d. participation in disputes with their own employer;
- e. participation in disputes with public social security institutions or bodies (e.g.: INPS, INAIL).

What is NOT covered by the Insurance

The above Covers do not apply to private or public employees working as doctors or midwives.

Limitations of coverage apply

It should also be noted that if the Insured is a civil servant:

- in the event of proceedings for administrative-accounting liability (proceedings before the Italian Supreme Audit Institution), Cover only operates in the event of conviction of the Insured for gross negligence;
- In other cases, the Cover shall only be effective if the body to which it belongs, having been informed in a timely manner, is not obliged, pursuant to Article 28 of the national collective labour agreement, to reimburse the legal costs incurred.

WEB SPECIAL

Art. 3.3 Legal protection of digital life

What is covered by the Insurance

The Cover concerns the protection of the Insured's rights as an internet user (e.g. surfing websites, use of mobile applications, email account user and social network user), in the event of:

1. identity theft and/or fraudulent use by third parties personal or financial data of the Insured, including:
 - a. misuse of personal identification numbers (P.I.N.) of the Insured's bank accounts and/or credit cards, by means of the Internet or email;



- b. acts committed by third parties by means of visual and/or sound recording or unauthorised publication of images, audio or video of the Insured;
- c. misuse of the Insured's name and/or damage to personal reputation online;
- d. acts of cyberbullying committed by third parties to the detriment of the Insured via remote communication means;
- e. unauthorised access to the Insured's personal email accounts, social network profiles, personal restricted areas, including cases of cyber-extortion carried out on computer media owned by the Insured.

The Cover applies to:

- f. prepare a possible report/complaint to the investigating police bodies and to search for defence evidence;
- g. claim compensation from the infringer for the damage suffered by the Insured;
- h. the restoration of the Insured's reputation following pending litigation and/or protests in order to obtain removal from public registers;
- i. defence in criminal proceedings

Limitations of coverage apply

If the criminal proceedings relate to an offence committed with intent, Cover applies if the Insured is acquitted by a final judgment or in the cases of dismissal of unfounded charges or if the offence is changed from committed with intent to committed with negligence;

- j. participation, in the event of credit fraud, in a contractual dispute against banks and financial companies, before the Banking and Financial Ombudsman (arbitro bancario e finanziario, ABF), concerning banking and financial transactions and services, as regulated by the provisions of the Bank of Italy and other provisions in force concerning the out-of-court settlement of disputes between customers and banks or financial companies;
2. civil law disputes of a contractual nature with suppliers of goods and services, for purchases relating to one's private life made online or by means of distance selling techniques.



What is NOT covered by the Insurance?

Art. 4.1 Exclusions

The following expenses are not included:

- payment of fines or penalties and sanctions in general;
- tax charges other than the standard court fee;
- the VAT shown on the invoices of the appointed professionals that the Insured may deduct for tax purposes;
- the expenses reimbursed by the counterparty; if such expenses have been advanced by DAS, the Insured shall return them within 60 days;
- the expenses due from other debtors and charged to the Insured in accordance with the principle of joint and several liability⁽¹⁾;
- expenses, even if budgeted, that have not been agreed with DAS, in accordance with the rules on Claim management; more specifically, expenses for appointments made by the Insured of professionals other than those authorised by DAS for the management of a dispute prior to the start of legal proceedings, and expenses of the lawyer for activities that have not been effectively performed and detailed in the bill, shall not be reimbursed.

The insurance does not apply to:

- a. Claims arising from wilful misconduct of the Insured; if the criminal proceedings relate to an offence committed with intent, Cover only applies if the Insured is acquitted by a final judgment or in the



cases of dismissal of unfounded charges or if the offence is changed from committed with intent to committed with negligence

- b. damage suffered due to ecological, atomic, radioactive disaster;
- c. tax matters, except for criminal proceedings;
- d. family law, except for acts of voluntary jurisdiction provided for in the cover;
- e. inheritance and donations law;
- f. disputes and proceedings arising out of the ownership or use of vehicles, aircrafts and watercrafts;
- g. disputes relating to the acquisition or construction of real estate and for hidden defects which subsequently became apparent;
- h. disputes and proceedings in which the economic value of the dispute or the value of the administrative sanction is less than EUR 250.00;
- i. disputes with insurance companies.

In addition, if the relevant additional condition has not been signed, the coverage does not apply to:

- j. disputes and proceedings arising from employment activities;
- k. disputes and proceedings relating to real estate owned by the Insured and leased to third parties;
- l. disputes and proceedings related to the Insured as an Internet user.

In the event of a dispute between several Insureds within the same contract, coverage shall be provided only in favour of the Policyholder, with the exception of covers relating to acts of voluntary jurisdiction.



Are there limitations of coverage?

Art. 5.1 Amount insured

For each Claim, the Company shall bear the costs covered by the insurance up to the amount indicated in the Policy.

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following limits apply.

Cover	Deductible/Uncovered Amount	Limit of Indemnity
Basic Covers		
Private life legal protection		Coverage Limit indicated in the Policy
- Expenses of an attorney for substituted service		EUR 3,000.00 per Claim
- translation costs		EUR 1.000,00
- interpreter expenses		10 working hours
- advance security deposit		Coverage Limit indicated in the Policy
Private life Legal Protection Light		Coverage Limit indicated in the Policy
- Expenses of an attorney for substituted service		EUR 3,000.00 per Claim
- translation costs		EUR 1.000,00
- interpreter expenses		10 working hours
- advance security deposit		Coverage Limit indicated in the Policy



Cover	Deductible/Uncovered Amount	Limit of Indemnity
Telephone legal advice		
Advance of expenses to lawyers and experts		EUR 1,500.00 per Claim
Optional covers		
Legal protection of homes leased to third parties	EUR 500.00 for eviction for non-payment of rent	EUR 2,500.00 for eviction for non-payment of rent
Employee legal protection		Coverage Limit indicated in the Policy
Legal protection of digital life		Coverage Limit indicated in the Policy



Where does the coverage apply?

Art. 6.1 Where the Covers apply

The Covers concern Claims that occur and shall be heard by judicial authorities:

- of all European states, in case of criminal proceedings or in tort damage;
- in the European Union, Switzerland, the Principality of Monaco, Liechtenstein, Andorra, the Republic of San Marino and Vatican City, in the event of civil law disputes of a contractual nature;
- in Italy, Vatican City and the Republic of San Marino, in other cases.



When does the coverage begin and when does it end?

Art. 7.1 Exclusion Period and effectiveness of the Covers

The following Exclusion periods apply:

- **90 days in cases of civil law disputes of a contractual nature;**
- **2 years for acts of voluntary jurisdiction.**

The terms under which Legal Protection coverages apply are specified in the article Occurrence of the claim and applicability of the Cover, contained in the section What are my obligations? What are the Company's obligations? of the PROVISIONS APPLICABLE IN CASE OF A CLAIM.



How can I cancel the Covers?

Art. 8.1 Cancellation and extension of activated Covers

Activated Covers cannot be cancelled individually. Cancellation may be exercised within the terms and in the manner indicated in the General Terms and Conditions of Insurance set out in the Modulo Generale. In the absence of cancellation, activated Covers are extended for one year and so on, unless otherwise stated in the Policy.

PROVISIONS APPLICABLE IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 Occurrence of the claim and applicability of the Cover

The Claim shall be deemed to have occurred at the time when the Insured, the other party or a third party started to breach the law or the contract.

To determine the date on which a Claim occurs, it is considered:

- a. in the case of criminal proceedings, the date on which the first breach, even if alleged, of a law provision by the Insured occurred. The Cover shall also apply prior to notification to the Insured of the notice of investigation, in the case of spontaneous presentation, summons and forced escorting⁽¹²⁾;
- b. the date of the first event giving rise to the right to compensation, in cases of claims for in tort damage suffered or caused by the Insured;
- c. the date on which the first breach, even alleged, of a contractual provision by the Insured or the other party occurred, in the case of civil law disputes of a contractual nature;
- d. the date on which the first breach is established, in cases of opposition against administrative sanctions;
- e. the date of submission of the application in the acts of voluntary jurisdiction.

The Cover applies to Claims occurring after midnight on the effective date of the Cover, with the following exceptions:

- a. **90 days after the Covers take effect, in cases of civil law disputes of a contractual nature;**
- b. **two years after the Cover takes effect, for acts of voluntary jurisdiction.**

The Cover extends to Claims that have arisen during the period of validity of the cover and of which the Insured has become aware within 360 days of the date on which the cover ceased and that have been reported to DAS within the terms provided by law.

Art. 1.2 Reporting a claim

The management of Legal Protection Claims is entrusted to D.A.S. Difesa Automobilistica Sinistri S.p.A., as provided for by Legislative Decree no. 209 of 7 September 2005 - Title XI, Chapter II, Articles 163 and 164.

To report a claim, the Insured must promptly report the incident to DAS by calling the toll-free number 800 880 880 and the number +39 02 8295 1155 for requests from abroad.

DAS collects the complaint, indicates the documents required to activate the cover, provides all the information on Claim management, and issues a file identification number.

All documentation must be regularised at the Insured's expense in accordance with tax regulations on stamp duties.

In the absence of appropriate documentation to support the report, DAS shall not be liable for any delay in the management of the Claim.

The Insured must provide DAS with copies of any additional deeds or documents received after the Claim report and any useful information for the management of its case, promptly and in any case within the time limit for the defence.

In the event of criminal proceedings, the Insured shall be obliged to report the Claim at the time when the criminal proceedings begin or at the time when he/she becomes aware of his/her involvement in the criminal investigation.



Art. 1.3 Claims management

Prior to any court action, the management of the case is reserved exclusively to DAS in accordance with the following provisions:

- a. Upon receipt of the Claim report, DAS shall make every possible attempt to settle the dispute in an amicable manner, either directly or with the assistance of professionals appointed⁽¹³⁾ by DAS. **For this purpose, the Insured shall issue, if requested by DAS, a power of attorney for the management of the dispute;**
- b. for the resolution of the dispute, DAS assesses the advisability of resorting to or adhering to amicable dispute resolution procedures;
- c. the Insured may at this stage choose a lawyer of his/her choice if a conflict of interest situation with DAS arises.

DAS authorises possible legal action:

- a. always, when it is necessary to defend the Insured in criminal or administrative proceedings;
- b. **in other cases, only if the amicable settlement fails and the Insured's claims have a chance of success. The Insured communicates to DAS the information and arguments on which to base the action or defence in court in order to enable DAS to assess the chances of success.**

For the in court phase, DAS transmits the file to the appointed lawyer in accordance with the following provisions:

- a. the Insured may indicate to DAS a lawyer of his choice;
- b. **if the Insured does not provide the name of a lawyer, DAS may identify the lawyer directly;**
- c. **the Insured must in all cases duly engage the lawyer identified and provide him/her with all the information and documentation necessary to enable the best protection of his/her interests;**
- d. if, during the course of the same level of the proceedings, the Insured decides to revoke the engagement entrusted to a lawyer and to engage a new lawyer, **DAS does not reimburse the costs of the new lawyer in respect of activities already performed by the first lawyer.** This provision does not apply in the case of withdrawal from the case by the lawyer.

In the event of criminal proceedings for an offence committed with intent, **benefits are suspended and their payment is conditional on acquittal by a final judgment or dismissal due to unfounded charges.**

The Claim is unique in all respects:

- **in the presence of disputes brought by or against one or more persons and concerning identical or related claims;**
- **in the presence of proceedings, even of a different nature, arising from the same event-fact in which one or more insureds are involved;**
- **if the event giving entitlement to benefits continues through several successive breaches of the same nature;**
- **in the case of application for separation by mutual consent between the spouses and subsequent application for divorce.**

Art. 1.4 Disagreement on Claims management-Arbitration

In the event of a conflict of interest or disagreement between the Insured and DAS over the management of benefits, either the Insured or DAS may request that the matter be referred to an arbitrator appointed by mutual agreement between the parties or, in the absence of agreement, by the President of the competent Court in accordance with the Code of Civil Procedure.

Each of the Insured and DAS shall contribute to half of the arbitration costs, unless the parties agree otherwise.

The arbitrator decides according to equity. If the decision of the arbitrator is unfavourable to the Insured, he may still proceed on his or her own behalf and at his or her own risk. If, as a result of its action, the Insured obtains a



more favourable result than that previously envisaged or acquired by DAS, either in fact or in law, it may request the Company to reimburse the costs incurred and not reimbursed by the other party, within the limits of the sum insured under the Policy.

If the Insured intends to take action in court as an alternative, the civil action may be preceded by an attempt at mediation⁽¹⁴⁾.

Art. 1.5 Provision of benefits

Settlement of the Claim shall be made exclusively upon settlement of the dispute or proceedings.

The Company and DAS are not obliged to pay advances to the Insured or to pay advances to the appointed lawyers and/or experts, unless the Cover Advance of expenses to lawyers and experts has been entered into.

Art. 1.6 Forfeitures

In order to be entitled to benefits under this section, the Insured must comply with the following provisions:

- a. **must report the Claim promptly and in any event within the time useful for its defence;**
- b. **must promptly update DAS on any circumstances relevant to the provision of benefits under the contract;**
- c. **before engaging a lawyer or expert witness, it must notify DAS and have obtained confirmation to proceed;**
- d. **before signing an economic agreement or a cost estimate of the appointed lawyer or expert, it must obtain confirmation to proceed from DAS. It should be noted that, in any event, the Company shall not bear the costs of the lawyer for activities that were not actually performed and detailed in the bill;**
- e. **shall not agree with the counterparty, without the prior authorisation of DAS, any settlement or agreement to settle the dispute that provides for the Company to pay expenses in addition to the fees of the Insured's lawyer. If the Insured proceeds without authorisation, the Company shall only reimburse the charges to be borne by it after DAS has verified that there was a real urgency in concluding the transaction and if the transaction is convenient.**

Art. 1.7 Statute of limitation

Claims arising from insurance coverage shall be time barred within two years from the day on which the event on which the right is based occurred⁽¹⁵⁾. Consequently, Claim reports and/or communications received more than two years after the time when the right to the benefit could have been claimed shall result in the loss of the Insured's right to the benefit.

Art. 1.8 Exclusion of liability

The Company and DAS are not liable for the work of lawyers and experts.

DAS shall not be liable for any delays in the provision of benefits that are caused by the lack of appropriate documentation supporting the Insured's claims.



SPECIFIC TERMS AND CONDITIONS - COMMON PROVISIONS



When and how do I pay?

Art. 1.1 Adjustment of premium and sums insured

Without prejudice to the provisions of the Modulo Generale with reference to the payment of the Premium, the commencement of the Covers and the means of payment of the Premium, if expressly provided for in the Policy, an adjustment of 1.5% of the sums insured and the Premium applies at each yearly expiry.

However, the following items are not subject to adjustment:

- Absolute Deductibles,
- minimum and maximum Uncovered Amounts,
- all values expressed as percentages,
- limitations of Indemnity.



When does the coverage begin and when does it end?

Art. 2.1 Duration of Activated Covers

The effective and expiry dates of the activated Covers are indicated in the Policy.

Art. 2.2 Activation and Deactivation of Optional Covers

This Module provides Basic Covers and Optional Covers. Optional Covers can only be activated if the corresponding Basic Covers are active. Optional Covers may be independently deactivated from the corresponding Basic Covers.

✓ EXAMPLE Mode of activation: I wish to activate the optional Hunter's Liability Cover. Such cover: can only be activated upon activation of the Basic Private life liability Cover.

✓ EXAMPLE Mode of deactivation: Once the basic Private life liability Cover and optional Cover Hunter's liability are activated, I can decide to deactivate both covers or deactivate only the optional Cover.



How can I cancel the Covers?

Art. 3.1 Cancellation and Extension of Activated Covers

Unless otherwise stated in the Policy, upon expiry, the duration of the activated Covers is extended for one year and so on. In this case, the Policyholder or the Company may prevent the tacit extension by giving notice of cancellation within the terms and according to the procedures indicated in the General Terms and Conditions of Insurance set out in the Modulo Generale in **compliance with the interdependence constraints between the basic and optional Covers.**

The termination of all specific Covers of this Module as a result of cancellation shall also entail the simultaneous termination of the specific related Covers activated in the Modulo PREVENZIONE E ASSISTENZA.



PROVISIONS APPLICABLE IN CASE OF A CLAIM



How can I cancel the Covers?

Art. 1.1 Withdrawal in the event of a claim

The Policyholder or the Company may withdraw, with effect for all the Covers activated with this Module, as a consequence of the notification of any claim relating to one or more of the Covers activated with this Module, made in accordance with the terms of the contract during the entire duration of the Cover. This right may be exercised within 60 days of payment or refusal of payment.

Withdrawal:

- must be communicated in writing by registered letter with return receipt or by Certified E-Mail;
- if it is exercised by the Policyholder, it shall take effect from the date of receipt of the notice;
- if it is exercised by the Company, it takes effect 30 days after the date of receipt of the notice.

In all cases, by the fifteenth day following the effective date of withdrawal, the Company shall reimburse the Policyholder for the portion of the Premium relating to the period of time in which the risk was not incurred, if any, excluding taxes.

The payment or collection of Premiums due after the Claim report or any other action of the parties shall not be construed as their waiver of the right of withdrawal.

Withdrawal may be exercised according to the terms and conditions indicated in the Modulo Generale's General Terms and Conditions of Insurance; therefore, the termination of all the specific Covers of this Module following withdrawal due to a Claim shall also entail the simultaneous termination of the specific related Covers activated in the Modulo PREVENZIONE E ASSISTENZA.

- 1 Legislative Decree No. 196 of 30 June 2003.
- 2 Pursuant to Article 1917 of the Italian Civil Code.
- 3 Articles 407, 413, 417 and 429 of the Italian Civil Code.
- 4 Articles 49 and 58 of the Italian Civil Code.
- 5 Article 67 of the Italian Civil Code.
- 6 Pursuant to Article 1917 of the Italian Civil Code.
- 7 Articles 407, 413, 417 and 429 of the Italian Civil Code.
- 8 Articles 49 and 58 of the Italian Civil Code.
- 9 Article 67 of the Italian Civil Code.
- 10 Pursuant to Article 1917 of the Italian Civil Code.
- 11 Referred to in Article 1292 of the Italian Civil Code.
- 12 Articles 374-376 of the Italian Code of Criminal Procedure.
- 13 Pursuant to Article 164 paragraph 2 letter a) of the Private Insurance Code - Legislative Decree 209/05.
- 14 As provided for in Legislative Decree no. 28 of 4 March 2010.
- 15 Pursuant to Article 2952 of the Italian Civil Code.



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IMMAGINA VIVI ADESSO

Imagine Now HEALTH AND WELL-BEING is available in three alternative formulas:

"Benessere", for a customised and comprehensive Health protection formula that includes: financial protection to return active shortly in the event of unforeseen events; the choice of the most appropriate care in the event of frequent medical expenses for examinations and analyses; extraordinary expenses for hospitalisations or surgeries; formulas also for the whole duration of life. In addition, financial protection to always be able to provide for oneself and one's loved ones in the event of unforeseen events.

HEALTH AND WELL-BEING Module Information Pack - 22.10.2022 Edition

- DIP Modulo SALUTE E BENESSERE - Benessere
- DIP Modulo SALUTE E BENESSERE - Benessere
- Terms and Conditions of Insurance HEALTH AND WELL-BEING Module

"Starbene Su misura", for essential but effective individual protection for diseases and/or accidents suffered both in the performance of the professional activity indicated in the policy and in the context of family and private life.

Information Pack HEALTH AND WELLNESS Module - Starbene Made to Measure - 22.10.2022 Edition

- DIP Modulo SALUTE E BENESSERE - Starbene Su misura
- DIP Modulo SALUTE E BENESSERE - Starbene Su misura
- Terms and Conditions of Insurance Health and Wellness Module - Starbene Su misura

"Starbene Tutti compresi", to insure your present and future household with a defined package of covers (which can always be activated together) for car driving and domestic accident risks.

Information Pack Health and Wellness Module - Starbene All inclusive - 22.10.2022 Edition

- DIP Modulo SALUTE E BENESSERE - Starbene Tutti compresi
- DIP Modulo SALUTE E BENESSERE - Starbene Tutti compresi
- Terms and Conditions of Insurance Health and Wellness Module - Starbene All inclusive



Please note that you can change your choices over time according to your new needs.
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Insurance for the coverage of accident and/or disease risks

DIP - Pre-contractual Information Document for damage insurance products

Insurance Company: GENERALI ITALIA S.p.A.

Product: Immagina Adesso - Modulo SALUTE E BENESSERE - Starbene Su misura



Generali Italia S.p.A. - Tax code and registration with the Companies Register of Treviso - Belluno No. 00409920584 - VAT No. 01333550323 - Share Capital: EUR 1,618,628,450.00 fully paid-up - Certified e-mail (PEC): generalitalia@pec.generaligroup.com. Company registered in Italy with the IVASS Companies Register No. 1.00021, subject to the management and coordination of the sole Shareholder Assicurazioni Generali S.p.A. and belongs to the Generali Group, which is registered under No. 026 in the Register of Insurance Groups.

Full pre-contractual and contractual information on this insurance is provided in other documents.

What type of insurance is this?

This insurance is the comprehensive Accident and Diseases solution that can be adapted to the Insured's needs and covers risks from Diseases and/or Accidents that may occur at home, at work and during leisure time.



What is covered by the Insurance?

The Covers - indicated below per Section - are provided.

IN AUTONOMOUS SECTION

II Capital

- ✓ Permanent disability due to accident;
- ✓ Permanent disability due to disease
- ✓ Permanent disability from stroke or heart attack;
- ✓ Additional allowance for fracture;
- ✓ Additional allowance for fracture and dislocation.

The Annuity

- ✓ Accident life annuity
- ✓ Life annuity from disease.

IN ACTIVITY SECTION

Extraordinary medical treatment

- ✓ Medical expenses for accident, disease or childbirth;
- ✓ Medical expenses for disease or childbirth;
- ✓ Medical expenses for accident;
- ✓ Pre- and post-hospitalisation medical expenses for accident or disease;
- ✓ Major surgeries;
- ✓ Oncological diseases;
- ✓ Lump sum indemnity for surgery;
- ✓ Lump sum indemnity for serious events.

Treatment, examinations and visits

- ✓ High diagnostics;
- ✓ Specialist visits;
- ✓ Physiotherapy treatment for accident;
- ✓ Dental care.

For each day

- ✓ Daily allowance for hospitalisation due to accident, disease or childbirth;
- ✓ Daily allowance for recovery from accident or disease;
- ✓ Daily allowance for hospitalisation due to accident;
- ✓ Daily allowance for recovery from an accident;
- ✓ Daily allowance for immobilisation from accident;
- ✓ Daily allowance for temporary incapacity due to accident;
- ✓ Daily allowance for temporary incapacity due to illness;
- ✓ Indemnity for prolonged incapacity due to accident.



What is not covered by the Insurance?

Accidents resulting from the following circumstances are not insured:

- ✗ intoxication while driving, abuse of mental health medication, use of narcotics or hallucinogenic substances;
- ✗ driving any motor vehicle or vessel without a licence in accordance with the law as well as driving aircrafts in general or being present on them as crew members;
- ✗ carriage as a passenger on aircrafts for flights other than public transport, on aero club aircrafts or on aircraft for recreational or sports flying;
- ✗ offences committed or attempted by the Insured with intent;
- ✗ voluntary enlistment, call-up for mobilisation or exceptional reasons;
- ✗ war, insurrection and chemical or biological contamination from terrorist activity or war,
- ✗ transmutation of the nucleus of the atom and/or radiation caused by artificial acceleration of atomic particles;
- ✗ surgery, examinations or medical treatment that are not necessary for Accidents indemnifiable under the insurance coverage;
- ✗ parachuting, scuba diving, use of underwater vehicles;
- ✗ practice of any professional sport activity and practice, in any capacity, of identified sporting activities;
- ✗ use and driving of motor vehicles on circuits used for motor sports, use of motor boats during races, competitions or participation in sailing regattas in seas other than the Mediterranean Sea;
- ✗ participation in competitions organised by sports federations or sports bodies recognised by the Italian National Olympic Committee (CONI) for identified sports activities.

The following are also excluded:

- ✗ subcutaneous ruptures of tendons and hernias, except for abdominal hernias due to a violent cause if they are the result of an accident occurring during the validity of the Permanent Disability due to Accident Cover.

However, hernias are always excluded for all extensions to non-professional sports activities and for the optionally available scuba diving extension.

The insurance does not cover permanent Disability, incapacity and medical services, whether caused by Disease or Accident, resulting from:

- ✗ disabling and/or pathological conditions, Diseases and Malformations known or diagnosed prior to the activa-

A Vita

One of the following formulas may be chosen for each Insured:

Basic Formula

- ✓ Daily allowance for hospitalisation due to accident or disease;
- ✓ Pre- and post-hospitalisation medical expenses for accident or disease;
- ✓ Lump sum indemnity for serious events.

Comfort Formula

- ✓ Major surgeries;
- ✓ Oncological diseases;
- ✓ High Diagnostics.
- ✓ Top Formula
- ✓ Medical expenses for accident, disease or childbirth;
- ✓ Specialist visits;
- ✓ High Diagnostics.

IN CONTINUITÀ SECTION - For your loved ones

Death by accident.

Additional covers are also available to extend and customise coverage, as indicated in the Additional DIP.

tion of the Cover and not declared with intent or gross negligence;

- ✗ Physical anomalies pre-existing at the time of activation of the Cover;
- ✗ mental illnesses, mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;
- ✗ alcohol abuse, use of hallucinogens and use for non-therapeutic purposes of psychotropic drugs and/or narcotics;
- ✗ transmutation of the nucleus of the atom or radiation caused by artificial acceleration of atomic particles or chemical or biological contamination by terrorist activity or war;
- ✗ wars, insurrections, earth tremors, floods or volcanic eruptions;
- ✗ medical services of an aesthetic, slimming or dietary nature.

For Covers concerning expenses for medical services and for Covers with lump sum indemnity, additional exclusions are also provided, listed in the Additional DIP.

Finally, specific exclusions are provided for individual Covers.

The exclusions are included in the Terms and Conditions of Insurance and are in bold.



Are there limitations of coverage?

Limitations of Indemnity, Deductibles and Uncovered Amounts are provided for the Accident and Diseases Covers, which are summarised per Insured in the Policy, as well as Exclusion Periods that are contained in the Terms and Conditions of Insurance marked in bold type.

- ! Deductible means the portion of the damage - expressed as percentage points for disability; in days for indemnities and as a fixed amount for reimbursement of expenses - which shall be paid by the Insured in case of Claim.
- ! Uncovered Amount shall mean the percentage of indemnifiable damage for which the Insured remains liable.
- ! Exclusion Period means the time period, following the date of activation of the Covers, during which the Covers, in whole or in part, are not effective.

Specific limitations of Indemnity are contained in the Terms and Conditions of insurance and marked in bold.



Where does the coverage apply?

Accident and Diseases Covers apply worldwide.



What are my obligations?

When taking out the Policy containing these Covers or when activating them on an existing Policy, true, correct and complete representations regarding the risk to be insured (Articles 1892, 1893 and 1894 of the Italian Civil Code) must be made.

The Insured must inform the Company, by completing and signing a medical questionnaire, about his/her state of health and about any previous traumas, Accidents and Diseases, as well as about any other current Accident or Diseases covers other than the one that may be replaced.

Furthermore, during the period of validity of the Covers, written notice shall be given to the Company of any change that entails an increase or decrease in the insured risk (Articles 1897 and 1898 of the Italian Civil Code).

For the Covers Permanent Disability due to Accident, Permanent Disability due to Accident: coverage free of charge for the minor child, Accident Life Annuity, Medical Expenses from Accident: coverage free of charge for the minor child, Daily allowance for hospitalisation due to accident and Daily allowance for recovery from Accident, Daily allowance for temporary incapacity from accident, Daily allowance for immobilisation due to Accident, Indemnity for

prolonged incapacity due to accident, Death by Accident, the Policyholder, the Insured or another person on their behalf, must submit the report of the Accident to the Company within ten days from the day on which the same occurred or had knowledge or possibility to do so.

For the **Covers Permanent disability due to disease, Life annuity due to disease, Permanent disability due to stroke or heart attack, Lump sum Indemnity for serious events, Daily allowance for temporary incapacity due to disease**, the Disease must be reported by the Policyholder, the Insured or another person on their behalf within 15 days of the Diagnosis of the same or from the time when they became aware of it or had the possibility to do so.

For the **Covers Medical Expenses for accident, disease or childbirth, Pre- and Post-Hospitalisation Medical Expenses due to Accident or Disease, Major Surgeries, Oncological diseases, Lump Sum indemnity for surgery, High Diagnostic, Specialist Visits, Dental care, Physiotherapy treatment due to Accident, Daily allowance for hospitalisation due to accident disease or childbirth, Daily allowance for recovery from accident or disease**, the reporting of hospitalisation, surgery or medical service must be made within 15 days from the time of knowledge or opportunity or discharge.

Failure to comply with even one of the aforementioned obligations may result in the total or partial loss of the Indemnity as well as the termination of the Covers.



When and how do I pay?

Information on payment of the Premium is included in the DIP of the Modulo Generale.



When does the coverage begin and when does it end?

The Covers take effect at 12:00 a.m. on the day of activation for each one indicated in the Policy, if the Premium or the first Premium instalment has been paid; otherwise they take effect at 12:00 a.m. on the day of payment. If the Policyholder fails to pay the Premiums or subsequent Premium instalments, the insurance is suspended from 12:00 p.m. on the thirtieth day after the due date and resumes at 12:00 p.m. of the day of payment.

The term of the Covers are indicated in the Policy for each and, if tacit renewal is provided for, in the absence of cancellation, on expiration they are extended for a duration of one year and so on.

The Covers of the A Vita Section have an initial duration of 5 years with tacit annual renewal and the Company undertakes to renew them annually for the entire duration of the Insured's life.

In general, the Covers operate for claims, occurring during their term, until their expiration.

Certain Covers are subject to a period of time, following the pertaining effective date, during which all or part of the Covers are ineffective.



How can I cancel the policy?

All notices shall be made in writing to the Agency to which the Policy including these Covers is assigned or to the Company by registered letter or by certified email.

In order to prevent the automatic extension of the Covers, if any, the Policyholder or the Italian Company shall send the written notice of cancellation at least 30 days before the expiry date indicated in the Policy or the expiry of the year for which the insurance has been extended. The right of cancellation may be exercised in accordance with the rules of interdependence between Covers.

In case Covers providing a term longer than five years are entered into against the reduction in the Premium that is in any case envisaged for all Covers with a multi-year term, the Policyholder may exercise their right of withdrawal after five years, by sending an at least 30 days' written notice and with effect from the end of the year in which the right of withdrawal was exercised.

The Policyholder is, moreover, entitled to withdraw due to a Claim from the activated Covers of the Modulo SALUTE E BENESSERE - Benessere formula also after each report of a Claim:

occurring on one of the Covers of the A Vita Section in the first two years after their activation, with effect for the Covers of the A Vita Section only;

occurring on one of the Covers that does not provide disease coverage, with effect for all the Covers of the Module and the possibility of maintaining the Covers of the A Vita Section, if activated.

The Company shall have the same right of withdrawal due to Claim as the Policyholder with the additional limitation that, in the event of withdrawal following a Claim on one of the Covers that do not provide for disease coverage, the withdrawal shall not affect the diseases Covers. In this case, the Policyholder may also exercise withdrawal from these diseases Covers by notifying the Company within 15 days of receipt of the notice.

For the Covers of the A Vita Section, in the event that the Company exercises its right to technically review the Premium, the Policyholder who does not intend to accept the new Premium may not renew the same Covers by notifying the Company. Revision of the premium is only possible every five years if there are objective changes in the National Health Service or in the statistical data used to determine the fee.

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Insurance for the coverage of Accident and Diseases risks

Additional pre-contractual information document for damage insurance products
(Non-life Additional DIP)

Insurance Company: GENERALI ITALIA S.p.A.

Product: Immagina Adesso - Modulo SALUTE E BENESSERE - Benessere

Edition: 22.10.2022 The published Additional DIP Non-life DIP is the latest available



This document contains additional and complementary information to that contained in the pre-contractual information document for non-life insurance products (Non-life DIP), to help the potential Policyholder understand in more detail the characteristics of the product, the contractual obligations and the Company's financial situation.

The Policyholder shall read the Terms and Conditions of Insurance before executing the contract.

GENERALI ITALIA S.p.A. is a company belonging to the Generali Group; registered office is at Via Marocchesa, 14 - 31021 Mogliano Veneto (TV) - ITALY; telephone number: 041.5492111; website: www.generali.it; e-mail address: info.it@generali.com; certified e-mail address: generaliitalia@pec.generaligroup.com.

The Company is authorised by the Italian Ministry of Industry, Trade and Crafts Decree No. 289 of 2/12/1927, and is registered under number 1.00021 with the Insurance Companies Register.

Shareholders' equity as at 31/12/2021: EUR 9,050,863,796 of which EUR 1,618,628,450 related to share capital and EUR 7,130,519,742 to total equity reserves. The figures refer to the latest approved financial statements. The Solvency and Financial Condition Report (SFCR) is available at <https://www.generali.it/note-legali>.

Solvency Capital Requirement: EUR 7.827.344.769,68

Minimum capital requirement: EUR 3.359.474.146,09

Eligible equity: EUR 19.238.700.398,43

Solvency ratio: 246% (this ratio represents the ratio between the amount of basic own funds and the amount of the Solvency Capital Requirement required by the Solvency 2 regulations in force since 1 January 2016).

The contract is governed by Italian law.

The Benessere formula of the Modulo SALUTE E BENESSERE is an Accident and Disease insurance plan that allows to choose the most appropriate and personalised coverage for each Insured both for Accident, suffered in the performance of his or her professional activity declared in the Policy and any other activity related to private life, and in the event of Disease. The offer also includes Covers concerning coverage of expenses for medical services to be incurred following an Accident, Disease or childbirth and Covers providing for a lump sum Indemnity upon the occurrence of certain events.

Certain covers can be extended free of charge to minor children under the age of 10.

The Covers are effective, within the limits of the insured sums/Coverage Limits for each indicated in the Policy or in the Terms and Conditions of Insurance, if stated in the Policy and if the corresponding Premium has been paid.



What is covered by the Insurance?

There is no additional information to that provided in the Non-life DIP.

OPTIONS WITH PREMIUM REDUCTION

There are no options with reduced Premium.

OPTIONS WITH PAYMENT OF AN ADDITIONAL PREMIUM

In addition to the Covers already described in the Non-Life DIP, with the payment of an additional Premium, the following OPTIONS - indicated per Section - are available.

IN ATTIVITÀ SECTION - Extraordinary medical treatment:

Extension of oncological treatment	<p>It may be purchased to extend the coverages of the Covers of the IN ACTIVITY Section - Extraordinary Medical Treatment, which are alternative to each other:</p> <ul style="list-style-type: none">- medical expenses for accident, disease or childbirth;- medical expenses for disease or childbirth;- major surgeries. <p>By purchasing this extension, in the event of a Diagnosis of Oncological Disease resulting from a malignant neoplasm, insurance is extended to the following medical services within two years of the first Diagnosis:</p> <ul style="list-style-type: none">- non-surgical cancer treatments recognised and validated by the protocols of international authorities;- specialist visits, examinations and diagnostic tests;- if prescribed by a medical specialist and directly attributable to the pathology, 10 sessions of psychotherapy and psychoanalysis performed by licensed health professionals. <p>In addition, if this extension is activated, the daily allowance provided for in the Covers extended by it is also paid in full in the event of day hospital for non-surgical cancer treatments.</p> <p>What is guaranteed with this extension is, however, already included at no additional cost in the following Covers:</p> <ul style="list-style-type: none">- Oncological diseases of the IN ACTIVITY Section - Extraordinary medical treatment, Oncological diseases of the IN ACTIVITY Section - A Vita Comfort- Medical expenses for accident, disease or childbirth of the IN ACTIVITY Section - A Vita Top.
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DEDICATED TO YOU SECTION

With the payment of additional Premiums, it is possible to further customise the Benessere Formula offer by purchasing one or more of the Covers listed below for specific areas.

Special Professional	Monthly indemnity for loss of employment
	Reimbursement of expenses for fixed costs of a business
	Extension to radiodermatitis for radiologists
	Policyholder's liability
	Reimbursement of expenses for home/office/car adaptation following an accident
	Increased indemnity for accident deriving from a criminal offence
	Additional allowance for loan repayment of business premises
Travel and Leisure Special	Extension to tropical diseases
	Increased indemnity for motorcycling, cycling, skiing, sailing accidents
Family Special	Reimbursement of expenses for home/office/car adaptation following an accident
	Lump sum indemnity for loss of school year
	Increased indemnity for simultaneous hospitalisation of parents
	Additional indemnity for death
	Increased indemnity of the Death by Accident Cover
	Additional allowance for fractured femur/pelvis/ hip
Lump sum indemnity for parkinson/alzheimer/ALS	

Più Generali	Safeguarding investment plans
	Increase for reinvestment of indemnity for permanent disability due to serious accident
	Loyalty bonuses in the absence of claims
	Additional allowance for home mortgage repayment



What is NOT covered by the Insurance?

IN ACTIVITY SECTION

In addition to what is indicated in the Non-life DIP, it shall be noted that the following specific exclusions apply to the Covers concerning expenses for medical services and to the Covers providing for a lump sum Indemnity:

- Claims after the date of termination of the Cover, with the exception of benefits under the oncological treatments Extension;
- services related to bariatric surgery for the treatment of obesity below grade two;
- plastic surgery for aesthetic purposes;
- medical services related to eating disorders;
- medical services for the detection, elimination or correction of defects of vision;
- medical services related to sexual identity disorders;
- medical services related to the treatment of infertility, sterility and impotence or otherwise related to assisted and artificial insemination;
- non-therapeutic voluntary abortion;
- Hospitalisations for vegetative states and long-stay treatment, stays in retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic, phytotherapeutic and wellness establishments or treatment centres;
- medical services and techniques not covered by internationally recognised and validated protocols ('experimental protocols');
- medical services not related to the treatment of the reported pathology;
- Hospitalisations and day hospital only for examinations, visits and/or diagnostic tests or physical therapies if they can also be performed in an outpatient setting;
- services related to preventive surgery and prophylactic removal, including those performed as a result of genetic mutation;
- dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implant operations, except as provided for under the Dental Care Cover;
- expenses on parapharmaceuticals, medical and health devices, homeopathic medicines, food supplements, phytotherapeutic products; vaccines;
- psychotherapy and psychoanalysis (except as provided for in the oncological treatment Extension);
- costs of medical aids and appliances (e.g. immobilising braces and/or equivalent, orthotics and/or equivalent);
- services performed by non-qualified nurses;
- osteopathic and acupuncture treatments not performed by a doctor and all non-conventional therapies;
- rehabilitation and post-surgery therapies not carried out at authorised health facilities or private practices;
- infiltrations performed with a non-pharmacological product, growth factors and platelet gel;
- expenses not directly related to hospitalisation or surgery such as telephone, bar, restaurant;
- non-health services or services performed by personnel not recognised in the appropriate ministerial lists of Italian health professions.

In addition, the following specific exclusions apply to the Covers of the In Assets - A Vita Section:

- medical services made necessary by pandemic or epidemic Diseases and their consequences and complications;
- quarantine and forms of self-isolation or similar;
- organic brain syndromes, mental illnesses, degenerative neurological forms;

- medical services related to H.I.V. or A.I.D.S. seropositivity and all related pathologies;
- medical services connected with and resulting from alcohol abuse and intoxication and all related pathologies.

Specific exclusions are also provided for some Covers in addition to the general exclusions.

IN ATTIVITÀ SECTION - Extraordinary medical treatment

NEWBORN CARE	<p>Provided for Covers:</p> <ul style="list-style-type: none"> - Medical expenses for accident, disease or childbirth - Medical expenses for disease or childbirth <p>All tests aimed at finding the cause of genetic malformations, chromosomal abnormalities detected by diagnostic or screening tests or if prescribed as a result of presumed genetic risk and neonatal care are excluded.</p>
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IN ACTIVITY SECTION - Extraordinary medical treatment and A Vita

EXTENSION OF ONCOLOGICAL TREATMENT	<p>Always provided for the following Covers:</p> <ul style="list-style-type: none"> - Oncological diseases; - Medical expenses for accident, illness or childbirth (A Vita - Top). <p>Purchasable at an additional premium with the Covers (Extraordinary medical treatment):</p> <ul style="list-style-type: none"> - Medical expenses for accident, disease or childbirth; - Medical expenses for disease or childbirth; - Major surgeries. <p>Non-surgical oncological treatments that are not recognised and validated by the protocols of international authorities (AIFA in Italy - EMA in Europe - FDA in the United States of America) are excluded.</p>
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IN ATTIVITÀ SECTION - Treatments, tests and visits and A Vita

High Diagnostics	Mere control and screening services are excluded.
Specialist visits	Examinations not carried out by a specialist doctor and purely control and screening services are excluded.

DEDICATED TO YOU SECTION

Some optional Covers provide for specific exclusions.

Monthly indemnity for loss of employment	<p>Unemployment due to Loss of Employment is excluded if:</p> <ul style="list-style-type: none"> - on the date of activation of the Cover, the Insured was aware of the upcoming unemployment or of circumstances that objectively made it foreseeable; - unemployment is a consequence of: <ul style="list-style-type: none"> - dismissal between relatives, including ascendants and descendants; - dismissal for just cause, justified subjective or disciplinary grounds; - consensual termination of employment following a dispute arising from previous complaints; - retirement or early retirement; - exceeding of the statutory period of the right to retention of a position in the event of illness (protected period) - unemployment is a scheduled event depending on the nature of the employment relationship (e.g. fixed-term, seasonal, apprenticeship, project work contract); - the Insured has terminated the employment relationship of his/her own will or has not registered in Italy on the registry list with the status of unemployed person.
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Policyholder's liability	Cover is not provided when the injured persons are: <ul style="list-style-type: none"> - legal representative, director or partner with unlimited liability of the Policyholder company; - relatives or relatives-in-law of the Policyholder or of one of the other excluded persons who are permanently cohabiting with them.
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 **Are there limitations of coverage?**

IN AUTONOMY SECTION - II Capital

The following specific limits apply per each Cover.

- **Permanent disability due to accident** Indemnity is determined by applying the Deductible agreed in the Policy for each Insured.
If the abdominal hernias caused by the Accident are operable, a daily allowance for hospitalisation for surgery equal to 1/1000 of the sum insured, with a maximum of EUR 150.00 per day, and a lump sum allowance for post-surgery recovery of EUR 500.00 shall be paid. If, on the contrary, the abdominal hernias caused by the Accident are technically inoperable, a lump sum allowance for permanent Disability not exceeding 10% of the sum insured shall be paid, subject to the application of the Policy Deductible for permanent Disability due to accident.
- **Permanent disability due to accident - coverage free of charge for minor child:** the Indemnity is determined by applying the 25% Deductible.
- **Permanent disability due to disease:** the Indemnity is determined by applying the 24% or 79% Deductible indicated in the Policy for each Insured.
- **Permanent disability due to stroke or heart attack** the Indemnity is determined by applying the 24% Deductible.
- **Additional allowance due to fracture:** The Cover provides fixed amounts per type of Fracture with a maximum limit of EUR 2,000.00 in the event of several Fractures resulting from the same Accident.
- **Additional allowance for fracture and dislocation:** This Cover provides fixed amounts per type of Injury with a maximum limit of EUR 10,000.00 in the event of several Injuries resulting from the same Accident.

IN AUTONOMIA SECTION - The Annuity

The following specific limits apply per each Cover.

- **Accident life annuity:** This Cover provides for the establishment, through the issue of a specific life insurance policy in favour of the Insured, of the annual re-valuation annuity indicated in the Policy in the event of an indemnifiable Accident for which a degree of permanent Disability due to an accident of at least 66% is assessed.
- **Disease life annuity:** This Cover provides for the establishment, through the issue of a specific life insurance policy in favour of the Insured, of the annual re-valuation annuity indicated in the Policy in the event of an indemnifiable Disease for which a degree of permanent Disability of at least 80% is assessed.

IN ATTIVITÀ SECTION - Extraordinary medical treatment

Any Deductibles and uncovered amounts agreed and indicated in the Policy for individual Covers shall apply in the cases and in the manner indicated in the Terms and Conditions of Insurance.

Moreover, the following specific limits apply per each Cover.

Medical Expenses for Accident, Disease or Childbirth and Medical Expenses for Disease or Childbirth:

- Expenses for services performed within 150 days after Hospitalisation or Surgery following an Accident or Disease and within 240 days after hospitalisation for physiotherapy or rehabilitation treatment following a stroke or degenerative and neuromyopathic neurological forms;
- the costs of examinations, diagnostic tests and specialist visits performed within 100 days prior to Hospitalisation or Surgery as a result of an Accident or Disease;
- expenses related to the use of robotic techniques are paid with a limit of EUR 5,000.00 per surgery in case of reimbursement;

- the cost of home nursing care following Hospitalisation due to an Accident or non-oncological Disease incurred in the 45 days after Hospitalisation, with a limitation of Indemnity of EUR 4,000.00 per Hospitalisation or surgery; in the 60 days after Hospitalisation with a limitation of Indemnity of EUR 6,000.00 in the case of an oncological Disease;
- the costs of transporting the Insured are paid with a limit of EUR 5,000.00 per hospitalisation or surgery;
- the expenses for board and lodging of the accompanying person are paid with a limit of EUR 150.00 per day for a period not exceeding the period of Hospitalisation with a maximum of 100 days per insurance year and per Hospitalisation or surgery;
- travel expenses of the accompanying person are paid up to a maximum of EUR 2,500.00 per hospitalisation or surgery;
- the Allowance in lieu of expenses is paid with a limit of EUR 150.00 for each day of Hospitalisation, excluding that of discharge (EUR 75.00 in case of Day Surgery), for a maximum of 100 days per insurance year;
- costs relating to Hospitalisation for childbirth are paid with a limit of EUR 6,000.00 in the case of natural childbirth, EUR 8,000.00 in the case of caesarean section

Medical expenses for accident:

- expenses for services rendered in the 180 days following hospitalisation with a limitation of Indemnity, for physiotherapy and rehabilitation treatments, of 30% of the Coverage Limit with a maximum of EUR 3,500.00;
- expenses for services rendered prior to Hospitalisation or in the absence of Hospitalisation in the 120 days following the Accident, with a limit of Indemnity, for physiotherapy and rehabilitation treatments, of 20% of the Coverage Limit with a maximum of EUR 2,500.00; in the absence of Hospitalisation, a Deductible of EUR 100.00 applies;
- the Allowance in lieu of expenses is paid with a maximum of EUR 50.00 per day, excluding the day of discharge, for a maximum of 90 days per insurance year;
- the special additional allowance for prolonged hospital stays is paid with a limit of EUR 10,000.00.

Accident medical expenses - coverage free of charge for minor child:

- Expenses for examinations and diagnostic tests, purchase of medicines, outpatient medical and nursing services performed in the 90 days before and the 180 days after hospitalisation or surgery, with a limitation of Indemnity, for physiotherapy and rehabilitation treatments, of 20% of the Coverage Limit with a maximum of EUR 750.00.

Pre- and post-hospitalisation medical expenses for accident or disease:

- the costs of services performed in the 60 days before and 60 days after hospitalisation or surgery;
- there is a 20% Uncovered Amount with a minimum of EUR 50.00 per hospitalisation or surgery.

Major surgeries:

- expenses for services provided within 150 days after Hospitalisation;
- the costs of examinations, diagnostic tests and specialist visits performed in the 100 days prior to surgery;
- expenses for the use of robotic techniques are paid with a maximum limit of EUR 5,000.00 per surgery in case of reimbursement;
- expenses for nursing care at home following Hospitalisation incurred in the 45 days following discharge, with a maximum limit of EUR 4,000.00 per surgery;
- the costs of transporting the Insured are paid with a maximum limit of EUR 5,000.00 per surgery;
- the expenses for board and lodging of the accompanying person are paid with a limit of EUR 150.00 per day for a period not exceeding the period of Hospitalisation with a maximum of 100 days per insurance year and per surgery; the travelling expenses of the accompanying person are paid with a maximum of EUR 2,500.00 per surgery;
- the Allowance in lieu of expenses is paid with a limit of EUR 150.00 for each day of Hospitalisation, excluding the day of discharge, up to a maximum of 100 days per insurance year.

Oncological diseases:

- costs of services performed within 150 days after the date of Hospitalisation or surgery;
- the costs of examinations, diagnostic tests and specialist visits performed within 100 days prior to hospitalisation or surgery;
- Covered expenses for the use of robotic techniques are paid with a limit of EUR 5,000.00 in case of reimbursement;

- Covered expenses for nursing care at home following Hospitalisation are covered for 60 days after discharge with a maximum limit of EUR 6,000.00 per Hospitalisation or surgery;
- the costs of transporting the Insured are paid with a limit of EUR 5,000.00 per hospitalisation or surgery;
- the expenses for board and lodging of the accompanying person are paid with a limit of EUR 150.00 per day for a period not exceeding the period of Hospitalisation with a maximum of 100 days per insurance year and per Hospitalisation; the travelling expenses of the accompanying person are paid with a maximum of EUR 2,500.00 per Hospitalisation or surgery;
- the Allowance in lieu of expenses is paid with a limit of EUR 150.00 for each day of Hospitalisation, excluding the day of discharge, up to a maximum of 100 days per insurance year;
- the oncological treatment Extension is valid during the 2 years following the first diagnosis of the oncological pathology caused by a malignant neoplasm, provided that it was first diagnosed during the period of validity of the Cover, and specialist visits, laboratory tests, psychotherapy or psychoanalysis sessions are only covered on a reimbursement basis.

Lump sum indemnity for surgery:

- in the event of several Surgeries listed in the SURGERY LIST incurred during the same operating theatre session, only one surgery corresponding to the class of surgery with the higher amount will be compensated;
- In the event of more than one Surgery for the same Disease or Accident, on the same anatomical district or organ, carried out during the same insurance year, only the first and second surgeries shall be compensated, and the latter within the limit of 50% of the amount provided for in the table.

Lump sum indemnity for serious events:

- the fixed amount indicated in the Policy represents the sum paid as a non-predetermined lump sum benefit in the event of the Diagnosis or the occurrence of one of the serious events listed in the Terms and Conditions of Insurance and may be paid for only one of the serious events under the Cover, then the Cover ceases in respect of the Insured.

ACTIVITY SECTION - Treatments, tests and visits

The following specific limits apply per each Cover.

- **High Diagnostics** unless only the reimbursement of the co-payment paid to the NHS is requested, cover is provided with a 25% uncovered amount.
- **Specialist visits** unless only the reimbursement of the co-payment paid to the NHS is requested, cover is provided with a 20% uncovered amount with a minimum of EUR 50.00 per benefit.
- **Physiotherapy treatment for accident** for a period of up to one year from the date of the Accident.

IN ACTIVITY SECTION - For each day

The Covers operate subject to the application of the Deductible, if provided for in the Policy. Moreover, the following specific limits apply per each Cover.

- **Daily allowance for hospitalisation due to accident, disease or childbirth** is paid for a maximum of 360 days per insurance year with a limit of EUR 350.00 per day, even if increased and, in the case of Day hospital (of at least two days) is payable at 50%.
- **Daily allowance for hospitalisation due to accident** is paid for a maximum of 360 days per insurance year and, in the case of Day hospital (of at least two days), is payable at 50%.
- **Daily allowance for immobilisation due to accident** is paid for a maximum of 20 days in the case of immobilisation of fingers with plaster casts or equivalent immobilising external brace, for a maximum of 60 days in all other cases.
- **Daily allowance for temporary incapacity due to accident:** is paid for a maximum of one year from the date of the Accident and, in case of partial incapacity, is payable at 50%. The allowance is determined by applying the Policy Deductible, which may be chosen between a single Deductible of 10 days, which does not apply in the event of a Hospitalisation of at least three days, and a staggered Deductible (of 7 days for insured amounts up to EUR 50.00 and 15 days for any insured amounts exceeding EUR 50.00 - in the event of a Hospitalisation of at least 3 days, the 7 days Deductible up to EUR 50.00 of the sum insured does not apply).
- **Daily allowance for temporary incapacity due to disease** is paid for a maximum of 150 days, even if not consecutive, for one or more events in the same insurance year and, in case of partial incapacity, is payable at 50%.

- **Indemnity for prolonged incapacity due to accident:** This Cover provides, for each period of temporary incapacity of 90 or 60 consecutive days (based on the option indicated in the Policy), an Indemnity equal to 1/4 of the sum insured with a maximum of 4 periods per insurance year (if the option chosen is 90 days) and equal to 1/6 of the sum insured up to a maximum of 6 periods per insurance year (if the option chosen is 60 days).

If the same Insured has purchased both Daily allowance Cover for immobilisation due to accident and one of the alternative Covers Daily allowance for recovery due to accident and Daily allowance for recovery due to accident or disease, the individual insured indemnities shall not be cumulative and only the most favourable allowance for the Insured shall be paid and, if the prescribed recovery period is at least 5 days, an additional lump sum allowance equal to 25% of the days of immobilisation shall be paid, with a maximum of 10 days.

If the same Insured has purchased both the Permanent Disability due to Accident Cover and one of the Covers, alternative between each other, Allowance for recovery from accident or disease and allowance for recovery from accident, these allowances shall not be combined with the lump sum allowance for recovery after surgery for abdominal hernias due to violent causes, and only the allowance that is more favourable to the Insured shall be paid.

IN ACTIVITY SECTION - A Vita

For the individual Covers that make up the three alternative formulas Basic, Comfort and Top of the A Vita Section, the limits indicated above for the corresponding covers of the IN ACTIVITY Section - Extraordinary Medical Treatment, Treatment, tests and visits, and Per each day shall apply, with the following exception:


- Medical Expense for accident, disease or childbirth Cover of the A Vita Section - Top formula: expenses related to Hospitalisation for childbirth are paid up to a limit of EUR 3,000.00 in the case of natural childbirth and EUR 5,000.00 in the case of caesarean section.

DEDICATED TO YOU SECTION


Specific limits apply to certain Covers.

Reimbursement of expenses for fixed costs of a business	There is a limit of Indemnity for operating expenses of EUR 5,000.00 per single Accident.
Extension to radiodermatitis for radiologists	There is an absolute Deductible of 20% for Permanent Disability; the Indemnity for Temporary Incapacity due to accident is limited to a maximum of 180 days.
Policyholder's liability	Cover is provided up to an amount equal to the amount set aside and paid out under the accident insurance, with a maximum limit of - EUR 250,000.00 in the case of a single accident; - EUR 1,000,000.00 in the case of several Insureds injured in the same event, regardless of their number.
Reimbursement of expenses for home/car/office adaptation due to serious accident	Expenses for adapting the home, office or premises owned where the activity declared in the Policy is exercised are reimbursed up to a maximum of EUR 50,000.00; expenses for adapting the motor vehicle are reimbursed up to a maximum of EUR 10,000.00.
Additional allowance for loan repayment of business premises	Upon the occurrence of the event, the Cover ceases with respect to the Insured.
Extension to tropical diseases	The extension of Permanent Disability due to Accident Cover to tropical diseases is provided with an absolute Deductible of 15%.
Reimbursement of expenses for home and car adaptations following an accident	Expenses for adapting the home are reimbursed up to a maximum of EUR 50,000.00; expenses for adapting the car are reimbursed up to a maximum of EUR 10,000.00.

Lump sum indemnity for loss of school year	The expected lump sum allowance is EUR 3,000.00.
Additional indemnity for coma	The additional lump sum indemnity provided is EUR 10,000.00.
Additional allowance for fractured femur/ pelvis/ hip	The additional lump sum allowance provided is EUR 4,000.00.
Lump sum indemnity for parkinson/ alzheimer/ALS	The lump sum allowance provided is EUR 5,000.00.
Safeguarding investment plans	The single premium of the life insurance policy taken out by the Company in favour of the Insured cannot, however, exceed EUR 100,000.00 per accident.
Increase for reinvestment of indemnity for permanent disability due to serious accident	The increased Indemnity paid by the Company for the Vita contract may not, however, exceed EUR 15,000.00 per accident.
Additional allowance for home mortgage repayment	In any case the amount of the additional allowance shall not exceed EUR 50,000.00.

 What are my obligations? What are the company's obligations?	
What to do in case of claim?	<p>Reporting a claim: Claims must be reported in writing to the Agency to which the contract is assigned.</p> <p>The report of the Accident must be made by the Policyholder, the Insured or another person on their behalf, indicating the place, day and time of the event and the causes that led to it, accompanied by a medical certificate, <u>within 10 days</u> of the Insured becoming aware of it or having the possibility to do so, and the course of the Injuries must be documented by further medical certificates until the recovery is complete. The Company must be notified immediately of the death of the Insured caused by the Accident or occurring during the period of treatment.</p> <p>The report of the Disease must be made by the Policyholder, the Insured or another person on their behalf <u>within 15 days</u> of its occurrence or from when they became aware of it or had the opportunity to do so, and must be accompanied or followed, as soon as possible, by all relevant medical certificates.</p> <p>The report of the surgery, Hospitalisation or medical service performed must be made by the Policyholder, the Insured, or another party on their behalf <u>within 15 days</u> of their knowledge or possibility to do so or from the day of discharge, and must be accompanied by the relative receipts for expenses and medical documentation, including, in the event of Hospitalisation or surgery, the complete Medical record in a true copy, including the hospital discharge form (H.D.F.).</p> <p>The Insured or his assignees must allow the medical examination by the doctors sent by the Company and the necessary investigations, analyses and assessments to determine the right to Indemnity, as well as provide all necessary medical documentation.</p> <p>For the Monthly Indemnity for loss of employment Cover, the report must be made in writing by the Policyholder, the Insured, or another party on their behalf as soon as they have the opportunity to do so, accompanied by all therequired documentation; the Insured must also collaborate to enable the Company to carry out the necessary investigations and assessments and, if requested, authorise their employer to provide the information necessary for the provision of the benefits envisaged.</p>

	<p>Specific obligations in the event of a claim are stipulated for certain Covers.</p> <p>Direct assistance/assistance under agreement: the Insured may benefit from direct Payment by the Company of the expenses for the medical services listed below, by resorting to the Affiliated Medical Institutions upon activation of the Operations Centre in accordance with the procedures indicated in the Terms and Conditions of Insurance.</p> <p>List of medical services for which direct assistance is available:</p> <ul style="list-style-type: none"> - medical services performed during the period of Hospitalisation or Day surgery; - Outpatient surgeries; - Post-hospitalisation physiotherapy and rehabilitation treatments provided for by the Covers medical expenses due to accident, disease or childbirth, Major surgeries and Oncological diseases; - non-surgical oncological treatments (including day hospital or outpatient); and Diagnostic tests under the Extension of oncological diseases; - Physiotherapy and post-surgery treatments under the Medical Expenses due to accident Cover; - medical services under the High Diagnostic Cover; - Physiotherapy treatments under the Physiotherapy treatments due to accident Cover. <p>The list of medical institutions that are part of the Affiliated Medical Institutions is available at www.generali.it.</p> <p>Management by other companies: The management of direct assistance/assistance under agreement is entrusted to GENERALI WELION S.C.A.R.L., whose references are indicated in the Terms and Conditions of Insurance.</p> <p>Statute of limitations: rights arising from the contract other than the right to payment of Premium instalments (which is time-barred in one year from the individual due dates), are time-barred within two years from the day on which the event on which the right is based occurred, pursuant to Article 2952 of the Italian Civil Code. In liability insurance, the two-year period starts running on the day on which the third party has claimed compensation from the Insured or has instituted legal proceedings against the Insured to claim compensation.</p>
<p>What to do in case of claim?</p>	
<p>Incorrect statements or reticence</p>	<p>There is no additional information to that provided in the Non-life DIP.</p>
<p>Obligations of the company</p>	<p>After verifying the effectiveness of the Cover, assessing the damage and receiving the necessary documentation, the Company shall pay the Indemnity within 30 days, provided that no objection has been made.</p> <p>For the Policyholder's Liability Cover, the Company assumes, on behalf of the same, the management of disputes in and out of court, both civil and criminal, including the mediation procedures for civil disputes provided for by the legislation in force.</p> <p>The exercise of the right of withdrawal on the ground of reconsideration renders any Claim made ineffective.</p>

 When and how do I pay?	
<p>Premium</p>	<p>There is no additional information to that provided in the Non-life DIP.</p>
<p>Refund</p>	<p>If the contract has been sold entirely by means of distance communication techniques, in case the Policyholder exercises their right of withdrawal, the Company shall, within 30 days of receipt of the notice of withdrawal, refund the Premium paid, net of tax.</p>


Refund	In case of withdrawal by the Policyholder or the Company due to a Claim, the Policyholder is entitled, within 15 days of the effective date of the withdrawal, to reimbursement of any Premium paid and not used, net of tax.
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When does the coverage begin and when does it end?

Term	<p>The Company has the right not to renew the Covers of the A Vita Section only in the following cases:</p> <ol style="list-style-type: none"> Dissolution of the Policyholder who is not a natural person; Death of the Policyholder natural person; If the Policyholder/Insured moves his/her residence abroad; Request by the Policyholder not to renew Section A Vita for even only one of the insured persons; The Company ceases to manage the Disease business unit. <p>Certain Covers are subject to a period of time, following the pertaining effective date, during which all or part of the Covers is ineffective.</p> <p>IN AUTONOMY SECTION - II Capital</p> <p>Permanent Disability due to disease Cover applies:</p> <ul style="list-style-type: none"> - <u>for stroke or heart attack</u>: from 12.00 a.m. on the day of activation of the Cover indicated in the Policy, if the Premium has been paid on that date (otherwise from 12:00 a.m. on the day of payment of the relevant Premium or the first Premium instalment); - <u>for other Diseases</u>: from 12:00 a.m. on the 60th day following the date of activation of the Cover indicated in the Policy, if the Premium has been paid on that date (otherwise, from 12:00 a.m. on the 60th day following the date of payment of the relevant Premium or the first Premium instalment). <p>IN ACTIVITY SECTION</p> <p>The Covers listed below operate in relation to the coverage provided under each:</p> <ul style="list-style-type: none"> - <u>for Accidents and post-traumatic abortion</u>: from 12.00 a.m. on the day of activation indicated in the Policy, if the Premium has been paid on that date (otherwise from 12:00 a.m. on the day of payment of the relevant Premium or the first Premium instalment); - <u>for Diseases, miscarriage and therapeutic abortion</u>: from 12:00 a.m. on the 30th day following the date of activation indicated in the Policy, if the Premium has been paid on that date (otherwise, from 12:00 a.m. on the 30th day following the date of payment of the relevant Premium or the first Premium instalment); - <u>for childbirth</u>: from 12:00 a.m. on the 300th day following the date of activation indicated in the Policy, if the Premium has been paid on that date (otherwise, from 12:00 a.m. on the 300th day following the date of payment of the relevant Premium or the first Premium instalment); - <u>for Diseases that are the expression or direct consequence of pathological situations and Malformations that arose prior to the activation of the Cover, that were unknown and/or undiagnosed at the time of its activation or known and declared to the Company</u>: from 12:00 a.m. on the 180th day following the date of activation indicated in the Policy, if the Premium has been paid on that date (otherwise, from 12:00 a.m. on the 180th day following the day of payment of the relative Premium or the first instalment of the Premium). <p>List of Covers</p> <p>IN ACTIVITY SECTION - Extraordinary medical treatment</p> <ul style="list-style-type: none"> - Medical expenses for accident, disease or childbirth; - Medical expenses for disease or childbirth; - Pre- and post-hospitalisation medical expenses for accident or disease; - Major surgeries;
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Term	<ul style="list-style-type: none"> - Oncological diseases, - Lump sum indemnity for surgery; - Lump sum indemnity for serious events. <p>ACTIVITY SECTION - Treatments, tests and visits</p> <ul style="list-style-type: none"> - High diagnostics; - Specialist visits. <p>IN ACTIVITY SECTION - For each day</p> <ul style="list-style-type: none"> - Daily allowance for hospitalisation due to accident, disease or childbirth; - Daily allowance for temporary incapacity due to disease; <p>SEZIONE IN ATTIVITÀ – A Vita</p> <ul style="list-style-type: none"> - All Covers. <p>The Dental Care Cover of the IN ACTIVITY Section - Treatment, investigations and examinations, is valid:</p> <ul style="list-style-type: none"> - <u>for immediate treatment directly following an Accident documented by a First Aid certificate:</u> from 12:00 a.m. on the day of activation indicated in the Policy, if the Premium has been paid on that date otherwise from 12:00 a.m. on the day of payment of the relevant Premium or the first Premium instalment); - <u>in the other cases:</u> from 12 a.m. on the 120th day following the date of activation indicated in the Policy, if the Premium has been paid on that date (otherwise, from 12:00 a.m. on the 120th day following the date of payment of the relevant Premium or the first Premium instalment). <p>DEDICATO A TE SECTION</p> <p>The Daily Allowance for Loss of Employment Cover operates:</p> <ul style="list-style-type: none"> - <u>for the first event</u>, after 180 days from the day of activation indicated in the Policy (or from the day of payment of the relevant Premium or first instalment of Premium, whichever is later); - <u>for events subsequent to the first</u>, 180 days after the final settlement of a claim or the filing of a claim during the previous leave of absence (during which the Insured has returned to being a private employee and has passed the probationary period).
Suspension	It is not possible to suspend the insurance coverage during the contract.

 How can I cancel the policy?	
Cooling-off period	If the contract has been placed entirely through distance communication techniques, the Policyholder may withdraw within 14 days from entering into the contract by written request to be sent to the Agency to which the policy is assigned or to the Company by registered letter with acknowledgement of receipt or certified email.
Termination	There is no additional information to that provided in the Non-life DIP.

 Who is this product aimed at?	
Imagine Now - HEALTH AND WELL-BEING module - Wellness is intended as an elective target for individuals and families. The Module is aimed at customers who has expressed the needs Personal care and Assistance and help.	

 What costs do I incur?	
The Brokers for the sale of this insurance receive in average the 22,30% of the taxable Premium paid by the Policyholder for commission-type remuneration	

HOW CAN I LODGE COMPLAINTS AND RESOLVE DISPUTES?

To the Insurance Company	The provisions of the Additional DIP of the Modulo Generale apply.
To IVASS	The provisions of the Additional DIP of the Modulo Generale apply.

BEFORE RESORTING TO THE JUDICIAL AUTHORITIES, alternative dispute resolution systems can be used such as:

Mediation	The provisions of the Additional DIP of the Modulo Generale apply.
Assisted Negotiation	The provisions of the Additional DIP of the Modulo Generale apply.
Other alternative dispute resolution systems	<p>In the event of a dispute of a medical nature with respect to the Covers listed below, the contractual expert procedure provided for in the Terms and Conditions of insurance for such disputes may be used. The application for the activation of the contractual expert report should be addressed to: Generali Italia S.p.A. - Via Marocchesa,14 - 31021 - Mogliano Veneto (TV) - e-mail: generaliitalia@pec.generaligroup.com</p> <p>List of Covers:</p> <ul style="list-style-type: none"> - Permanent disability due to accident; - Permanent disability due to accident: free coverage for the minor child; - Permanent disability due to disease and Permanent disability due to stroke or heart attack; - Additional indemnity for fracture; - Additional indemnity for fracture and dislocation. - Accident life annuity; - Life annuity from disease; - Daily allowance for hospitalisation due to accident; - Daily indemnity for recovery from an accident; - Daily indemnity for immobilisation from accident; - Daily indemnity for temporary incapacity due to accident; - Indemnity for prolonged incapacity due to accident <p>For the settlement of cross-border disputes, the provisions of the Additional DIP of the Modulo Generale shall apply.</p>

NOTES: FOR THIS CONTRACT, THE COMPANY HAS AN INTERNET AREA RESERVED FOR THE POLICY-HOLDER ("HOME INSURANCE"), THEREFORE AFTER EXECUTING IT YOU WILL BE ABLE TO CONSULT THIS AREA AND USE IT TO TELEMATICALLY MANAGE THE CONTRACT ITSELF.

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Module Structure

The **Modulo SALUTE E BENESSERE - Wellness** is an integral part of the Immagina Adesso Insurance contract:

All the Covers are effective if they are stated in the Policy in the specific section and the relevant Premium has been paid.

The Specific Terms and Conditions are made up in turn of:

- the Definitions;
- the rules specific to the individual Covers activated, which contain the specific discipline of those Covers;
- the Common Provisions, which contain the discipline common to activated Covers.

SPECIFIC TERMS AND CONDITIONS - DEFINITIONS

In the Specific Terms and Conditions of this Module, the following terms are given the meanings specified herein:

Accident	Any event due to a fortuitous, violent and external cause that produces objectively ascertainable bodily injury resulting in death, permanent disability or temporary incapacity.
Affiliated dentist/ dental practice	Dentist or dental practice that has signed the agreement with the Company.
Affiliated Medical Institutions	Healthcare facilities consisting of Health Care Institutes, medical clinics and doctors, affiliated with the Operations Centre, which provide the Benefits, the cost of which is borne by the Company S.p.A., in the name and on behalf of the Insured, within the limits of the contractual terms and conditions.
Allowance in lieu of expenses	Daily lump sum indemnity paid in the event of hospitalisation not involving reimbursement of medical expenses
Beneficiary	The natural or legal person to whom the Company pays Indemnity in case of a fatal Accident to the Insured.
Claim	Damage event for which insurance is provided.
Contracted doctor	Team leader who signed the agreement with the Company. If the first doctor/operator is not contracted, the entire team is deemed to be non-contracted. If the team leader is contracted, he/she must ensure that all team members comply with the convention rules and rates. Otherwise, the entire team will be considered non-contracted.
Coverage Limit	Maximum amount payable by the Company for the individual Cover in respect of each Insured per Claim and per insurance year.
Coverage Limit per household	Maximum amount payable by the Company for the individual Cover in relation to all insured persons (two or more belonging to the same Household) per Claim and insurance year.
Day hospital	Inpatient stay without surgery in a day-care Institute for Health Care, documented by Medical records.
Day service	Programmable specialised outpatient activities involving the activation of articulated and interdisciplinary procedures, functional for the management of complex clinical situations for which day hospital or ordinary hospitalisation is not envisaged, such as MAC (complex care micro-activity) and PAC (complex care package).
Day surgery	Surgery performed in an Institute for Health Care, with a daytime stay in the ward, not involving an overnight stay, documented by medical records.



Deductible	Part of the damage that remains borne by the Insured, expressed in percentage points for Disability, in days for indemnities or in a fixed amount for reimbursement of expenses.
Diagnosis	Determination of the nature or location of a disease based on the assessment of symptoms.
Diagnostic assessment	An instrumental medical service aimed at investigating and/or defining the presence and/or course of a pathology resulting from an Disease or Accident, including a surgery and/or invasive one.
Direct payment	Settlement service that the Company, in the name and on behalf of the Insured, performs vis-à-vis the Affiliated Medical Institution.
Disease	Any altered state of health not resulting from an accident.
Disease onset	Onset, albeit asymptomatic, of the Disease.
Dislocation	Permanent displacement of two articular surfaces that have lost, more or less completely, the relationships that normally exist between the two parts in relation to which a reduction carried out by medical personnel in an Institute for Health Care followed. This does not include sub-luxations.
Emergency room	A facility that only guarantees the treatment of emergency-urgencies, i.e. spontaneous or traumatic pathological conditions requiring immediate diagnostic and therapeutic interventions.
Equivalent external immobilising brace	Independently immovable, rigid and external means of restraint. This does not include, by way of example, equivalent external immobilising braces, braces, corsets, semi-rigid corsets, elastic adhesive bandages (tensoplast, etc.).
Exclusion Period	The time period, following the date of activation of the Covers, during which the Covers, in whole or in part, are not effective.
Fracture	Bone Injury consisting of a complete or incomplete break in continuity with or without displacement of fragments. Detachment of a bony fragment and breaks are not included.
Genetic mutation	Any stable and heritable change in the nucleotide sequence of a genome or more generally genetic material (both DNA and RNA) due to external agents or chance, but not genetic recombination.
Healthcare Co-payment	The contribution due for the service received, calculated on the rates of the National Health Service. The service can be provided either by a National Health Service facility or by a private facility under an agreement.
Hospitalisation	Inpatient stay in an Institute for Health Care's ward involving at least one overnight stay, documented by medical records.
Household	All the persons shown on the Policyholder's family status certificate, including cohabiting partners and parties to civil unions ⁽¹⁾ .
Indemnity	Sum due by the Company in the event of a Claim, including in the form of reimbursement of expenses or direct payment.
Injury	Any impairing change to an organ or tissue, with alteration of continuity of form, structure and function caused by physical (traumatic agents), chemical (intoxication) or biological (microorganisms) causes.



Institute for Health Care	<p>A public hospital, clinic or nursing home (affiliated with the NHS or private) in Italy or abroad, duly authorised in accordance with legal requirements and by the competent authorities, to admit patients and provide them with health care, including day hospitalisation, and equipped for the overnight stay of patients and the treatment of pathological conditions by qualified medical and paramedical staff.</p> <p>Retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phyto-therapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, Wellness Centres in general and Beauty Farms or similar establishments are not considered to be Institutes for Health Care.</p>
Insured	<p>Person residing in Italy, the Republic of San Marino, the Vatican City State in whose favour the insurance is provided.</p>
Letter of Commitment	<p>Document setting out the reciprocal obligations between the Insured and the Affiliated Medical Institution in relation to the Hospitalisation, Surgery, non-Hospitalisation diagnostic service and with reference to the Terms and Conditions of Insurance; this document must be signed by the Insured upon acceptance at the Affiliated Medical Institution.</p>
Major Surgery	<p>Each surgery identified as such in the appropriate list.</p>
Malformation	<p>Any physical and/or psychic alteration (genetic or otherwise) developed during intra-uterine life.</p>
Manifestation of Disease	<p>Symptoms or signs of the disease</p>
Medical questionnaire	<p>Document containing information on the state of health of the Insured, completed and signed by him/her or by the person exercising parental authority, which is an integral part of the Policy.</p>
Medical records	<p>Official document and public deed drawn up during Hospitalisation or Day hospital, Day Surgery, or following an Outpatient Intervention, containing the Insured's personal details, diagnosis, present and past medical history, treatments carried out, surgeries performed, examinations and clinical diary, as well as the hospital discharge form (H.D.F.).</p>
Mixed payment	<p>Settlement which the Company makes in part by direct payment to the Affiliated Medical Institutions and in part by reimbursement payment for services provided by non-contracted medical physician.</p>
NHS	<p>National Health Service - the set of healthcare functions, activities and services managed and provided by the Italian regions.</p>
Oncological disease	<p>Any Disease determined by the presence of a benign or malignant neoplasm; this includes leukaemias, lymphomas, Hodgkin's disease, cancer in situ, tumours with direct invasion of neighbouring organs in a metastatic phase.</p>
Operations Centre	<p>Structure managed by GENERALI WELION S.C.A.R.L. with registered office in Trieste, Via Machiavelli 4, post code 34132, share capital EUR 10,000.00, fully paid-up, registered in the Companies Register of Venezia Giulia with VAT No. 01202150320, belonging to the Generali Group and subject to the Company's management and coordination, operating from Monday to Friday from 08:00 a.m. to 10:00 p.m. and on Saturdays from 08:00 a.m. to 2:00 p.m. (excluding public holidays) which, by virtue of a specific agreement, shall contact the Insured for whom the respective Covers are active, on behalf of and at the expense of the Company, to manage and provide the care and</p>



advisory services and healthcare benefits guaranteed by the contract, in the cases, with the methods and within the various limits foreseen in the contract, using also third parties who, for the services indicated in the Terms and Conditions of Insurance, are operational 24 hours a day and in certain cases, also make use of medical personnel.

Outpatient clinic A facility or centre equipped and duly authorised, in accordance with the regulations in force, to provide medical and surgical services, as well as a professional practice suitable by law for the exercise of the individual medical profession.

Outpatient surgery Surgery performed without an in-patient stay by a surgeon in an Institute for Health Care, medical centre or surgical practice and which, due to the nature of the activity, does not require a postoperative stay for observation. It may also involve biopsy, diathermocoagulation, cryotherapy, endoscopy with biopsy, operative laser therapy, joint infiltration, needle aspiration, ozone therapy.

Pandemic or epidemic Disease Any Disease, illness, infection, condition or disorder caused, in whole or in part, by any direct or indirect contact with, or exposure to, pathogens of any nature whatsoever (such as, but not limited to, viruses, bacteria or parasites), regardless of the method of transmission, contact or exposure which have been recognised by the international or national health authorities as spreading at pandemic level, or even more limitedly at local epidemic level but which, in the latter case, due to their seriousness have led to the adoption by the competent authorities of specific provisions or measures aimed at preventing the spread and/or containing the contagion.

Payment on repayment Reimbursement settlement made by the Company for expenses incurred in advance by the Insured.

Permanent disability (PD) Permanent, definitive and irreparable partial or total loss of the Insured's general capacity to carry out any gainful work, regardless of their profession.

Physical anomaly Deficiency or imperfection (genetic or otherwise) not present at birth, of an organ and/or apparatus and/or function even if not known or not diagnosed at the time of activation or this Module. For example, the following are considered Physical anomalies: hallux valgus, hammer toe, flat foot, refractive defects, deviation of the nasal septum, varus and/or valgus knees, keratoconus, scoliosis.

Physiotherapy and rehabilitation treatments Physical medicine and rehabilitation services carried out by a doctor or professional with a degree in physiotherapy or an equivalent qualification recognised in Italy, aimed at recovering the functions of one or more organs or apparatuses affected by a Disease or Accident eligible for insurance coverage. Excluded are all services intended to treat problems of an aesthetic nature, and those performed with instruments whose predominant use is in the field of aesthetic medicine.

Plastering A restraining appliance made of specially modelled plaster suitable for the immobilisation of limbs, apparatuses and anatomical districts.

Policyholder Natural or legal person taking out the insurance.

Premium Amount owed by the Policyholder to the Company upon taking out of the insurance.

Prosthetics An anatomical-functional device used to partially or totally replace a part of the human body that is no longer able to function properly.

Recidivism Relapse of a Disease that is healing or apparently already cured.

Risk Probability of the occurrence of the Claim.

Specialist examination The examination by a doctor with a specialisation, for diagnosis and for prescription of therapies to which the specialisation is inherent.



Surgery	Medical treatment, for therapeutic or diagnostic purposes, performed by any cut, whether manual or by using tools, on the skin or other tissues of the body, including with the use of mechanical, light or thermal energy sources. Stitches are not considered Surgery.
Temporary Incapacity	Temporary partial or total loss of the Insured's ability to devote themselves to their professional activities.
Terrorist activity	An act (including the use or threat of use of force or violence) committed by any person or group of persons acting alone or on behalf of or in connection with any organisation, for political, religious, ideological or similar purposes, including the intention to influence any government or to frighten the population or any part of it.
Uncovered Amount	Amount to be borne by the Insured, expressed as a percentage of the amount of the Indemnity.



SPECIFIC TERMS AND CONDITIONS ACTIVATED COVERS



What is covered by the Insurance?

Art. 1.1 Scope of insurance

The persons named in the policy are insured for the risks of Accident and Diseases.

The Covers with the sums insured, the Coverage Limits, the Limitations of Indemnity, the Deductibles and the relevant Uncovered Amounts are set out in the Policy for each Insured.

Art. 1.2 Accident insurance

What is covered by the Insurance

An accident is defined as any event due to a **fortuitous**, violent and external **cause** that produces **objectively ascertainable bodily injury**.

All events that have the character of an Accident, not expressly excluded, are covered, including:

- Accidents caused by inexperience, imprudence and gross negligence on the part of the Insured;
- bodily Injury resulting from civil commotion, provided that the Insured did not actively participate in it;
- Accidents sustained in a state of sickness, unconsciousness or dizziness;
- Accidents that the Insured suffers, as a passenger, during air travel for tourism, transfer and public passenger transport on aircraft or helicopters operated by whomever (these events are excluded if the scope of operation is traffic);
- Accidents caused by earthquakes, volcanic eruptions and floods, unless the Insured falls victim to such events in the municipality of residence.

Within the scope of coverage, they are also assimilated to an Accident:

- a. the consequences of sunstroke, heatstroke and cold, and electrocution;
- b. frostbite and freezing;
- c. the consequences of ingestion or absorption of substances if due to a fortuitous event;
- d) asphyxia of non-morbid origin;
- e. drowning;
- f. the consequences of infections due to an Accident indemnifiable under the insurance coverage, excluding in all cases Diseases;
- g. burns caused by animals or plants, poisonings caused by animal bites and insect stings excluding, however, malaria;
- h. the physical consequences of surgeries or treatments required for the treatment of Injuries resulting from Accidents indemnifiable under the insurance coverage.

They are included in the coverage if they are the result of an Accident and **if h24, professional only or non-professional only**:

- muscle injuries, excluding infarcts;
- abdominal hernias due to violent causes occurring after the activation of the Accident Covers. For abdominal hernias due to a violent cause, the Company will only pay, if the Permanent Disability due to Accident Cover is purchased, a daily hospitalisation allowance for the Surgery (also valid in the case of Day Surgery) equal to 1/1000 of the sum insured under the Permanent Disability Cover and a lump-sum post-operative convalescence allowance of EUR 500.00. If the hernia is technically inoperable, an indemnity for permanent disability not exceeding 10% of the relevant sum insured shall be paid, subject to the application of the Policy Deductibles.



What is NOT covered by the Insurance

They are not included in coverage:

- subcutaneous ruptures of tendons;
- herniated discs;
- all types of hernias other than abdominal hernias due to a violent cause or otherwise manifested prior to the conclusion of the contract.

Limitations of coverage apply

In the event of abdominal hernias due to a violent cause, the daily hospitalisation allowance for surgery, which is only paid if h24, only professional or only extra professional operations have been chosen , is paid with a limit of EUR 150.00.

Art. 1.3 Disease insurance

Disease is understood to be any altered state of health not resulting from an accident.



IN AUTONOMIA

CAPITAL



What is covered by the Insurance? Basic Covers

Art. 2.1 Permanent disability due to accident

What is covered by the Insurance

The Cover provides for the payment of an indemnity if the Accident causes permanent disability to the Insured, understood as a permanent reduction, even partial, in the capacity to perform any work.

Assessment of the degree

The degree of permanent disability is assessed based on the percentages expressed in the determination table chosen by the Insured and indicated in the Policy, according to the following criteria:

- the total and irreparable loss of the functional use of an organ or limb is considered as an anatomical loss of the same; in the event of a limitation of functionality, the percentages referred to in the table are reduced in proportion to the functionality lost;
- in the event of partial removal of a terminal phalanx of the fingers, the Company shall recognise a percentage of Disability equal to 50% of that attributed to the same phalanx in the event of total removal;
- in the event of anatomical loss or functional reduction of an organ or limb already disabled, the percentages in the table are reduced taking into account the degree of pre-existing disability;
- in the case of left-handedness, the percentages referring to the right upper limb are understood to apply to the left limb and vice versa;
- visual impairment must be assessed as it results with tolerated correction. If a residual visual impairment remains, a surcharge of 3 percentage points is paid for the use of glasses or permanent contact lenses.

If a single Accident affects more than one limb or function, the total Disability shall be the sum of the individual Disabilities, up to a maximum degree of 100%.

Determination of the degree of permanent disability due to accident - ANIA determination table

If it is indicated in the Policy for the Insured "The ANIA determination table shall be applied to apply the Indemnity", it is agreed that the degree of permanent disability shall be determined according to the following percentages:

Total, anatomical or functional loss of:	RIGHT	LEFT
- an upper limb:	70%	60%
- a hand or forearm	60%	50%
- one thumb	18%	16%
- an index finger	14%	12%
- a middle finger	8%	6%
- a ring finger	8%	6%
- a little finger	12%	10%
- the nail phalanx of the thumb	9%	8%
- a phalanx of another finger of the hand	1/3 of finger	
Ankylosis:		
- of the scapulohumeral joint with the limb in a favourable position, but with immobility of the scapula	25%	20%
- of the elbow at an angle between 120° and 70° with free pronosupination	20%	15%
- of the wrist in straight extension with free pronosupination	10%	8%



Complete paralysis:

- of the radial nerve	35%	30%
- of the ulnar nerve	20%	17%

Total, anatomical or functional loss of a lower limb:

- above mid-thigh	70%
- below mid-thigh, but above the knee	60%
- below the knee, but above the middle third of the leg	50%

Total, anatomical or functional loss of:

- one foot	40%
- both feet	100%
- a big toe	5%
- another toe	1%
- the nail phalanx of the big toe	2.5%

Ankylosis:

- of the hip in a favourable position	35%
- of the knee in extension	25%
- of the right-angled tibio-tarsus	10%
- right-angled tibiotarsal joint with ankylosis of the subtalar joint	15%

Complete paralysis of the external popliteal sciatic nerve 15%

Total, anatomical or functional loss of:

- an eye	25%
- both eyes	100%

Complete deafness of:

- an ear	10%
- both ears	40%

Nasal stenosis:

- unilateral	4%
- bilateral	10%

Displaced fracture of a rib 1%

Somatic amyelic fracture with wedge deformation of:

- a cervical vertebrae	12%
- a dorsal vertebrae	5%
- 12 th dorsal vertebrae	10%
- a lumbar vertebrae	10%

Complication of a Previous Fracture of:

- a sacral metamer	3%
- a coccygeal metamer with a deformed callus	5%

Aftermath of cervical sprain trauma with muscle contracture and limitation of head and neck movements 2%

Anatomical loss:

- of a kidney	15%
- of the spleen without significant impairment of the blood crisis	8%

In cases of permanent disability not specified in the table, the assessment of permanent disability is carried out taking into account the overall decrease in general working capacity.



Determination of the degree of permanent Disability due to accident - INAIL determination table

If it is indicated in the Policy for the Insured "The ANIA determination table shall be applied to apply the Indemnity", it is agreed that the degree of permanent disability shall be determined according to the following percentages, envisaged in the "INAIL table" in annex 1 of Presidential Decree No. 1124 of 30 June 1965, as in force on 24 July 2000.

Determination of the Indemnity

The indemnity is calculated by multiplying the sum insured for Permanent Disability by the ascertained percentage degree of disability, after applying the Deductible chosen by the Insured and indicated in the Policy.

What is NOT covered by the Insurance

The Accident Exclusions apply to this Cover.

Limitations of coverage apply

The Deductible indicated in the Policy for each Insured is applied.

Art. 2.2 Permanent disability due to accident: free coverage for minor child

What is covered by the Insurance

If at least one parent or, alternatively, the cohabiting partner, if any, as per the **family status certificate**, has purchased the Permanent Disability due to Accident Cover, this Cover shall operate free of charge for the children under 10 years of age indicated among the insured persons in the Policy for the **sum insured of EUR 25,000.00**.

The Cover provides for the payment of an Indemnity in the event that the Accident causes permanent disability to the Insured, understood as a permanent, even partial, reduction in the capacity to perform any work.

Assessment of the degree

The degree of permanent disability is ascertained on the basis of the percentages expressed in the table below, according to the following criteria:

- **the total and irreparable loss of the functional use of an organ or limb is considered as an anatomical loss of the same; in the event of a limitation of functionality, the percentages referred to in the table are reduced in proportion to the functionality lost;**
- **in the event of partial removal of a terminal phalanx of the fingers, the Company shall recognise a percentage of Disability equal to 50% of that attributed to the same phalanx in the event of total removal;**
- **in the event of anatomical loss or functional reduction of an organ or limb already disabled, the percentages in the table are reduced taking into account the degree of pre-existing disability;**
- **in the case of left-handedness, the percentages referring to the right upper limb are understood to apply to the left limb and vice versa;**
- **visual impairment must be assessed as it results with tolerated correction. If a residual visual impairment remains, a surcharge of 3 percentage points is paid for the use of glasses or permanent contact lenses.**

If a single Accident affects more than one limb or function, the total Disability shall be the sum of the individual Disabilities, up to a maximum degree of 100%.

Determination of the degree of permanent Disability due to accident - ANIA determination table

For Permanent Disability due to Accident Cover, it is agreed that the degree of permanent disability is determined according to the following percentages:



Total, anatomical or functional loss of:	RIGHT	LEFT
- an upper limb:	70%	60%
- a hand or forearm	60%	50%
- one thumb	18%	16%
- an index finger	14%	12%
- a middle finger	8%	6%
- a ring finger	8%	6%
- a little finger	12%	10%
- the nail phalanx of the thumb	9%	8%
- a phalanx of another finger of the hand	1/3 of finger	
Ankylosis:		
- of the scapulohumeral joint with the limb in a favourable position, but with immobility of the scapula	25%	20%
- of the elbow at an angle between 120° and 70° with free pronosupination	20%	15%
- of the wrist in straight extension with free pronosupination	10%	8%
Complete paralysis:		
- of the radial nerve	35%	30%
- of the ulnar nerve	20%	17%
Total, anatomical or functional loss of a lower limb:		
- above mid-thigh	70%	
- below mid-thigh, but above the knee	60%	
- below the knee, but above the middle third of the leg	50%	
Total, anatomical or functional loss of:		
- one foot	40%	
- both feet	100%	
- a big toe	5%	
- another toe	1%	
- the nail phalanx of the big toe	2.5%	
Ankylosis:		
- of the hip in a favourable position	35%	
- of the knee in extension	25%	
- of the right-angled tibio-tarsus	10%	
- right-angled tibiotarsal joint with ankylosis of the subtalar joint	15%	
Complete paralysis of the external popliteal sciatic nerve	15%	
Total, anatomical or functional loss of:		
- an eye	25%	
- both eyes	100%	
Complete deafness of:		
- an ear	10%	
- both ears	40%	
Nasal stenosis:		
- unilateral	4%	
- bilateral	10%	
Displaced fracture of a rib	1%	



Somatic amyelic fracture with wedge deformation of:

- a cervical vertebrae	12%
- a dorsal vertebrae	5%
- 12 th dorsal vertebrae	10%
- a lumbar vertebrae	10%

Complication of a Previous Fracture of:

- a sacral metamer	3%
- a coccygeal metamer with a deformed callus	5%
Aftermath of cervical sprain trauma with muscle contracture and limitation of head and neck movements	2%

Anatomical loss:

- of a kidney	15%
- of the spleen without significant impairment of the blood crisis	8%

In cases of permanent Disability not specified in the table, the assessment of permanent disability is carried out taking into account the overall decrease in general working capacity.

Determination of the Indemnity

The indemnity is calculated by multiplying the sum insured for Permanent Disability by the ascertained percentage degree of disability, after applying the Deductible.

If the Permanent Disability due to Accident Cover is also activated for the Insured, with the corresponding sum insured, the Indemnities due under the two Covers are added together.

What is NOT covered by the Insurance

The Accident Exclusions apply to this Cover.

Limitations of coverage apply

In the event of permanent Disability ascertained in accordance with the criteria of the insurance coverage of 25% or less, no Indemnity is paid.

Art. 2.3 Permanent disability due to disease

What is covered by the Insurance

The Cover provides for the payment of an indemnity if the reported Disease causes permanent disability to the Insured, understood as a permanent reduction, even partial, in the capacity to perform any work (reference ANIA table). The Cover operates for permanent disability resulting from Disease diagnosed **after the effective date of the Cover and no later than the expiry date of the Cover.**

Permanent Disability resulting from Disease arising during the period of validity of the Cover but diagnosed **within 6 months after the expiry of the Cover** is also included.

Indemnifiability Criteria

The Company shall pay the Indemnity for the direct, exclusive and objectively ascertainable consequences of the permanent Disability resulting from the individual Disease reported, if it is not caused or contributed to by Disease pre-existing on the effective date of the Cover.

Consequences of Diseases pre-existing at the date of activation of the Cover are not indemnifiable; moreover, in the assessment of the sequelae, only the consequences of the individual Disease arising after the activation of the Cover are taken into account, and not those attributable to pathological situations, infirmities, mutilations or Physical anomalies pre-existing at the time of activation of the Cover.



If the Insured reports several illnesses, either at the same time or at successive times, the assessment of permanent Disability is made on the individual Diseases reported considered separately.

Permanent Disabilities caused by Diseases that have already been established are not further assessed in the event of their aggravation or in the event of new Diseases that have a worsening influence on the disability.

Determination of Indemnity and Liquidated Damage (for IP of 25% or more - Deductible 24%)

If the 24% Deductible is indicated in the Policy for the Insured, the degree of permanent Disability is assessed in a period **between 12 and 18 months from the date the Disease is reported** and is assessed in the percentage by which the Insured's capacity to carry out any work is reduced.

Alternatively, the determination of the percentage of permanent Disability, at the **request of the Insured**, may be made **at least 6 months** after the claim if:

- a. clinical diagnosis of successful recovery is communicated;
- b. the impairment resulting from the Disease is fully stabilised.

No Indemnity shall be paid by the Company if the ascertained permanent Disability is less than 25% of the total.

If a degree of disability equal to or greater than 25% is established, the Indemnity is calculated by multiplying the sum insured by the percentage of liquidated disability ("% liquidated") indicated in the table, in correspondence with the percentage of disability assessed ("% assessed"):

% assessed	% liquidated	% assessed	% liquidated
Less than 25%	0	44	39
25	1	45	41
26	3	46	43
27	5	47	45
28	7	48	47
29	9	From 49 to 66	equal to the assessed
30	11	67	68
31	13	68	70
32	15	69	72
33	17	70	74
34	19	71	76
35	21	72	78
36	23	73	80
37	25	74	82
38	27	75	84
39	29	76	87
40	31	77	90
41	33	78	93
42	35	79	97
43	37	80 and more	100

Determination of Indemnity and Liquidation of the Damage (for IP of 80% or more - Deductible 79%)

If the 79% Deductible is indicated in the Policy for the Insured, the degree of permanent Disability is assessed in



a period between **12 and 18 months from the date the Disease** is reported and is assessed in the percentage by which the Insured's capacity to carry out any work is reduced.

Alternatively, the determination of the percentage of permanent Disability, at the **request of the Insured**, may be made at least 6 months **after the claim** if:

- a. a clinical Diagnosis of successful recovery is produced;
- b. the impairment resulting from the Disease is fully stabilised.

No Indemnity shall be paid by the Company if the ascertained permanent Disability is less than 80% of the total.

If a degree of Disability of 80% or more is established, the Indemnity is paid at 100%.

What is NOT covered by the Insurance

The Disease Exclusions apply to this Cover.

Limitations of coverage apply

The Deductible indicated in the Policy for each Insured shall apply.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

TERMINATION OF THE COVER

The Cover ceases on the expiry date indicated in the Policy for the individual Insured without the need for cancellation by either party. On the expiry date of the Cover, if there are other Covers still valid in the Policy, the total Premium of the policy shall be **reduced by** the portion of the Premium relating to the Permanent Disability due to disease Cover of the preceding year.

Art. 2.4 Permanent disability from stroke or heart attack;

What is covered by the Insurance

The Cover provides for the payment of an Indemnity if, following a stroke or heart attack, the Insured suffers permanent disability, understood as a permanent reduction, even partial, in the capacity to perform any work (reference ANIA table).

For the purposes of this Cover, the following specific definitions apply:

- **Heart attack:** coronary artery disease if it causes acute ischaemic necrosis of the myocardium by abrupt reduction in coronary flow; the diagnosis is made by the simultaneous presence of the following features: preconscious pain, typical ECG changes, increased serum activity of enzymes released from myocardial cells;
- **Stroke:** acute cerebrovascular accident consisting of cerebral haemorrhage or infarction (thrombosis or embolism) with an abrupt onset that produces neurological damage immediately detected during the hospitalisation in an Institute for Health Care.

The Cover applies to permanent Disability resulting from a stroke or heart attack occurring to the Insured after the effective date of the Cover and no later than the expiry date of the latter.

Indemnifiability Criteria

The Company shall pay Indemnity for the direct, exclusive and objectively ascertainable consequences of the permanent Disability resulting from the reported stroke or heart attack, if the latter is not caused or contributed to by a pre-existing Disease on the effective date of the Cover.



Consequences of Diseases pre-existing at the date of activation of the Cover are not indemnifiable; moreover, in the assessment of the sequelae, only the consequences of the Disease arising after the activation of the Cover are taken into account, and not those attributable to pathological situations, infirmities, mutilations or Physical anomalies pre-existing at the time of activation of the Cover.

Determination of Indemnity and Liquidation of Damages

The degree of permanent Disability is assessed over a period of **12 to 18 months from the date of** the claim and is assessed as the percentage by which the Insured's ability to perform any work is reduced.

Alternatively, the determination of the percentage of permanent Disability, at the **request of the Insured**, may be made **at least 6 months after the claim** if

- a. a clinical Diagnosis of successful recovery is produced;
- b. the impairment resulting from the Disease is fully stabilised.

No Indemnity shall be paid by the Company if the ascertained permanent Disability is less than 25% of the total.

If a degree of Disability **equal to or greater than 25% is established**, the Indemnity is calculated by multiplying the sum insured by the percentage of liquidated invalidity ("% liquidated") indicated in the table, in correspondence with the percentage of invalidity assessed ("% assessed"):

% assessed	% liquidated	% assessed	% liquidated
Less than 25%	0	44	39
25	1	45	41
26	3	46	43
27	5	47	45
28	7	48	47
29	9	From 49 to 66	equal to the assessed
30	11	67	68
31	13	68	70
32	15	69	72
33	17	70	74
34	19	71	76
35	21	72	78
36	23	73	80
37	25	74	82
38	27	75	84
39	29	76	87
40	31	77	90
41	33	78	93
42	35	79	97
43	37	80 and more	100



What is NOT covered by the Insurance

The Disease Exclusions apply to this Cover.

When does the coverage begin and when does it end

TERMINATION OF THE COVER

The Cover ceases on the expiry date indicated in the Policy for the individual Insured without the need for cancellation by either party. On the expiry date of the Cover, if there are other Covers still valid in the Policy, the total Premium of the policy shall be reduced by the portion of the Premium relating to the Permanent Disability due to stroke or heart attack Cover of the preceding year.

Art. 2.5 Additional indemnity for fracture

What is covered by the Insurance

If the Accident that is indemnifiable under the insurance coverage causes one of the bone fractures identified in the table below to the Insured, the Company shall pay the Insured - in addition to any other sums due under the other activated Covers - the Indemnity foreseen for the cases indicated:

BONE FRACTURES	Indemnity in euro
Upper limbs	
<u>Humerus-Ulna-Radius</u>	
Multiple fractures of which at least one is exposed	1,000.00
An Exposed Fracture	500.00
Multiple fractures, at least one of which was dislocated	500.00
All other types of fracture (single also compound or multiple as long as compound) (Indemnity refers to the individual bone)	250.00
<u>Hand bones (carpus and metacarpus excluding finger bones)</u>	
Fracture of one or more bones composing the carpus and/or metacarpus requiring surgery	500.00
Fracture of one or more bones composing the carpus and/or metacarpus not requiring surgery	300.00
Lower limbs	
<u>Femur</u>	
Multiple fractures of which one compound/dissected and one exposed	1,000.00
An Exposed Fracture	500.00
Multiple fractures, at least one of which was dislocated	300.00
All other types of fractures	300.00
<u>Patella</u>	
Patella fracture requiring surgery	500.00
Patella fracture not requiring surgery	300.00
<u>Tibia -Peroneal bone</u>	
Multiple fractures of which one compound/dissected and one exposed	1,000.00
An Exposed Fracture	500.00
Multiple fractures, at least one of which was dislocated	300.00
All other types of fractures (Indemnity refers to the individual bone)	300.00
<u>Foot bones (excluding toe bones)</u>	
Fracture of one or more bones requiring surgery	500.00
Fracture of one or more bones not requiring surgery	300.00



The maximum indemnifiable sum in the event of several fractures resulting from the same Accident is **EUR 2,000.00**.

Fracture types are classified as follows:

- **Compound fracture** when the fracture stumps remain in contact, maintaining the anatomical axis of the bone;
- **Displaced or multi-fragmentary fracture**: when there is no longer any contact between the fracture stumps;
- **Exposed fracture**: when the bone stump perforates the epidermis;
- **Multiple or multi-focal fracture**: when there is more than one fracture on the same bone.

Payment of the additional indemnity is independent of the stabilisation of any sequelae and may therefore be requested by the Insured before recovery.

What is NOT covered by the Insurance

The Accident Exclusions apply to this Cover.

How the coverage works

For this Cover to be effective, the bone fracture must be **diagnosed within 15 days from the date of the Accident and certified by an X-ray examination** carried out in a **public emergency room or Institute for Health Care**.

Art. 2.6 Additional allowance for fracture and dislocation

What is covered by the Insurance

If the Accident eligible for indemnification under the insurance coverage causes the Insured to suffer one of the Injuries identified in the table below, the Company shall pay the corresponding Indemnity to the Insured.

TYPES OF BREAKAGE/LOSSES and AFFECTED COMPARTMENTS	INDEMNITY IN EURO
CRANIC TECA	
Fracture of the cranial theca requiring surgery	5,000.00
Fracture of the cranial theca that does not require surgery	2,000.00
MASSIVE FACIAL	
Fracture requiring surgery	3,000.00
Fracture not requiring surgery	1,000.00
TRUNK (CHEST SKELETON - EXCLUDING SPINE)	
CLAVICLE - SCAPULA - STERNUM	
Fracture requiring surgery	1,250.00
Fracture not requiring surgery	500.00
SPINAL COLUMN (INCLUDING THE SACRAL TRACT AND COCCYX)	
Body/spinal ring fracture	4,500.00
Fractures of one or more transverse or spinous processes or of the vertebral pedicle	2,000.00
all other types of fractures	500.00



TYPES OF BREAKAGE/LOSSES and AFFECTED COMPARTMENTS	INDEMNITY IN EURO
PELVIC BONES	
HIP AND/OR COCCYX	
Fracture requiring surgery	5,000.00
Fracture not requiring surgery	2,000.00
COSTLES	
Fracture of one or more ribs with lung injury	1,000.00
Fracture of one or more ribs with pleural injury	850.00
Fracture of at least 3 ribs in the absence of pleural or pulmonary injury	500.00
UPPER LIMBS	
HUMERUS - ULNA - RADIUS	
Multiple fractures of which one compound/dissected and one exposed an exposed fracture	3,000.00
Multiple fractures, at least one of which was dislocated	1,500.00
all other types of fractures (single also compound or multiple as long as compound)	1,000.00
	500.00
HAND BONES (CARPUS AND METACARPUS EXCLUDING FINGER BONES)	
Fracture of one or more bones composing the carpus and/or metacarpus requiring surgery	1,000.00
Fracture of one or more bones composing the carpus and/or metacarpus not requiring surgery	500.00
FINGER BONES	
Fracture of one or more phalanges requiring surgery	850.00
Fracture of at least 3 phalanges not requiring surgery	500.00
LOWER LIMBS	
FEMUR	
Multiple fractures of which one compound/dissected and one exposed an exposed fracture	3,500.00
Multiple fractures, at least one of which was dislocated	1,500.00
all other types of fractures	1,000.00
	850.00
PATELLA	
Patella fracture requiring surgery	850.00
Patella fracture not requiring surgery	500.00
TIBIA - PERONEAL BONE	
Multiple fractures of which one compound/dissected and one exposed	3,000.00
DISLOCATIONS	
Hip	2,500.00
Knee	1,250.00
wrist or elbow	800.00
ankle or shoulder	800.00



The **maximum indemnifiable sum** in the event of **several Injuries resulting from the same Accident** is **EUR 10,000.00**.

The types of fractures are classified as follows:

- **Compound fracture:** when the fracture stumps remain in contact, maintaining the anatomical axis of the bone;
- **Displaced or multi-fragmentary fracture:** when there is no longer any contact between the fracture stumps;
- **Exposed fracture:** when the bone stump perforates the epidermis;
- **Multiple or multifocal fracture:** when there is more than one fracture on the same bone.

Payment of the additional indemnity is independent of the stabilisation of any sequelae and may therefore be requested by the Insured before recovery.

What is NOT covered by the Insurance

The Accident Exclusions apply to this Cover.

Dislocation to joints that have already suffered one previously (Recidivism) cannot be compensated in any case.

How the coverage works

The following applies to the effectiveness of this Cover.

Bone fractures

Payment of the indemnity following a bone fracture requires that the fracture be **diagnosed within 15 days of the date of the Accident**. In addition, the diagnosis must be **certified** by an **X-ray examination** carried out in a **Public Emergency Room or Institute for Health Care**.

Dislocation

Dislocation is only indemnifiable if an **X-ray examination** is **carried out before the reduction** and if the reduction is **performed in an Institute for Health Care by a doctor**.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

IN AUTONOMY - CAPITAL			
Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Permanent disability due to accident	Deductible indicated in the Policy for each Insured	-	-
whether h24, professional only or non-professional only was chosen			
- Abdominal hernias from violent causes (operable) - daily allowance for hospitalisation with surgery	-	-	1/1000 of the sum insured for permanent Disability due to accident with a maximum of 150.00 euro per day
- Abdominal hernias from violent causes (operable) - lump-sum allowance for convalescence after hospitalisation with surgery	-	-	EUR 500.00



IN AUTONOMY - CAPITAL

Cover	Deductible	Uncovered Amount	Limitations of Indemnity
- Abdominal hernias due to violent causes (inoperable) - indemnity for permanent disability	-	-	10% of the sum insured for Permanent Disability due to accident
Permanent disability due to accident: free coverage for minor child	Deductible 25%	-	-
Permanent Disability due to disease	Deductible 24% or 79% (as indicated in the Policy for each Insured)	-	-
Permanent disability from stroke or heart attack	Deductible 24%	-	-
Additional allowance for fracture	-	-	Limit by Fracture Type In the case of several fractures maximum 2,000.00 euro.
Additional allowance for fracture and dislocation	-	-	Limit by Injury Type In the case of multiple injuries maximum EUR 10,000.00.

THE ANNUITY



What is covered by the Insurance? Basic Covers

Art. 2.7 Accident life annuity

What is covered by the Insurance

In the event of an Accident, eligible for indemnity under the insurance coverage, for which a degree of permanent disability **equal to or greater than 66%** is assessed, based on the percentages expressed in the following table (ANIA table), the Company, in addition to the amount due under the contract - shall issue a special life insurance policy at its own expense in favour of the Insured, which guarantees him/her a deferred annual life annuity that can be revalued, for an annual amount equal to the sum indicated in the Policy.

Total, anatomical or functional loss of:	RIGHT	LEFT
an upper limb:	70%	60%
a hand or forearm	60%	50%
one thumb	18%	16%
an index finger	14%	12%
a middle finger	8%	6%
a ring finger	8%	6%
a little finger	12%	10%
the nail phalanx of the thumb	9%	8%
a phalanx of another finger of the hand	1/3 of finger	



Ankylosis:

of the scapulohumeral joint with the limb in a favourable position, but with immobility of the scapula	25%	20%
of the elbow at an angle between 120° and 70° with free pronosupination	20%	15%
of the wrist in straight extension with free pronosupination	10%	8%

Complete paralysis:

of the radial nerve	35%	30%
of the ulnar nerve	20%	17%

Total, anatomical or functional loss of a lower limb:

above mid-thigh	70%
below mid-thigh, but above the knee	60%
below the knee, but above the middle third of the leg	50%

Total, anatomical or functional loss of:

one foot	40%
both feet	100%
a big toe	5%
another toe	1%
the nail phalanx of the big toe	2.5%

Ankylosis:

of the hip in a favourable position	35%
of the knee in extension	25%
of the right-angled tibio-tarsus	10%
right-angled tibiotarsal joint with ankylosis of the subtalar joint	15%
Complete paralysis of the external popliteal sciatic nerve	15%

Total, anatomical or functional loss of:

an eye	25%
both eyes	100%

Complete deafness of:

an ear	10%
both ears	40%

Nasal stenosis:

unilateral	4%
bilateral	10%
Displaced fracture of a rib	1%

Somatic amyelic fracture with wedge deformation of:

a cervical vertebrae	12%
a dorsal vertebrae	5%
12th dorsal vertebrae	10%
a lumbar vertebrae	10%



Complication of a Previous Fracture of:

a sacral metamer	3%
a coccygeal metamer with a deformed callus	5%
Aftermath of cervical sprain trauma with muscle contracture and limitation of head and neck movements	2%

Anatomical loss:

of a kidney	15%
of the spleen without significant impairment of the blood crisis	8%

In cases of permanent Disability not specified in the table, the overall decrease in general working capacity (ANIA table) is taken into account when assessing permanent disability.

What is NOT covered by the Insurance

The Accident Exclusions apply to this Cover.

Art. 2.8 Disease life annuity

What is covered by the Insurance

In the event of Disease that is indemnifiable under the Permanent Disability due to disease cover, if the degree of permanent Disability assessed on the basis of the criteria for the aforementioned Cover is **equal to or greater than 80%**, the Company - in addition to the amount due under the Permanent Disability due to disease cover - shall issue a life insurance policy at its own expense in favour of the Insured, guaranteeing him/her a deferred annual life annuity that can be revalued annually in an amount equal to the sum indicated in the Policy.

What is NOT covered by the Insurance

The Disease Exclusions apply to this Cover.

When coverage begins and when it ends TERMINATION OF THE COVER

The Cover ceases on the expiry date indicated in the Policy for the individual Insured without the need for cancellation by either party. On the expiry date of the Cover, if there are other Covers still valid in the Policy, the overall Premium of the policy is **reduced by the portion of the Premium** relating to the Life Annuity by Disease Cover for the previous year.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

IN AUTONOMY - THE ANNUITY			
Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Life annuity from accident	IP of 66% or higher	-	-
Life annuity from disease	IP of 80% or more	-	-



IN ATTIVITÀ

EXTRAORDINARY MEDICAL TREATMENT



What is covered by the Insurance? Basic Covers

Art. 3.1 Medical expenses for accident, illness or childbirth

What is covered by the Insurance

The scope of the Cover is the coverage of the following expenses, if indemnifiable under the insurance coverage, in the event of

- **Hospitalisation** with or without surgery;
- **Day surgery** or **outpatient surgery**,

which affected the Insured during the validity of the Cover and made necessary by Disease, oncological Disease, Accident, childbirth, miscarriage or therapeutic abortion.

List of Expenses:

- a. surgical team fees, operating room fees and operating materials, including endoprotheses applied during surgery;
- b. medical and nursing care, physiotherapy and rehabilitation treatments, medicines, examinations and diagnostic tests required during the period of hospitalisation;
- c. medical and nursing care, medicines, examinations and diagnostic tests required during Day surgery or Surgery in Outpatient Clinic;
- d. hospitalisation fees;
- e. use of robotic techniques including disposable material kits;
- f. anatomical prostheses;
- g. expenses for the transplant of organs, or parts thereof, necessary for the recipient Insured; expenses incurred for the eventual hospitalisation of the living donor are also covered;
- h. examinations, diagnostic tests and specialist visits performed **within 100 days prior to surgery or hospitalisation in Institute for Health Care, provided that they are directly related to the Disease or Accident that led to surgery or Hospitalisation in Institute for Health Care, in any case excluding childbirth;**
- i. examinations and specialist visits, medicines with a doctor's prescription and directly related to hospitalisation and/or surgery, out-patient medical and nursing services, purchase and/or lease of medical equipment to restore walking ability, physiotherapy or post-surgery treatments including the lease of equipment appropriately prescribed by a specialist doctor and directly related to the surgery, acupuncture - as long as it is carried out by a physician, spa treatments (excluding, in any case, hotel expenses), carried out **within 150 days** of the date of the surgery or the date of discharge from Hospitalisation, **as long as they are directly related to the Disease or Accident that led to the surgery or Hospitalisation, excluding in any case childbirth.** For physiotherapeutic or post-surgery treatment following cerebral strokes, degenerative and neuromyopathic neurological forms (such as multiple sclerosis, amyotrophic sclerosis and Parkinson's disease) the aforementioned time limit is increased to **240 days following** the date of discharge;
- j. in the event of Caesarean section, examinations and specialist visits, prescription drugs, other out-patient medical and nursing services (excluding all midwifery services) performed **within 150 days of discharge from Hospitalisation, provided that they are directly related to the Caesarean section that resulted in Hospitalisation;**
- k. care provided at home by a registered professional nurse **during the 45 days following** the date of discharge, **excluding, in any case, childbirth;** in the case of an oncological Disease, care is provided **for a period of 60 days** after discharge;
- l. expenses incurred, and duly documented, for transporting the Insured from his/her residence to the Institute for Health Care for Hospitalisation or Day Surgery and back exclusively by train, plane, ambulance, helicopter in Italy and abroad, **exclusively by ambulance in the event of childbirth;**



m. expenses incurred and duly documented for board and lodging in an Institute for Health Care or hotel facility, in Italy and abroad, for a single person accompanying the Insured, **limited to the period during which the Insured is admitted to the Institute for Health Care and excluding in any case childbirth.** Reimbursement of expenses for travel by train or plane for the same accompanying person, with supporting documentation, **excluding, in any case, childbirth, is also provided.**

It should be noted that **Day service is not equated with Hospitalisation.**

If the Insured makes use of the National Health Service, the Company **recognises in full** any expenses for **healthcare co-payments.**

If the Insured is transferred from one Institute for Health Care to another on a continuous basis, the Hospitalisations shall be considered a single event: in this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the NHS, only the medical service that is economically more favourable to the Insured among the expenses incurred (either directly by the Company at an Affiliated Medical Institution or by the Insured for reimbursement) and the Allowance in lieu of expenses, as defined below, shall be paid.

ALLOWANCE IN LIEU OF EXPENSES

What is covered by the Insurance

If the Insured does not request any reimbursement for expenses incurred during the period of Hospitalisation or is admitted using the National Health Service (NHS), he/she is entitled to **daily allowance of EUR 150.00** for each day of Hospitalisation, excluding the day of discharge.

The daily allowance is also paid in the case of **day surgery**, but **reduced by 50%** of the above amount.

If the Insured is hospitalised under a direct agreement with expenses borne by the Company, he or she is not entitled to the Allowance in lieu of expenses.

If the Insured is transferred from one Institute for Health Care to another on a continuous basis, the Hospitalisations shall be considered a single event: in this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the NHS, only the medical service that is economically more favourable to the Insured among the expenses incurred (either directly by the Company at an Affiliated Medical Institution or by the Insured for reimbursement) and the Allowance in lieu of expenses shall be paid.

Any expenses other than those incurred during the period of hospitalisation - letters h., i., j. and k. - shall nevertheless be reimbursed by the Company if they are indemnifiable under the insurance coverage.

Limitations of coverage apply

The daily allowance is paid up to a **maximum of 100 days per insurance year and per hospitalisation.**

NEWBORN CARE

What is covered by the Insurance

Within the Coverage Limit for this Medical Expense for accident, disease or childbirth Cover, in the event of childbirth, which occurred during the validity of this Cover and which is indemnifiable under the insurance coverage, the Company shall pay the Insured the necessary expenses for surgeries related to the elimination or correction of Malformations of the newborn child **during the first six months of life.** Within this time frame, Specialist visits and diagnostic tests preparatory to and following the surgery that are strictly related to the same are also included in the cover.

What is NOT covered by the Insurance

Neonatal care is excluded.



All tests aimed at finding the cause of genetic malformations, chromosomal abnormalities detected by diagnostic or screening tests or if prescribed as a result of presumed genetic risk.

COVERAGE FREE OF CHARGE FOR CHILDREN UNDER THE AGE OF 10

What is covered by the Insurance

If the household Coverage Limit has been selected and if both parents are insured, Cover is extended free of charge under the same conditions to the child under the age of ten named in the Policy.

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

In addition, the following are excluded for this Cover:

- a. **medical services after the expiration or early termination date for any reason of the Cover, even if the onset of the Disease or the Accident has occurred during the period of validity of the Cover, with the exception - within the limits provided - of the expenses following the date of discharge from Hospitalisations that began during the period of validity of the Cover and the medical services provided under the extension referred to in the article Medical Expense for accident, disease or childbirth Cover - Oncological treatment extension, if purchased;**
- b. **direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**
- c. **examinations, checks and surgeries for the elimination or correction of Physical anomalies that existed prior to the activation of the Cover; deviation of the septum or the nasal pyramid are included in the Cover only if they were made necessary by an Accident, upon presentation of a certificate issued by the emergency medical centre and/or X-ray examination attesting to the fracture of the nasal bones**
- d. **examinations, checks and surgeries for the elimination or correction of defects of vision due to refractive defects (e.g. correction of myopia and astigmatism);**
- e. **medical services related to Mental illnesses, mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;**
- f. **medical services related to eating disorders (anorexia, bulimia, uncontrolled eating syndrome);**
- g. **visits, examinations, hospitalisations, surgeries, psychotherapy, medical and surgical treatments, related to sexual identity disorders;**
- h. **non-therapeutic voluntary abortion;**
- i. **medical services aimed at the treatment of infertility, sterility and impotence and in any case those related to assisted and artificial insemination;**
- j. **medical services for aesthetic purposes, except for reconstructive plastic surgery made necessary by an Accident or oncological Disease. With regard to the application of breast endoprostheses, only those related to the anatomical site of the Injury are included and surgeries after the first application are excluded;**
- k. **medical services related to preventive surgery and prophylactic removal including those as a result of genetic mutation;**
- l. **medical services for preventive purposes (e.g. prevention of family diseases);**
- m. **consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;**
- n. **services related to bariatric surgery for the treatment of obesity below grade two;**
- o. **all services and therapies with a dietary purpose;**



- p. dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implantology procedures;
- q. stays in retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phytotherapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, wellness centres in general and beauty farms or similar establishments;
- r. techniques and services that do not fall within the protocols recognised and validated by the International Authorities ('experimental protocols') or that are not carried out by doctors or paramedics licensed to practice;
- s. experimental therapies not validated by international authorities because their therapeutic and curative validity has not been established;
- t. Hospitalisations and Day hospital during which only examinations, visits and/or Diagnostic tests or physical therapies are carried out, which, due to their nature, can also be performed on an outpatient basis;
- u. Hospitalisations for vegetative states, long-stay Hospitalisations, meaning those caused by the Insured's physical condition that no longer permit recovery with medical treatment and that result in the Insured having to stay in an Institute for Health Care for care or physiotherapeutic maintenance treatment;
- v. psychotherapy and psychoanalysis services (except as provided for in the extension under article Medical Expense for accident, disease or childbirth Cover - Oncological treatment extension, if purchased);
- w. expenses for parapharmaceuticals, medical and health devices, homeopathic medicines, food supplements, phytotherapeutic products and vaccines;
- x. Expenses for medical aids and appliances (including but not limited to immobilising braces or equivalent, orthopaedic insoles or equivalent, crutches, orthopaedic shoes, ice, toilet seats, wigs, anti-decubitus mattresses, lifts);
- y. medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them;
- z. services carried out by non-qualified nurses in possession of university qualification and professional registration. Services invoiced by non-profit organisations or any other association whose name is not directly related to the professional nursing activity provided are also excluded;
- aa. osteopathic treatments not carried out by a doctor, acupuncture treatments not carried out by a doctor, chiropractic treatments, shiatsu, reflexology, phytotherapy, rolfing, homeopathy, ayurvedic medicine, anthroposophic medicine, homotoxicology and all those related to non-conventional therapies;
- bb. rehabilitation and post-surgery therapy sessions not carried out at authorised health facilities or private practices;
- cc. non-health services or services performed by personnel not recognised in the appropriate ministerial lists of Italian health professions;
- dd. infiltrations performed with a non-pharmacological product, growth factors and platelet gel;
- ee. expenses not directly related to hospitalisation or surgery such as telephone, bar, restaurant;
- ff. Day hospital, except as provided for in the extension under article Medical Expense for accident, disease or childbirth Cover - Oncological treatment extension, if purchased.

Limitations of coverage apply

Cover is provided subject to the application of the **Deductible** and **Uncovered Amount**, if indicated in the Policy.

The costs of hospitalisation for **natural childbirth** are covered **up to a maximum of EUR 6,000.00**.

The costs of hospitalisation for **caesarean section** are covered **up to a maximum of EUR 8,000.00**.



Expenses related to the use of **robotic techniques** including disposable material kits are covered **up to a maximum of EUR 5,000.00 per surgery** (this limit does not apply in the case of Hospitalisation under direct assistance).

Expenses related to the purchase of **anatomical prostheses** are Covered **up to a maximum of EUR 10,000.00**.

The costs of professional **nursing care** at home are covered **up to a maximum of EUR 4,000.00 per hospitalisation or surgery** (raised to **EUR 6,000.00** in the case of **Oncological disease**).

The costs of **transporting the Insured** are covered **up to a maximum of EUR 5,000.00 per hospitalisation or surgery**.

The expenses for **board and lodging of the accompanying person** are paid **with a maximum of EUR 150.00** for a period not exceeding the period of Hospitalisation with a **maximum of 100 days per insurance year and per Hospitalisation or surgery**; the **travelling expenses of the accompanying person** are paid with a **maximum of EUR 2,500.00 per Hospitalisation or surgery**.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section **When does the coverage begin and when does it end?**, article Exclusion Period, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

The Coverage Limit indicated in the Policy applies **per person per insurance year**. If stated in the Policy "Coverage Limit per household", the Coverage Limit applies to **all insureds per insurance year**.

DEDUCTIBLE

The Deductible, if agreed and indicated in the Policy, **applies to each claim**.

In case the **Direct Payment** service is active, the Deductible amount, if any, remains borne by the Insured, who shall pay it directly to the Affiliated Medical Institution.

✓ How does the Deductible apply?

EXAMPLE: Medical Expense for accident, disease or childbirth Cover with a EUR 1,000.00 Deductible has been activated.

In the event of a Claim with indemnifiable expenses under the insurance coverage of EUR 10,000.00, the Indemnity is EUR 9,000.00 (EUR 10,000.00-1,000.00: where EUR 1,000.00 is the amount of the Deductible).

In the event that the **Allowance in lieu of expenses** is paid, the Deductible denominated in Euro is replaced by a **5-day Deductible**; the allowance is therefore paid from the 6th day of hospitalisation.

If two or more Hospitalisations or surgeries are performed **no more than 30 days apart** due to the same **Disease or pathological condition at the same anatomical site** or as a result of the same Accident, the Deductible shall apply only once. The Deductibles agreed per specific pathology declared in the medical Questionnaire shall in any case be applied to each Claim.

Services rendered under the NHS system are not subject to Deductibles, with the exception of **any deductibles agreed in the Policy** for specific pathologies declared in the medical Questionnaire.



UNCOVERED AMOUNT

The Uncovered Amount, if **agreed and indicated in the Policy**, shall apply to each Claim for services that are not performed under direct assistance.

Services provided under the NHS are not subject to an Uncovered Amount, unless expressly **agreed in the Policy** for specific pathologies declared in the medical Questionnaire.

✓ How is the Uncovered Amount applied?

EXAMPLE: Medical Expense for accident, disease or childbirth Cover with a 20% Uncovered Amount has been activated.

In the event of a Claim where the costs incurred and eligible for indemnification under the insurance coverage amount to EUR 500.00, the Indemnity of the costs incurred is EUR 400.00 (500.00-100.00: where 100.00 represents 20% of the costs incurred and eligible for indemnification under the insurance coverage).

UNCOVERED AMOUNT AND DEDUCTIBLE

If **both the Deductible and the Uncovered Amount apply**, the Company shall reimburse the Insured the expenses after **deduction of the Deductible or the Uncovered Amount**:

- if the **Uncovered Amount is higher than the Deductible, the Deductible shall apply**;
- if the **calculation of the Uncovered Amount is higher than the Deductible, the Uncovered Amount shall apply**.

✓ How are Deductible and Uncovered Amount applied?

EXAMPLE: Medical Expense for accident, disease or childbirth Cover with a EUR 1,000.00 Deductible and 20% Uncovered Amount has been activated.

1. In the event of a Claim where the costs incurred and eligible for indemnification under the insurance coverage amount to EUR 10,000.00, the Indemnity of the costs incurred is EUR 8,000.00 (10,000.00-2,000.00: where 2,000.00 represents 20% of the costs incurred and eligible for indemnification under the insurance coverage). The Deductible does not apply because it is lower than the Uncovered Amount.
2. In the event of a Claim with expenses incurred and indemnifiable under the insurance coverage of EUR 4,000.00, the Indemnity for the expenses incurred is EUR 3,000.00 (EUR 4,000.00 -1,000.00: where EUR 1,000.00 is the Deductible). The Uncovered Amount of EUR 800.00 (20% of EUR 4,000.00) does not apply because it is lower than the Deductible.

The Insured may request **reimbursement** of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article, Claim for reimbursement.

For the services under this Cover provided during Hospitalisation or Day Surgery and for Outpatient Surgeries carried out in **Affiliated Medical Institutions**, the Insured may request **direct assistance** without the need to advance any expenses (except for the possible application of the Deductible), in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct assistance - Activation procedures.

In the event of Hospitalisation or Day Surgery performed under direct assistance but with services provided by doctors not affiliated with the Operations Centre, the settlement is made in the form of a **Mixed Payment**, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Mixed Payment.



Art. 3.1.1 Medical Expense for accident, disease or childbirth Cover - Extension of oncological treatment

What is covered by the Insurance

This extension, if referred to in the Policy for the Insured, shall operate in addition to the provisions of Medical Expense for accident, disease or childbirth Cover, and within the limits of the Coverage Limit envisaged for the same Cover. If the Coverage Limit agreed in the Policy for the Cover is unlimited, the extension shall operate with a limit of EUR 1,000,000.00 per person per insurance year.

In the event of a Diagnosis of Oncological Disease caused by malignant neoplasm ascertained by instrumental or histological examination, the following benefits **are extended up to 2 years after the first Diagnosis**:

- **non-surgical oncological therapies** recognised and validated by the protocols of international authorities (AIFA in Italy - EMA in Europe - FDA in the United States of America), prescribed by a specialist doctor, carried out also **in a day hospital or outpatient setting**;
- Specialist visits, examinations and diagnostic tests carried out without Hospitalisation;
- **No. 10 (ten) sessions of psychotherapy and psychoanalysis**, provided that they are prescribed by a specialist doctor (psychiatrist, neurologist or oncologist) and which are **directly related to the pathology**, performed by professionals recognised by the lists of the health professions, with registration in the relevant register (e.g. psychiatrist, neurologist, psychologist and psychotherapist).

In addition, the Allowance **in lieu of expenses** provided for by the Medical Expense for accident, disease or childbirth Cover is **paid at 100%**, even for non-surgical oncological treatments performed in Day hospital.

What is NOT covered by the Insurance

Without prejudice to the exclusions provided for Medical Expense for accident, disease or childbirth Cover, the following are also excluded:

- a. **non-surgical oncological treatments that are not recognised and validated by the protocols of international authorities (AIFA in Italy - EMA in Europe - FDA in the United States of America);**
- b. **costs for the transport of the Insured and for board and transport of the accompanying person;**
- c. **in the case of Day hospital, pre- and post-hospital expenses, for nursing care (both during and after the stay in the Institute for Health Care), for the transport of the Insured, for board and transport of the accompanying person.**

Limitations of coverage apply

This extension is granted subject to the application of the **Deductible** or **Uncovered Amount** provided for Medical Expense for accident, disease or childbirth Cover, if agreed in the Policy.

The extension is valid during the **two years following** the first diagnosis of the oncological pathology caused by a malignant neoplasm, provided that it was first diagnosed during the term of the Cover. **In the event of termination of Medical Expense for accident, disease or childbirth Cover, no reimbursement will be made for expenses for hospital stay fees, pre- and post-hospital expenses and nursing care expenses (both during and after the stay in the Institute for Health Care), nor will Allowance in lieu of expenses be paid for oncology treatment performed in a Day hospital setting.**

The diagnosis of a possible **Recidivism shall not constitute a term** for the new commencement of this extension.

Specialist visits, laboratory tests, psychotherapy or psychoanalysis sessions are only provided on a reimbursement basis. Psychotherapy and psychoanalysis sessions are included up to a maximum of 10 (ten) sessions.



How the coverage works

DEDUCTIBLE

The Deductible agreed in the Policy for Medical Expense for accident, disease or childbirth Cover applies. In the sole case in which this extension applies:

- a single Deductible shall be applied up to the total amount indicated in the Policy, to the costs of the histological examination that made the initial diagnosis of the malignant neoplasm, to the surgery to remove the malignant neoplasm and to the benefits provided for in this extension;
- The Deductible does not apply to non-surgical oncological treatments and diagnostic tests under this extension if performed under direct assistance at Affiliated Medical Institutions.

The Deductible does not apply to services under this extension if performed under the NHS.

✓ How does the Deductible apply?

I have activated the Medical Expense for accident, disease or childbirth Cover, with a Deductible of EUR 2,000.00 and this extension.

CASE 1: I do not pay the Deductible if I use Affiliated Medical Institutions and Direct payment for non-surgical oncological therapies and/or diagnostic tests under this extension;

CASE 2 I obtain the services under this extension at my own expense and request reimbursement:

- If I have made previous claims for the histological examination that diagnosed the malignant neoplasm and/or the hospitalisation for its removal and I have already paid the full Policy Deductible for such claims, I do not have to pay the Deductible again;
- if I have submitted previous claims for the histological examination that diagnosed the malignant neoplasm and/or on the Hospitalisation for the removal of the same and for such claims I have already paid only part of the Policy Deductible, I will pay only the difference between the amount of the Policy Deductible and the Deductible already paid on the previous claims (Example: previous claim on which I have already paid a Deductible of EUR 1,200 . 00 - I pay a Deductible of up to EUR 800.00 on the reimbursement claim I submit for benefits covered by this extension)
- if I have not submitted previous claims for the same malignant neoplasm, I pay the Deductible.

In this case:

If the Deductible I pay is equal to the full amount provided for in the Policy, I do not pay it again on any claims relating to the same malignant neoplasm submitted subsequently.

If the Deductible I pay is less than the amount provided for in the Policy, I will pay the difference in the event of any claims relating to the same malignant neoplasm submitted subsequently.

UNCOVERED AMOUNT

If under the Medical Expense for accident, disease or childbirth Cover only the Uncovered Amount is **agreed and indicated in the Policy**, the latter shall **apply to each Claim only for services not performed under direct assistance**.

Services performed under the NHS are not subject to Uncovered Amount.

DEDUCTIBLE AND UNCOVERED AMOUNT

If both the **Deductible and the Uncovered Amount** apply to Medical Expenses due to accident, disease and Childbirth Cover, only the Deductible shall always apply to this extension.



The Insured may request **reimbursement** of expenses eligible for indemnity under this extension, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article, Claim for reimbursement.

For oncological therapies and diagnostic tests under this extension, performed also in Day hospital or outpatient settings, for which **Affiliated Medical Institutions** are used, the Insured may request **direct assistance** without the need to advance any expenses, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct assistance - activation procedures. After the termination of the validity of the Medical Expenses for accident, disease or childbirth Cover, direct assistance does not operate.

Art. 3.2 Medical expenses for disease or childbirth

What is covered by the Insurance

The scope of the Cover is the coverage of the following expenses, if indemnifiable under the insurance coverage, in the event of

- **Hospitalisation** with or without surgery,
- **Day surgery or outpatient surgery,**

which affected the Insured during the validity of the Cover and made necessary by Disease, oncological Disease, childbirth, miscarriage or therapeutic abortion.

List of expenses:

- a. surgical team fees, operating room fees and operating materials, including endoprostheses applied during surgery;
- b. medical and nursing care, physiotherapy and rehabilitation treatments, medicines, examinations and diagnostic tests required during the period of hospitalisation;
- c. medical and nursing care, medicines, examinations and diagnostic tests required during Day surgery or Surgery in Outpatient Clinic;
- d. hospitalisation fees;
- e. use of robotic techniques including disposable material kits;
- f. anatomical prostheses;
- g. expenses for the transplant of organs, or parts thereof, necessary for the recipient Insured; expenses incurred for the eventual hospitalisation of the living donor are also covered;
- h. examinations, diagnostic tests and specialist visits performed **within 100 days prior to** surgery or hospitalisation in Institute for Health Care, provided that they are directly related to the Disease that led to surgery or hospitalisation in Institute for Health Care, **in any case excluding childbirth**;
- i. examinations and specialist visits, medicines with a doctor's prescription and directly related to hospitalisation and/or surgery, out-patient medical and nursing services, purchase and/or lease of medical equipment to restore walking ability, physiotherapy or post-surgery treatments including the lease of equipment appropriately prescribed by a specialist doctor and directly related to the surgery, acupuncture - as long as it is carried out by a physician, spa treatments (excluding, in any case, hotel expenses), carried out **within 150 days** of the date of the surgery or the date of discharge from Hospitalisation, **as long as they are directly related to the Disease** that led to the surgery or Hospitalisation, **excluding in any case childbirth**. For physiotherapeutic or post-surgery treatment following cerebral strokes, degenerative and neuromyopathic neurological forms (such as multiple sclerosis, amyotrophic sclerosis and Parkinson's disease) the aforementioned time limit is increased to **240 days following** the date of discharge;
- j. in the event of Caesarean section, examinations and specialist visits, prescription drugs, other out-patient medical and nursing services (excluding all midwifery services) performed **within 150 days of discharge from Hospitalisation, provided that they are directly related to the Caesarean section that resulted in Hospitalisation**;



- k. care provided at home by a registered professional nurse **during the 45 days following** the date of discharge, **excluding, in any case, childbirth**; in the case of an oncological Disease, care is provided **for a period of 60 days** after discharge;
- l. expenses incurred, and duly documented, for transporting the Insured from his/her residence to the Institute for Health Care for Hospitalisation or Day Surgery and back exclusively by train, plane, ambulance, helicopter in Italy and abroad, **exclusively by ambulance in the event of childbirth**;
- m. expenses incurred and duly documented for board and lodging in an Institute for Health Care or hotel facility, in Italy and abroad, for a single person accompanying the Insured, **limited to the period during which the Insured is admitted to the Institute for Health Care and excluding in any case childbirth**. Reimbursement of expenses for travel by train or plane for the same accompanying person, with supporting documentation, **excluding, in any case, childbirth, is also provided**.

It should be noted that **Day service is not equated with Hospitalisation**.

If the Insured makes use of the National Health Service, the Company recognises **in full** any expenses for **healthcare co-payments**.

If the Insured is transferred from one Institute for Health Care to another on a continuous basis, the Hospitalisations shall be considered a single event: in this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the NHS, only the medical service that is economically more favourable to the Insured among the expenses incurred (either directly by the Company at an Affiliated Medical Institution or by the Insured for reimbursement) and the Allowance in lieu of expenses, as defined below, shall be paid.

ALLOWANCE IN LIEU OF EXPENSES

What is covered by the Insurance

If the Insured does not request any reimbursement for expenses incurred during the period of Hospitalisation or is admitted using the National Health Service (NHS), he/she is entitled to a **daily allowance of EUR 150.00** for each day of Hospitalisation, excluding the day of discharge.

The daily allowance is also paid in the case of **day surgery**, but **reduced by 50%** of the above amount.

If the Insured is hospitalised under a direct agreement with expenses borne by the Company, he is not entitled to the Allowance in lieu of expenses.

If the Insured is transferred from one Institute for Health Care to another on a continuous basis, the Hospitalisations shall be considered a single event: in this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the NHS, only the medical service that is economically more favourable to the Insured among the expenses incurred (either directly by the Company at an Affiliated Medical Institution or by the Insured for reimbursement) and the Allowance in lieu of expenses shall be paid.

Any expenses other than those incurred during the period of hospitalisation - letters h., i., j. and k. - shall nevertheless be reimbursed by the Company if they are indemnifiable under the insurance coverage.

Limitations of coverage apply

The daily allowance is paid up to a **maximum of 100 days per insurance year and per hospitalisation**.

NEWBORN CARE

What is covered by the Insurance

Within the Coverage Limit for this Medical Expense for disease or childbirth Cover, in the event of childbirth, which occurred during the validity of this Cover and which is indemnifiable under the insurance coverage, the Company shall pay the Insured the necessary expenses for surgeries related to the elimination or correction of



Malformations of the newborn child **during the first six months of life**. Within this time frame, Specialist visits and diagnostic tests preparatory to and following the surgery that are strictly related to the same are also included in the Cover.

What is NOT covered by the Insurance

Neonatal care is excluded.

All tests aimed at finding the cause of genetic malformations, chromosomal abnormalities detected by diagnostic or screening tests or if prescribed as a result of presumed genetic risk.

COVERAGE FREE OF CHARGE FOR CHILDREN UNDER THE AGE OF 10

What is covered by the Insurance

If the household Coverage Limit has been selected and if both parents are insured, Cover is extended free of charge under the same conditions to the child under the age of ten named in the Policy.

What is NOT covered by the Insurance

The Diseases Exclusions apply to this Cover.

In addition, the following are excluded for this Cover:

- a. **medical services after the expiration or early termination date for any reason of the Cover, even if the onset of the Disease has occurred during the period of validity of the Cover, with the exception - within the limits provided - of the expenses following the date of discharge from Hospitalisations that began during the period of validity of the Cover and the medical services provided under the extension referred to in the article Medical Expense for disease or childbirth Cover - Oncological treatment extension, if purchased;**
- b. **direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**
- c. **visits, examinations and Surgeries for the elimination or correction of Physical anomalies pre-existing at the time of activation of the Cover;**
- d. **examinations, checks and surgeries for the elimination or correction of defects of vision due to refractive defects (e.g. correction of myopia and astigmatism);**
- e. **medical services related to Mental illnesses, mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;**
- f. **medical services related to eating disorders (anorexia, bulimia, uncontrolled eating syndrome);**
- g. **visits, examinations, hospitalisations, surgeries, psychotherapy, medical and surgical treatments, related to sexual identity disorders;**
- h. **non-therapeutic voluntary abortion;**
- i. **medical services aimed at the treatment of infertility, sterility and impotence and in any case those related to assisted and artificial insemination;**
- j. **medical services for aesthetic purposes, except for reconstructive plastic surgery made necessary by oncological disease. With regard to the application of breast endoprostheses, only those related to the anatomical site of the Injury are included and surgeries after the first application are excluded;**
- k. **medical services related to preventive surgery and prophylactic removal including those as a result of genetic mutation;**
- l. **medical services for preventive purposes (e.g. prevention of family diseases);**
- m. **consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;**



- n. **services related to bariatric surgery for the treatment of obesity below grade two;**
- o. **services and therapies with a dietary purpose;**
- p. **dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implantology procedures;**
- q. **stays in retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phytotherapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, wellness centres in general and beauty farms or similar establishments;**
- r. **techniques and services that do not fall within the protocols recognised and validated by the International Authorities ("experimental protocols") or that are not carried out by doctors or paramedics licensed to practice;**
- s. **experimental therapies not validated by international authorities because their therapeutic and curative validity has not been established;**
- t. **Hospitalisations and Day hospital during which only examinations, visits and/or Diagnostic tests or physical therapies are carried out, which, due to their nature, can also be performed on an outpatient basis;**
- u. **Hospitalisations for vegetative states, long-stay Hospitalisations, meaning those caused by the Insured's physical condition that no longer permit recovery with medical treatment and that result in the Insured having to stay in an Institute for Health Care for care or physiotherapeutic maintenance treatment;**
- v. **psychotherapy and psychoanalysis services (except as provided for in the extension under article Medical Expense for disease or childbirth Cover - Oncological treatment extension, if purchased);**
- w. **expenses for parapharmaceuticals, medical and health devices, homeopathic medicines, food supplements, phytotherapeutic products and vaccines;**
- x. **Expenses for medical aids and appliances (including but not limited to immobilising braces or equivalent, orthopaedic insoles or equivalent, crutches, orthopaedic shoes, ice, toilet seats, wigs, anti-decubitus mattresses, lifts);**
- y. **medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease that caused them;**
- z. **services carried out by non-qualified nurses in possession of university qualification and professional registration. Services invoiced by non-profit organisations or any other association whose name is not directly related to the professional nursing activity provided are also excluded;**
- aa. **osteopathic treatments not carried out by a doctor, acupuncture treatments not carried out by a doctor, chiropractic treatments, shiatsu, reflexology, phytotherapy, rolfing, homeopathy, ayurvedic medicine, anthroposophic medicine, homotoxicology and all those related to non-conventional therapies;**
- bb. **rehabilitation and post-surgery therapy sessions not carried out at authorised health facilities or private practices;**
- cc. **non-health services or services performed by personnel not recognised in the appropriate ministerial lists of Italian health professions;**
- dd. **infiltrations performed with non-pharmaceutical products, growth factors and platelet gel;**
- ee. **expenses not directly related to the hospitalisation or surgery such as telephone, bar, restaurant;**
- ff. **Day hospital, except as provided for in the extension under article Medical Expense for disease or childbirth Cover - Oncological treatment extension, if purchased.**

Limitations of coverage apply

Cover is provided subject to the application of the **Deductible** and **Uncovered Amount**, if indicated in the Policy.

The costs of hospitalisation for **natural childbirth** are covered up to a **maximum of EUR 6,000.00**.

The costs of Hospitalisation for **caesarean section** are covered **up to a maximum of EUR 8,000.00**.



Expenses related to the use of **robotic techniques** including disposable material kits are covered up to a **maximum of EUR 5,000.00 per surgery** (this limit does not apply in the case of Hospitalisation under direct assistance).

Expenses related to the purchase of **anatomical prostheses** are covered with a limit **up to a maximum of EUR 10,000.00**.

The costs of professional **nursing care** at home are covered up to a **maximum of EUR 4,000.00 per hospitalisation or surgery** (raised to **EUR 6,000.00** in the case of **Oncological disease**).

The costs of **transporting the Insured** are covered **up to a maximum of EUR 5,000.00 per hospitalisation or surgery**.

The expenses for **board and lodging of the accompanying person** are paid **with a maximum of EUR 150.00** for a period not exceeding the period of Hospitalisation with a **maximum of 100 days per insurance year and per Hospitalisation or surgery**; the **travelling expenses of the accompanying person** are paid with a **maximum of EUR 2,500.00 per Hospitalisation or surgery**.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section **When does the coverage begin and when does it end?**, article **Exclusion Period**, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

The Coverage Limit indicated in the Policy applies **per person per insurance year**. If stated in the Policy "Coverage Limit per household", the Coverage Limit applies to **all insureds per insurance year**.

DEDUCTIBLE

The Deductible, if agreed and indicated in the Policy, **applies to each Claim**.

In case the **Direct Payment** service is active, the Deductible amount, if any, remains borne by the Insured, who shall pay it directly to the Affiliated Medical Institution.

✓ How does the Deductible apply?

EXAMPLE: Medical Expense for disease or childbirth Cover with a EUR 1,000.00 Deductible has been activated.

In the event of a Claim with indemnifiable expenses under the insurance coverage of EUR 10,000.00, the Indemnity is EUR 9,000.00 (EUR 10,000.00 - 1,000.00: where EUR 1,000.00 is the amount of the Deductible).

In the event that the Allowance in lieu of expenses is paid, the Deductible denominated in Euro is replaced by a **5-day Deductible**; the allowance is therefore paid from the 6th day of hospitalisation.

If two or more Hospitalisations or surgeries are performed **no more than 30 days apart**, due to the **same Disease or pathological condition at the same anatomical site** or as a result of the **same Accident**, the Deductible shall apply only once. The Deductibles agreed per specific pathology declared in the medical Questionnaire shall in any case be applied to each Claim.

Services rendered under the NHS system are not subject to Deductibles, with the exception of any deductibles agreed in the Policy for specific pathologies declared in the medical Questionnaire.



UNCOVERED AMOUNT

The **Uncovered Amount**, if agreed and indicated in the Policy, **shall apply to each Claim for services that are not performed under direct assistance.**

Services provided under the NHS are not subject to an Uncovered Amount, unless expressly agreed in the Policy for specific pathologies declared in the medical Questionnaire.

✓ How is the Uncovered Amount applied?

EXAMPLE: Medical Expense for disease or childbirth Cover with a 20% Uncovered Amount has been activated.

In the event of a Claim where the costs incurred and eligible for indemnification under the insurance coverage amount to EUR 500.00, the Indemnity of the costs incurred is EUR 400.00 (500.00-100.00: where 100.00 represents 20% of the costs incurred and eligible for indemnification under the insurance coverage).

UNCOVERED AMOUNT AND DEDUCTIBLE

If **both the Deductible and the Uncovered Amount apply**, the Company shall reimburse the Insured the expenses after **deduction of the Deductible or the Uncovered Amount:**

- **if the Uncovered Amount is higher than the Deductible, the Deductible shall apply;**
- **if the calculation of the Uncovered Amount is higher than the Deductible, the Uncovered Amount shall apply.**

✓ How are Deductible and Uncovered Amount applied?

EXAMPLE: Medical Expense for disease or childbirth Cover with a EUR 1,000.00 Deductible and 20% Uncovered Amount has been activated.

1. In the event of a Claim where the costs incurred and eligible for indemnification under the insurance coverage amount to EUR 10,000.00, the Indemnity of the costs incurred is EUR 8,000.00 (10,000.00-2,000.00: where 2,000.00 represents 20% of the costs incurred and eligible for indemnification under the insurance coverage). The Deductible does not apply because it is lower than the Uncovered Amount.
2. In the event of a Claim with expenses incurred and indemnifiable under the insurance coverage of EUR 4,000.00, the Indemnity for the expenses incurred is EUR 3,000.00 (EUR 4,000.00 -1,000.00: where EUR 1,000.00 is the Deductible). The Uncovered Amount of EUR 800.00 (20% of EUR 4,000.00) does not apply because it is lower than the Deductible.

The Insured may request **reimbursement** of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article, Claim for reimbursement.

For the services under this Cover provided during Hospitalisation or Day Surgery and for Outpatient Surgeries carried out in **Affiliated Medical Institutions**, the Insured may request direct assistance without the need to advance any expenses (except for the possible application of the Deductible), in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct assistance - Activation procedures.

In the event of Hospitalisation or Day Surgery performed under direct assistance but with services provided by doctors who do not have an agreement with the Operations Centre, the settlement is made in the form of a **Mixed Payment**, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Mixed Payment.



Art. 3.2.1 Medical Expense for disease or childbirth Cover - Extension of oncological treatment

What is covered by the Insurance

This extension, if referred to in the Policy for the Insured, shall operate in addition to the provisions of Medical Expense for disease or childbirth Cover, and within the limits of the Coverage Limit envisaged for the same Cover. If the Coverage Limit agreed in the Policy for the Cover is unlimited, the extension shall operate with a limit of EUR 1,000,000.00 per person per insurance year.

In the event of a Diagnosis of Oncological Disease caused by malignant neoplasm ascertained by instrumental or histological examination, the following benefits are extended up **to 2 years after the first Diagnosis**:

- non-surgical oncological therapies recognised and validated by the protocols of international authorities (AIFA in Italy - EMA in Europe - FDA in the United States of America), **prescribed by a specialist doctor**, carried out also in a day hospital or outpatient setting;
- Specialist visits, examinations and diagnostic tests carried out without Hospitalisation;
- No. 10 (ten) sessions of psychotherapy and psychoanalysis, provided that they are prescribed by a **specialist doctor** (psychiatrist, neurologist or oncologist) and which are **directly related to the pathology**, performed by professionals recognised by the lists of the health professions, with registration in the relevant register (e.g. psychiatrist, neurologist, psychologist and psychotherapist).

In addition, the Allowance in lieu of expenses provided for by the Medical Expense for disease or childbirth Cover is paid at 100%, even for non-surgical oncological treatments performed in Day hospital.

What is NOT covered by the Insurance

Without prejudice to the exclusions provided for Medical Expense for disease or childbirth Cover, the following are also excluded:

- a. **non-surgical oncological treatments that are not recognised and validated by the protocols of international authorities (AIFA in Italy - EMA in Europe - FDA in the United States of America);**
- b. **costs for the transport of the Insured and for board and transport of the accompanying person;**
- c. **in the case of Day hospital, pre- and post-hospital expenses, for nursing care (both during and after the stay in the Institute for Health Care), for the transport of the Insured, for board and transport of the accompanying person.**

Limitations of coverage apply

This extension is granted subject to the application of the **Deductible** or **Uncovered Amount** provided for Medical Expense for disease or childbirth Cover, if agreed in the Policy.

The extension is valid during the **two years following** the first diagnosis of the oncological pathology caused by a malignant neoplasm, provided that it was first diagnosed during the term of the Cover. **In the event of termination of Medical Expense for accident, disease or childbirth Cover, no reimbursement will be made for expenses for hospital stay fees, pre- and post-hospital expenses and nursing care expenses (both during and after the stay in the Institute for Health Care), nor will Allowance in lieu of expenses be paid for oncology treatment performed in a Day hospital setting.**

The diagnosis of a possible **Recidivism shall not constitute a term** for the new commencement of this extension.

Specialist visits, laboratory tests, psychotherapy or psychoanalysis sessions are only provided **on a reimbursement basis**. **Psychotherapy and psychoanalysis sessions** are included **up to a maximum of 10 (ten) sessions**.

How the coverage works

DEDUCTIBLE

The Deductible agreed in the Policy for Medical Expense for disease or childbirth Cover applies. In the sole case in which this extension applies:



- a single Deductible shall be applied up to the total amount indicated in the Policy, to the costs of the histological examination that made the initial diagnosis of the malignant neoplasm, to the surgery to remove the malignant neoplasm and to the benefits provided for in this extension;
- The Deductible does not apply to non-surgical oncological treatments and diagnostic tests under this extension if performed under direct assistance at Affiliated Medical Institutions.

The Deductible does not apply to services under this extension if performed under the NHS.

✓ **How does the Deductible apply?**

I have activated the Medical Expense for disease or childbirth Cover, with a Deductible of EUR 2,000.00 and this extension.

CASE 1: I do not pay the Deductible if I use Affiliated Medical Institutions and Direct payment for non-surgical oncological therapies and/or diagnostic tests under the extension;

CASE 2 I obtain the services under this extension at my own expense and request reimbursement:

- If I have made previous claims for the histological examination that diagnosed the malignant neoplasm and/or the hospitalisation for its removal and I have already paid the full Policy Deductible for such claims, I do not have to pay the Deductible again;
- if I have submitted previous claims for the histological examination that diagnosed the malignant neoplasm and/or on the Hospitalisation for the removal of the same and for such claims I have already paid only part of the Policy Deductible, I will pay only the difference between the amount of the Policy Deductible and the Deductible already paid on the previous claims (Example: previous claim on which I have already paid a Deductible of EUR 1,200 . 00 - I pay a Deductible of up to EUR 800.00 on the reimbursement claim I submit for benefits covered by this extension)
- if I have not submitted previous claims for the same malignant neoplasm, I pay the Deductible. In this case:

If the Deductible I pay is equal to the full amount provided for in the Policy, I do not pay it again on any claims relating to the same malignant neoplasm submitted subsequently.

If the Deductible I pay is less than the amount provided for in the Policy, I will pay the difference in the event of any claims relating to the same malignant neoplasm submitted subsequently.

UNCOVERED AMOUNT

If under the Medical Expense for disease or childbirth Cover only the Uncovered Amount is **agreed and indicated in the Policy**, the latter shall **apply to each Claim only for services not performed under direct assistance**.

Services performed under the NHS are not subject to Uncovered Amount.

DEDUCTIBLE AND UNCOVERED AMOUNT

If both the Deductible and the Uncovered Amount apply to Medical Expenses for disease or childbirth Cover, only the Deductible shall always apply to this extension.

The Insured may request **reimbursement** of expenses eligible for indemnity under this extension, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article, Claim for reimbursement.

For oncological therapies and diagnostic tests under this extension, performed also in Day hospital or outpatient settings, for which **Affiliated Medical Institutions** are used, the Insured may request **direct assistance** without the need to advance any expenses, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct assistance - activation procedures. After the termination of the validity of the Medical Expenses for disease or childbirth Cover, direct assistance does not operate.



Art. 3.3 Medical expenses for accident

What is covered by the Insurance

The Cover provides reimbursement to the Insured for the following medical expenses incurred as a direct consequence of an Accident eligible for indemnification under the insurance coverage:

- during **Hospitalisation** (or in the case of **outpatient surgery** or **Day surgery**) for:
 - surgeons' and surgical team's fees;
 - a. operating room fees, operating material, therapeutic equipment and endoprotheses applied during surgery;
 - b. hospitalisation fees;
 - c. medical care, treatment, physiotherapy and rehabilitation treatments, medicines, examinations and diagnostic tests
 - d. NHS co-payments (ticket) for previous medical services;
 - e. transport of the Insured to an Institute for Health Care and the return to home, carried out by any means.

In the event of hospitalisation in a public hospital with **at least two overnight stays**, for which the Insured did not incur any expenses, a **Allowance in lieu of expenses of EUR 50.00** shall be paid for each day of Hospitalisation, with **amaximum of 90 days per insurance year**. The day of discharge is not indemnifiable. The Allowance in lieu of expenses can be cumulated with the Daily Allowance for Hospitalisation;

- **after hospitalisation** (or in the case of **outpatient surgery** or **day surgery**) for the following medical services, if prescribed by the attending physician:
 - a. examinations and diagnostic tests, purchase of medicines (**expenses for the purchase of parapharmaceuticals, medical and health care devices, homeopathic medicines, food supplements, phytotherapeutic products are not paid**), outpatient medical and nursing services carried out **within 180 days after the date of discharge from the first Hospitalisation**; in relation to dental services, **expenses incurred for dentures are excluded**;
 - b. Physiotherapy and rehabilitation treatments carried out by qualified medical personnel (whose qualification must be proven by the expense document), **in the 180 days following the date of discharge of the first hospitalisation**.

Limitations of coverage apply

There is a limit of 30% of the Coverage Limit with a maximum of EUR 3,500.00;

- **in the absence of or before hospitalisation** (or in the case of **outpatient surgery** or **day surgery**) for the following medical services, if prescribed by the attending physician:
 - a. examinations and diagnostic tests, purchase of medicines (**expenses for the purchase of parapharmaceuticals, medical and health care devices, homeopathic medicines, food supplements, phytotherapeutic products are not paid**), outpatient medical and nursing services carried out **within 120 days after the date of the Accident**; in relation to dental services, **expenses incurred for dentures are excluded**;
 - b. Physiotherapy and rehabilitation treatments carried out by qualified medical personnel (whose qualification must be proven by the expense document), **in the 120 days following the date of the Accident**.

Limitations of coverage apply

There is a limit of 20% of the Coverage Limit with a maximum of EUR 2,500.00.

Limitations of coverage apply

In the absence of Hospitalisation, Cover is subject to a Deductible of EUR 100.00.

The Deductible does not apply to Physiotherapy and rehabilitation treatments performed in direct assistance.



The following expenses incurred as a direct consequence of the Accident are included:

- first purchase of any type of orthopaedic prosthesis made necessary by the Accident, as well as for the purchase or lease (**for a maximum period of 1 year**) of orthopaedic wheelchairs;
- treatments and applications (including reconstructive plastic surgery, **excluding dental prostheses**), **carried out within 2 years of the Accident**, with the aim of reducing or eliminating the consequences of aesthetic damage caused by the Accident.

SPECIAL ADDITIONAL ALLOWANCE FOR PROLONGED HOSPITAL STAYS

In the event of an Accident eligible for indemnity under the insurance coverage, for which the Insured suffers a Hospitalisation, the Company shall pay a special additional indemnity for prolonged hospital stay calculated on the sum insured for Permanent Disability due to Accident:

- 1%, in the event of Hospitalisation for more than 14 consecutive days;
- 2%, in the event of Hospitalisation exceeding 21 consecutive days;
- 3%, in the event of Hospitalisation for more than 30 consecutive days.

Limitations of coverage apply

The special additional allowance for prolonged hospital stays does not apply in the case of Day hospital.

For the determination of the allowance, the day of discharge is not taken into account.

The amount paid shall not exceed EUR 10,000.00.

What is NOT covered by the Insurance

For this Cover, including the special additional indemnity for prolonged hospital stays, the Accident Exclusions apply.

Limitations of coverage apply

The Cover is provided subject to the application of the Uncovered **Amount** and **minimum Uncovered Amount**, if indicated in the Policy.

How the coverage works

COVERAGE LIMIT

For this Cover, the Coverage Limit shall be **per person per insurance year**.

UNCOVERED AMOUNT

If the **Policy provides for** an Uncovered Amount and a minimum Uncovered Amount for the Medical Expenses due to Accident Cover, **they shall apply per each Claim**.

The Uncovered Amount and the minimum Uncovered Amount shall not apply to Physiotherapy and rehabilitation treatments carried out under direct assistance.

The Insured may request **reimbursement** of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

As an alternative to reimbursement, the Insured, for Physiotherapy and rehabilitation treatments only, may make use of **Direct Payment** through **Affiliated Medical Institutions** without the need to advance any expenses, in accordance with the procedures set out in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct Assistance - Activation procedures.



Art. 3.4 Medical expenses due to accident: coverage free of charge for minor child

What is covered by the Insurance

If both parent or, alternatively, one of the parents and the cohabiting partner, if any, as per the family status certificate, has purchased the Permanent Disability due to Accident Cover, this Cover shall operate free of charge for the children under 10 years of age indicated among the Insureds in the Policy.

In the event of Hospitalisation or Day Surgery or Outpatient Surgery as a direct result of an Accident eligible for indemnity under the insurance coverage, the Company shall reimburse the following expenses, **up to the Coverage Limit of EUR 5,000.00 (per year and per person):**

- surgeons' and surgical team's fees;
- operating room fees, operating material, therapeutic equipment and endoprostheses applied during surgery;
- hospitalisation fees;
- medical care, treatment, physiotherapy and rehabilitation treatments, medicines, examinations and diagnostic tests, relating to the period of hospitalisation or incurred during the day surgery or outpatient stay for the surgery;
- NHS co-payments (ticket) for previous medical services;
- transport of the Insured to an Institute for Health Care and the return to home, carried out by any means;
- examinations and diagnostic tests, purchase of medicines (**expenses for the purchase of parapharmaceuticals, medical and health care devices, homeopathic medicines, food supplements, phytotherapeutic products** are not paid), outpatient medical and nursing services prescribed by the attending physician carried out **in the 90 days preceding and the 180 days after the date of the surgery or discharge from the Hospitalisation; in relation to dental services, expenses incurred for dentures are excluded;**
- first purchase of orthopaedic prostheses, including replacement of anatomical parts, made necessary by the Accident as well as for the purchase or lease (for a maximum period of 1 year) of orthopaedic wheelchairs;
- Physiotherapy and rehabilitation treatments prescribed by the attending physician and carried out **within 180 days after the date of surgery or discharge from hospitalisation.**

What is NOT covered by the Insurance

The Accident Exclusions apply to this Cover.

Limitations of coverage apply

Physiotherapy and rehabilitation treatments must be carried out by qualified medical personnel, whose qualification must be proven by the expense document.

For Physiotherapy and rehabilitation treatments, Cover is limited to 20% of the Coverage Limit with a maximum of EUR 750.00.

How the coverage works

COVERAGE LIMIT

For this Cover, the Coverage Limit shall be **per person per insurance year.**

The sums insured under this Cover are not subject to adjustment.

If Medical Expenses due to Accident Cover is also activated for the Insured, the sums payable under this Cover shall be deemed to be provided as an **increase and shall operate after** the Accident Medical Expense Coverage Limit has been exceeded, subject to the conditions and limits of each of them.



✓ **How does the refund apply?**

EXAMPLE: For the Insured under 10 years of age, in addition to the Free of charge Medical Expense due to Accident Cover: coverage free of charge for the minor child with a Coverage Limit of EUR 5,000.00, the Medical Expense due to Accident Cover with a Coverage Limit of EUR 7,500.00 is also activated.

Following an Accident that is indemnifiable under the insurance coverage, the Insured incurs reimbursable medical expenses in the amount of EUR 9,000.00.

Reimbursement: - EUR 7,500.00 is reimbursed using the full Coverage Limit amount for Medical Expenses due to Accident Cover; - the remaining amount of EUR 1,500.00 is reimbursed using the Coverage Limit for Medical Expenses due to Accident Cover: coverage free of charge for the minor child.

The Insured may request **reimbursement** of expenses eligible for indemnity under this Cover, reporting the Accident in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

As an alternative to reimbursement, the Insured, for Physiotherapy and rehabilitation treatments only, may make use of **Direct Payment** through **Affiliated Medical Institutions** without the need to advance any expenses, in accordance with the procedures set out in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct Assistance - Activation procedures.

Art. 3.5 Pre- and post-hospitalisation medical expenses for accident or disease

What is covered by the Insurance

In the event of **Hospitalisation in Institute for Health Care** or **surgery**, including outpatient or day surgery, eligible for indemnity under the insurance coverage and occurring during the period of validity of the Cover, **made necessary by an Accident or Disease**, the Company shall reimburse the expenses incurred for:

- examinations, diagnostic tests and specialist visits performed within **60 days prior to** the hospitalisation or surgery, provided they are **directly related** to the Disease or Accident as a result of which the services were performed;
- examinations and specialist visits, outpatient medical and nursing services, physiotherapy post-surgery treatments including the hire of equipment appropriately **prescribed by a specialist doctor**, carried out within **60 days after** the date of surgery or discharge from Hospitalisation, provided that they are **directly related** to the Disease or accident as a result of which the services were performed.

It should be noted that Day service is not **equated with Hospitalisation**.

If the Insured makes use of the **National Health Service**, the Company recognises in full any expenses for healthcare co-payments.

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

The following services are also excluded:

- a. **Surgeries or Hospitalisations after the expiry or early termination date for any reason of the Cover, even if the Disease has emerged, or the Accident has occurred, during the validity of the Cover;**
- b. **direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**



- c. **examinations, checks and surgeries for the elimination or correction of Physical anomalies that existed prior to the activation of the Cover; deviation of the septum or the nasal pyramid are included in the Cover only if they were made necessary by an accident, upon presentation of a certificate issued by the emergency room and/or X-ray examination attesting to the Fracture of the nasal bones;**
- d. **examinations, checks and surgeries for the elimination or correction of defects of vision due to refractive defects (e.g. correction of myopia and astigmatism);**
- e. **medical services related to Mental illnesses, mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;**
- f. **medical services related to eating disorders (anorexia, bulimia, uncontrolled eating syndrome);**
- g. **visits, examinations, hospitalisations, surgeries, psychotherapy, medical and surgical treatments, related to sexual identity disorders;**
- h. **non-therapeutic voluntary abortion;**
- i. **medical services aimed at the treatment of infertility, sterility and impotence and in any case those related to assisted and artificial insemination;**
- j. **medical services for aesthetic purposes, except for reconstructive plastic surgery made necessary by an Accident or oncological Disease. With regard to the application of breast endoprostheses, only those related to the anatomical site of the Injury are included and surgeries after the first application are excluded;**
- k. **medical services related to preventive surgery and prophylactic removal including those as a result of genetic mutation;**
- l. **medical services for preventive purposes (e.g. prevention of family diseases);**
- m. **consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;**
- n. **services related to bariatric surgery for the treatment of obesity;**
- o. **services and therapies with a dietary purpose;**
- p. **dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implantology procedures;**
- q. **medical services related to stays in retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phytotherapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, wellness centres in general and beauty farms or similar establishments;**
- r. **techniques and services that do not fall within the protocols recognised and validated by the International Authorities ('experimental protocols') and those which are not carried out by doctors or paramedics licensed to practice;**
- s. **Hospitalisations and Day hospital during which only examinations, visits and/or Diagnostic tests or physical therapies are carried out, which, due to their nature, can also be performed on an outpatient basis;**
- t. **Hospitalisations for vegetative states, long-stay Hospitalisations, meaning those caused by the Insured's physical condition that no longer permits recovery with medical treatment and that result in the Insured having to stay in an Institute for Health Care for care or physiotherapeutic maintenance treatment;**
- u. **psychotherapy and psychoanalysis services;**
- v. **expenses for parapharmaceuticals, medical and health devices, homeopathic medicines, food supplements, phytotherapeutic products and vaccines;**
- w. **Expenses for medical aids and appliances (including but not limited to immobilising braces or equivalent, orthopaedic insoles or equivalent, crutches, orthopaedic shoes, ice, toilet seats, wigs, anti-decubitus mattresses, lifts);**



- x. **medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them;**
- y. **services carried out by non-qualified nurses in possession of university qualification and professional registration. Services invoiced by non-profit organisations or any other association whose name is not directly related to the professional nursing activity provided are also excluded;**
- z. **osteopathic treatments not carried out by a doctor, acupuncture treatments not carried out by a doctor, chiropractic treatments, shiatsu, reflexology, phytotherapy, rolfing, homeopathy, ayurvedic medicine, anthroposophic medicine, homotoxicology and all those related to non-conventional therapies;**
- aa) **rehabilitation and post-surgery therapy sessions not carried out at authorised health facilities or private practices;**
- bb) **non-health services or services performed by personnel not recognised in the appropriate ministerial lists of Italian health professions;**
- cc) **expenses not directly related to hospitalisation or surgery such as telephone, bar, restaurant.**

Limitations of coverage apply

The Company, within the Coverage Limit provided in the Policy, shall recognise the expenses sustained for the aforesaid services with the application of a 20% Uncovered Amount with a minimum of EUR 50.00 on the amount of the indemnifiable expenses for each Hospitalisation or surgery.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

For this Cover, the Coverage Limit shall be **per person per insurance year**.

The Insured may request reimbursement of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

Art. 3.6 Major surgeries

What is covered by the Insurance

The purpose of this Cover is the coverage of the following expenses, if they are indemnifiable under the insurance coverage, for a Major Surgery as indicated in the **MAJOR SURGERIES LIST**, suffered by the Insured during the period of validity of the Cover and made necessary by an Accident, Disease or oncological Disease.

List of expenses:

- a. **surgical team fees, operating room fees and operating materials, including endoprostheses applied during surgery;**
- b. **medical and nursing care, physiotherapy and rehabilitation treatments, medicines, examinations and diagnostic tests required during the period of hospitalisation;**
- c. **hospitalisation fees;**
- d. **use of robotic techniques including disposable material kits;**
- e. **anatomical prostheses;**
- f. **transplant of organs, or parts thereof, necessary for the recipient Insured; expenses incurred for the eventual hospitalisation of the living donor are also covered;**



- g. examinations, diagnostic tests and specialist visits performed **within 100 days prior to** the Surgery, provided they are directly related to the Disease or Accident as a result of which the Surgery was performed;
- h. examinations and specialist visits, medicines with a doctor's prescription and directly related to the surgery, out-patient medical and nursing services, purchase and/or lease of medical equipment to restore walking ability, physiotherapy or post-surgery treatments including the lease of equipment prescribed by a specialist doctor and directly related to the surgery, acupuncture - as long as it is carried out by a physician, spa treatments (excluding hotel expenses), carried out **within 150 days** of the date of discharge from Hospitalisation, as long as they are directly related to the Disease or Accident that led to the surgery;
- i. professional nursing care provided at home **in the 45 days following** the date of discharge;
- j. expenses incurred, and duly documented, for the transport of the Insured from his/her residence to the Institute for Health Care for Hospitalisation and back exclusively by train, airplane, ambulance, helicopter in Italy and abroad;
- k. expenses incurred and duly documented for board and lodging in an Institute for Health Care or hotel facility, in Italy and abroad, for a single person accompanying the Insured, **limited to the period during which the Insured is admitted to the Institute for Health Care**. Reimbursement of expenses for travel by train or plane for the same accompanying person, with supporting documentation, is also provided.

If the Insured makes use of the National Health Service, the Company shall **recognise in full** any expenses for **healthcare co-payments**.

If the Insured is transferred from one Institute for Health Care to another on a continuous basis, the Hospitalisations shall be considered a single event: in this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the NHS, only the medical service that is economically more favourable to the Insured among the expenses incurred (either directly by the Company at an Affiliated Medical Institution or by the Insured for reimbursement) and the Allowance in lieu of expenses, as defined below, shall be paid.

ALLOWANCE IN LIEU OF EXPENSES

What is covered by the Insurance

If the Insured does not request any reimbursement for expenses incurred during the period of Hospitalisation or is admitted using the National Health Service (NHS), he/she is entitled to a **daily allowance of EUR 150.00** for each day of Hospitalisation, excluding the day of discharge.

If the Insured is hospitalised under a direct agreement with expenses borne by the Company, he is not entitled to the Allowance in lieu of expenses.

If the Insured is transferred from one Institute for Health Care to another on a continuous basis, the Hospitalisations shall be considered a single event: in this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the NHS, only the medical service that is economically more favourable to the Insured among the expenses incurred (either directly by the Company at an Affiliated Medical Institution or by the Insured for reimbursement) and the Allowance in lieu of expenses shall be paid.

Any expenses other than those incurred during the period of hospitalisation - letters g., h., i., j. - shall nevertheless be reimbursed by the Company if they are indemnifiable under the insurance coverage.

Limitations of coverage apply

The daily allowance is paid up to a **maximum of 100 days per insurance year and per hospitalisation**.

COVERAGE FREE OF CHARGE FOR CHILDREN UNDER THE AGE OF 10

What is covered by the Insurance

If the household Coverage Limit has been selected and if both parents are insured, Cover is extended free of charge under the same conditions to the **child under the age of ten named in the Policy**.



What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

The following services are also excluded:

- a. **medical services after the expiration or early termination date for any reason of the Cover, even if the onset of the Disease or the Accident has occurred during the period of validity of the Cover, with the exception - within the limits provided - of the expenses following the date of discharge from Hospitalisations that began during the period of validity of the Cover and the medical services provided under the extension referred to in the article Major Surgeries Cover - Oncological treatment extension, if purchased;**
- b. **direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**
- c. **visits, examinations and Surgeries for the elimination or correction of Physical anomalies pre-existing at the time of activation of the Cover;**
- d. **medical services for aesthetic purposes, except for reconstructive plastic surgery made necessary by an Accident or oncological Disease. With regard to the application of breast endoprostheses, only those related to the anatomical site of the Injury are included and surgeries after the first application are excluded;**
- e. **preventive surgery and prophylactic removal including those following genetic Mutation;**
- f. **consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;**
- g. **bariatric surgery for the treatment of obesity below grade two;**
- h. **dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implantology procedures;**
- i. **surgeries and techniques that do not fall within the protocols recognised and validated by the International Authorities ('experimental protocols') and services that are not carried out by doctors or paramedics licensed to practice;**
- j. **psychotherapy and psychoanalysis services (except as provided for in the extension under article Major Surgeries Cover - Oncological treatment extension, if purchased);**
- k. **expenses on parapharmaceuticals, medical and health devices, homeopathic medicines, food supplements, phytotherapeutic products; vaccines;**
- l. **Expenses for medical aids and appliances (including but not limited to immobilising braces or equivalent, orthopaedic insoles or equivalent, crutches, orthopaedic shoes, ice, toilet seats, wigs, anti-decubitus mattresses, lifts);**
- m. **medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them;**
- n. **services carried out by non-qualified nurses in possession of university qualification and professional registration. Services invoiced by non-profit organisations or any other association whose name is not directly related to the professional nursing activity provided are also excluded;**
- o. **osteopathic treatments not carried out by a doctor, acupuncture treatments not carried out by a doctor, chiropractic treatments, shiatsu, reflexology, phytotherapy, rolfing, homeopathy, ayurvedic medicine, anthroposophic medicine, homotoxicology and all those related to non-conventional therapies;**
- p. **rehabilitation and post-surgery therapy sessions not carried out at authorised health facilities or private practices;**
- q. **non-health services or services performed by personnel not recognised in the appropriate ministerial lists of Italian health professions;**
- r. **expenses not directly related to the surgery such as telephone, bar, restaurant.**



Limitations of coverage apply

Cover is provided subject to the application of the **Uncovered Amount**, if indicated in the Policy.

Expenses related to the use of **robotic techniques** including disposable material kits are covered up to a **maximum of EUR 5,000.00 per surgery (this limit does not apply in the case of Hospitalisation under direct assistance)**.

Expenses related to the purchase of **anatomical prostheses** are Covered **up to a maximum of EUR 10,000.00**.

The costs of professional **nursing care** at home are covered **up to a maximum of EUR 4,000.00 per surgery**.

The costs of **transporting the Insured** are paid with a maximum **limit of EUR 5,000.00 per surgery**.

the expenses for **board and lodging of the accompanying person** are covered with a **limit of EUR 150.00 per day for a period not exceeding the period of Hospitalisation with a maximum of 100 days per insurance year and per surgery; the travelling expenses of the accompanying person** are covered with a **maximum of EUR 2,500.00 per surgery**.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the **Exclusion Period** set out in the section **When does the coverage begin and when does it end?**, article **Exclusion Period**, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

The Coverage Limit indicated in the Policy applies **per person per insurance year**. If stated in the Policy "Coverage Limit per household" applies to **all insureds per insurance year**.

UNCOVERED AMOUNT

The Uncovered Amount, **if agreed and indicated in the Policy, shall apply to each Claim for services that are not performed under direct assistance**.

Services provided under the NHS are not subject to an Uncovered Amount, unless expressly agreed in the Policy for specific pathologies declared in the medical Questionnaire.

✓ How is the Uncovered Amount applied?

EXAMPLE: I have activated the Major Surgeries Cover with 20% Uncovered Amount

In the event of a Claim where the costs incurred and eligible for indemnification under the insurance coverage amount to EUR 500.00, I obtain a reimbursement of EUR 400.00 (500.00-100.00: where 100.00 represents 20% of the costs incurred and eligible for indemnification under the insurance coverage).

The Insured may request **reimbursement** of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

For the services under this Cover provided during Hospitalisation carried out in **Affiliated Medical Institutions**, the Insured may request **direct assistance** without the need to advance any expenses, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct assistance - Activation procedures.

In the event of Major surgeries performed under direct assistance but with services provided by doctors not affiliated with the Operations Centre, the settlement is made in the form of a **Mixed Payment**, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Mixed Payment.



Art. 3.6.1 Major surgeries Cover - Extension of oncological treatment

What is covered by the Insurance

This extension, if referred to in the Policy for the Insured, shall operate in addition to the provisions of the Major Surgeries Cover and within the Coverage Limit envisaged for the same.

In the event of a Diagnosis of Oncological Disease caused by malignant neoplasm ascertained by instrumental or histological examination, the following benefits are extended up **to 2 years after the first Diagnosis**:

- non-surgical oncological therapies recognised and validated by the protocols of international authorities (AIFA in Italy - EMA in Europe - FDA in the United States of America), **prescribed by a specialist doctor**, carried out also in a day hospital or outpatient setting;
- Specialist visits, examinations and diagnostic tests carried out without Hospitalisation;
- No. 10 (ten) sessions of psychotherapy and psychoanalysis, provided that they are prescribed by a **specialist doctor** (psychiatrist, neurologist or oncologist) and **which are directly related to the pathology**, performed by professionals recognised by the lists of the health professions, with registration in the relevant register (e.g. psychiatrist, neurologist, psychologist and psychotherapist).

In addition, the Allowance in lieu of expenses provided for by the Major Surgeries Cover is paid at 100%, even for non-surgical oncological treatments performed in Day hospital.

What is NOT covered by the Insurance

Without prejudice to the exclusions provided for Major Surgeries Cover, the following services are also excluded:

- non-surgical oncological treatments that are not recognised and validated by the protocols of international authorities (AIFA in Italy - EMA in Europe - FDA in the United States of America);**
- costs for the transport of the Insured and for board and transport of the accompanying person;**
- in the case of Day hospital, pre- and post-hospital expenses, for nursing care (both during and after the stay in the Institute for Health Care), for the transport of the Insured, for board and transport of the accompanying person.**

Limitations of coverage apply

- The extension is provided with application of the **Uncovered Amount** provided for the Major Surgeries Cover, if agreed in the Policy.
- The extension is valid during the **two years following** the first diagnosis of the oncological pathology caused by a malignant neoplasm, provided that it was first diagnosed during the term of the cover. **In the event of termination of the Major Surgeries Cover, no reimbursement will be made for expenses for hospital stay fees, pre- and post-hospital expenses and nursing care expenses (both during and after the stay in the Institute for Health Care), nor will Allowance in lieu of expenses be paid for oncology treatment performed in a Day hospital setting.**
- The diagnosis of a possible **Recidivism shall not constitute a term** for the new commencement of this extension.
- **Specialist visits, laboratory tests, psychotherapy or psychoanalysis sessions are only provided on a reimbursement basis.**
- **Psychotherapy and psychoanalysis sessions are included up to a maximum of 10 (ten) sessions.**

How the coverage works

UNCOVERED AMOUNT

If under the Major Surgeries Cover the **Uncovered Amount is agreed and indicated in the Policy**, the latter shall apply to each Claim only for services not performed under direct assistance.

Services performed under the NHS are not subject to Uncovered Amount.



The Insured may request **reimbursement** of expenses eligible for indemnity under this extension, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

For oncological therapies and diagnostic tests under this extension, performed also in Day hospital or outpatient settings, for which **Affiliated Medical Institutions** are used, the Insured may request **direct assistance** without the need to advance any expenses, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct assistance - activation procedures. After the termination of the validity of the Major Surgeries Cover, direct assistance does not operate.

Art. 3.7 Oncological diseases

What is covered by the Insurance

The scope of the Cover is the coverage of the following expenses, if indemnifiable under the insurance coverage, in the event of:

- **Hospitalisation** with or without surgery,
- **Day surgery** or **outpatient surgery**,

which affected the Insured during the validity of the Cover and made necessary by oncological Disease.

List of expenses:

- a. surgical team fees, operating room fees and operating materials, including endoprostheses applied during surgery;
- b. medical and nursing care, physiotherapy and rehabilitation treatments, medicines, examinations and diagnostic tests required during the period of hospitalisation;
- c. medical and nursing care, medicines, examinations and diagnostic tests required during Day surgery or Surgery in Outpatient Clinic;
- d. hospitalisation fees;
- e. use of robotic techniques including disposable material kits;
- f. anatomical prostheses;
- g. transplant of organs, or parts thereof, necessary for the recipient Insured; expenses incurred for the eventual hospitalisation of the living donor are also covered;
- h. examinations, diagnostic tests and specialist visits performed within 100 days prior to surgery or hospitalisation in Institute for Health Care, provided that they are directly related to the oncological Disease that led to surgery or hospitalisation in Institute for Health Care;
- i. examinations and specialist visits, medicines with a doctor's prescription and directly related to the Hospitalisation and/or surgery, out-patient medical and nursing services, purchase and/or lease of medical equipment to restore walking ability, physiotherapy or post-surgery treatments including the lease of equipment prescribed by a specialist doctor and directly related to the Hospitalisation and/or surgery, acupuncture carried out by a physician, spa treatments (excluding hotel expenses), carried out within 150 days of the date of the surgery or of the discharge from Hospitalisation, as long as they are directly related to the Disease that led to the surgery or Hospitalisation;
- j. professional nursing care provided at home in the 60 days following the date of discharge;
- k. expenses incurred, and duly documented, for the transport of the Insured from his/her residence to the Institute for Health Care for Hospitalisation or Day surgery and back exclusively by train, airplane, ambulance, helicopter in Italy and abroad;
- l. expenses incurred and duly documented for board and lodging in an Institute for Health Care or hotel facility, in Italy and abroad, for a single accompanying person, **limited to the period during which the Insured is admitted to the Institute for Health Care**. Reimbursement of expenses for travel by train or plane for the same accompanying person, with supporting documentation, is also provided.

It should be noted that Day service is not **equated with Hospitalisation**.



If the Insured makes use of the National Health Service, the Company **recognises in full** any expenses for **healthcare co-payments**.

If the Insured is transferred from one Institute for Health Care to another on a continuous basis, the Hospitalisations shall be considered a single event: in this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the NHS, only the medical service that is economically more favourable to the Insured among the expenses incurred (either directly by the Company at an Affiliated Medical Institution or by the Insured for reimbursement) and the Allowance in lieu of expenses, as defined below, shall be paid.

ALLOWANCE IN LIEU OF EXPENSES

What is covered by the Insurance

If the Insured does not request any reimbursement for expenses incurred during the period of Hospitalisation or is admitted using the National Health Service (NHS), he/she is entitled to a **daily allowance of EUR 150.00** for each day of Hospitalisation, excluding the day of discharge.

The daily allowance is also paid in the case of **day surgery**, but **reduced by 50%** of the above amount.

If the Insured is hospitalised under a direct agreement with expenses borne by the Company, he is not entitled to the Allowance in lieu of expenses.

If the Insured is transferred from one Institute for Health Care to another without interrupting the Hospitalisation, the same Hospitalisation shall be considered a single event: in this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the NHS, only the medical service that is economically more favourable to the Insured among the expenses incurred (either directly by the Company at an Affiliated Medical Institution or by the Insured for reimbursement) and the Allowance in lieu of expenses shall be paid.

Any expenses other than those incurred during the period of hospitalisation - letters h., i., j. and k. - shall nevertheless be reimbursed by the Company if they are indemnifiable under the insurance coverage.

Limitations of coverage apply

The daily allowance is paid up to a **maximum of 100 days per insurance year and per hospitalisation**.

COVERAGE FREE OF CHARGE FOR CHILDREN UNDER THE AGE OF 10

What is covered by the Insurance

If the Household form has been selected and if both parents are present in the Policy, Cover is extended free of charge under the same conditions to the child under the age of ten named in the Policy.

EXTENSION OF ONCOLOGICAL TREATMENT

What is covered by the Insurance

Within the Coverage Limit envisaged for this Oncological Diseases Cover, in the event of a diagnosis of oncological Disease caused by a malignant neoplasm ascertained by instrumental or histological examination, the following benefits are provided **up to 2 years after the first diagnosis**:

- non-surgical oncological therapies recognised and validated by the protocols of international authorities (AIFA in Italy - EMA in Europe - FDA in the United States of America), **prescribed by a specialist doctor**, carried out also in a day hospital or outpatient setting;
- Specialist visits, examinations and diagnostic tests carried out without Hospitalisation;
- **No. 10 (ten) sessions** of psychotherapy and psychoanalysis, provided that they are prescribed by a specialist doctor (psychiatrist, neurologist or oncologist) and **which are directly related to the pathology**, performed by professionals recognised by the lists of the health professions, with registration in the relevant register (e.g. psychiatrist, neurologist, psychologist and psychotherapist).



In addition, the Allowance in lieu of expenses is recognised at **100%**, even for non-surgical oncological treatments performed in **Day hospital**.

What is NOT covered by the Insurance

Without prejudice to the exclusions provided for in the Cover, the following services are also excluded:

- a. **non-surgical oncological treatments that are NOT recognised and validated by the protocols of international authorities (AIFA in Italy - EMA in Europe - FDA in the United States of America);**
- b. **costs for the transport of the Insured and for board and transport of the accompanying person;**
- c. **in the case of Day hospital, pre- and post-hospital expenses, for nursing care (both during and after the stay in the Institute for Health Care), for the transport of the Insured, for board and transport of the accompanying person.**

Limitations of coverage apply

- **The extension is valid during the two years following the first diagnosis of the oncological pathology caused by a malignant neoplasm, provided that it was first diagnosed during the term of the cover. In the event of termination of the Cover, no reimbursement will be made for expenses for hospital stay fees, pre- and post-hospital expenses and nursing care expenses (both during and after the stay in the Institute for Health Care. Health Care), nor will Allowance in lieu of expenses be paid for oncology treatment performed in a Day hospital setting.**
- **The diagnosis of a possible Recidivism shall not constitute a term for the new commencement of this extension.**
- **Specialist visits, laboratory tests, psychotherapy or psychoanalysis sessions are only provided on a reimbursement basis.**
- **Psychotherapy and psychoanalysis sessions are included up to a maximum of 10 (ten) sessions.**

What is NOT covered by the Insurance

The Diseases Exclusions apply to this Cover. The following services are also excluded:

- a. **medical services after the expiration or early termination date for any reason of the Cover, even if the onset of the Disease has occurred during the period of validity of the Cover, with the exception - within the limits provided - of the expenses following the date of discharge from Hospitalisations that began during the period of validity of the Cover and the medical services provided under the Oncological treatment extension;**
- b. **direct consequences of Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**
- c. **medical services related to Mental illnesses, mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;**
- d. **consequences of medical and surgical therapies related to sexual identity disorders;**
- e. **consequences of medical services aimed at the treatment of infertility, sterility and impotence and in any case those related to assisted and artificial insemination;**
- f. **medical services for aesthetic purposes, except for reconstructive plastic surgery made necessary by the oncological Disease. With regard to the application of breast endoprostheses, only those related to the anatomical site of the Injury are included and surgeries after the first application are excluded;**
- g. **medical services related to preventive surgery and prophylactic removal including those as a result of genetic mutation;**
- h. **medical services for preventive purposes (e.g. prevention of family diseases);**



- i. consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;
- j. services and therapies with a dietary purpose;
- k. dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implantology procedures;
- l. stays in retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phytotherapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, wellness centres in general and beauty farms or similar establishments;
- m. treatments (this also includes examinations and visits) and techniques that do not fall within the protocols recognised and validated by the International Authorities ('experimental protocols') and those that are not carried out by doctors or paramedics licensed to practice;
- n. experimental therapies not validated by international authorities because their therapeutic and curative validity has not been established;
- o. Hospitalisations and Day hospital during which only examinations, visits and/or diagnostic tests or physical therapies are carried out, which, due to their nature, can also be performed on an outpatient basis;
- p. Hospitalisations for vegetative states, long-stay Hospitalisations, meaning those caused by the Insured's physical condition that no longer permits recovery with medical treatment and that result in the Insured having to stay in an Institute for Health Care for care or physiotherapeutic maintenance treatment;
- q. psychotherapy and psychoanalysis (except as provided for in the oncological treatment Extension);
- r. expenses for parapharmaceuticals, medical and health devices, homeopathic medicines, food supplements, phytotherapeutic products and vaccines;
- s. medical aids and appliances (including but not limited to immobilising braces or equivalent, orthopaedic insoles or equivalent, crutches, orthopaedic shoes, ice, toilet seats, wigs, anti-decubitus mattresses, lifts);
- t. medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease that caused them;
- u. services carried out by non-qualified nurses in possession of university qualification and professional registration. Services invoiced by non-profit organisations or any other association whose name is not directly related to the professional nursing activity provided are also excluded;
- v. osteopathic treatments not carried out by a doctor, acupuncture treatments not carried out by a doctor, chiropractic treatments, shiatsu, reflexology, phytotherapy, rolfing, homeopathy, ayurvedic medicine, anthroposophic medicine, homotoxicology and all those related to non-conventional therapies;
- w. rehabilitation and post-surgery therapy sessions not carried out at authorised health facilities or private practices;
- x. non-health services or services performed by personnel not recognised in the appropriate ministerial lists of Italian health professions;
- y. expenses not directly related to hospitalisation or surgery such as telephone, bar, restaurant;
- z. Day hospital except as provided for in the oncological treatment Extension.

Limitations of coverage apply

Expenses related to the use of robotic techniques including disposable material kits are covered up to a maximum of EUR 5,000.00 (this limit does not apply in the case of Hospitalisation under direct assistance) per surgery.



Expenses related to the purchase of anatomical prostheses are covered with a limit up to a maximum of EUR 10,000.00.

Expenses related to professional nursing care provided at home are covered up to a maximum of EUR 6,000.00 per hospitalisation or surgery.

The costs of transporting the Insured are paid with a limit of EUR 5,000.00 per hospitalisation or surgery.

The expenses for board and lodging of the accompanying person are paid with a limit of EUR 150.00 for a period not exceeding the period of Hospitalisation with a maximum of 100 days per insurance year and per Hospitalisation; the travelling expenses of the accompanying person are paid with a maximum of EUR 2,500.00 per Hospitalisation or surgery.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

The Coverage Limit indicated in the Policy applies **per person per insurance year**. If indicated in the Policy, "Coverage Limit per household" shall apply to **all Insureds per insurance year**.

The Insured may request **reimbursement** of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

For the services under this Cover provided during Hospitalisation or Day Surgery and for Outpatient Surgeries carried out in **Affiliated Medical Institutions**, the Insured may request **direct assistance** without the need to advance any expenses, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct assistance - Activation procedures.

The Insured may use Affiliated Medical Institutions and request direct assistance also for oncological therapies and diagnostic tests referred to in the oncological treatment Extension.

For oncological therapies and diagnostic tests referred to in the oncological treatment Extension, direct assistance does not operate after the termination of the validity of the Cover.

In the event of Hospitalisation or Day Surgery performed under direct assistance but with services provided by doctors not affiliated with the Operations Centre, the settlement is made in the form of a **Mixed Payment**, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Mixed Payment.

Art. 3.8 Lump sum indemnity for surgery

What is covered by the Insurance

The Cover provides for a fixed lump sum Indemnity in the event of surgery listed in the **SURGERIES LIST** - performed in an **In-patient, Day Surgery or Out-patient setting** - made necessary by a **Disease or Accident** and suffered by the Insured during the period of validity of the Cover.

A "**class of Surgery**" is assigned to each Surgery, as shown in the SURGERIES LIST. The Indemnity due to the Insured corresponds to the amount associated with the class in which the Surgery falls as indicated in the Policy.



In the event of a Surgery not specifically provided for in the SURGERIES LIST the relevant class of Surgery is established, where possible, according to the **principle of analogy and equivalence** with the Surgery on the SURGERIES LIST that is more similar to the type of therapy and surgical technique performed.

In order to identify the year to which the Claim relates, reference is made to the date on which the Insured undergoes the Surgery. **Without prejudice to the payment of the amounts provided for each individual Surgery, the total amount of the Indemnities paid during the insurance year shall not exceed the Coverage Limit per Insured indicated in the Policy.**

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

The following services are also excluded:

- a. **surgeries after the expiry or early termination date for any reason of the Cover, even if the Disease has emerged, or the Accident has occurred, during the validity of the Cover;**
- b. **direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**
- c. **Physical anomalies pre-existing at the time the contract is entered into; deviation of the septum or nasal pyramid are only included in the Cover if they are made necessary by an Accident, upon presentation of a certificate issued by the emergency medical centre and/or X-ray examination proving the Fracture of the nasal bones;**
- d. **surgeries for the elimination or correction of defects of vision due to refractive defects (e.g. correction of myopia and astigmatism);**
- e. **non-therapeutic voluntary abortion;**
- f. **surgeries aimed at treating infertility, sterility and impotence, and in any case those related to assisted and artificial insemination;**
- g. **surgeries related to preventive surgery and prophylactic removal including those following genetic mutation;**
- h. **consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;**
- i. **bariatric surgery for the treatment of obesity;**
- j. **surgeries exclusively for dietary and aesthetic purposes;**
- k. **dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implantology procedures;**
- l. **treatments (this also includes examinations and visits) and techniques that do not fall within the protocols recognised and validated by the International Authorities ('experimental protocols') and those that are not carried out by doctors or paramedics licensed to practice;**
- m. **Surgery for the removal of implanted devices for internal fixation;**
- n. **medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them.**

Limitations of coverage apply

in the event of several Surgeries listed in the SURGERY LIST incurred during the same operating theatre session, **only one surgery corresponding to the class of surgery with the higher amount** will be indemnified.

In the event of more than one Surgery for the same Disease or Accident, on the same anatomical district or organ, carried out during the same insurance year, only the first and second surgery shall be indemnified, but the latter within the limit of 50% of the amount provided for in the table.



When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section **When does the coverage begin and when does it end?**, article Exclusion Period, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

For this Cover, the Coverage Limit shall be **per person per insurance year**.

The Insured may request the **lump sum Indemnity** provided for by this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM.

Art. 3.9 Lump sum indemnity for serious events

What is covered by the Insurance

The Company shall pay the Insured the **fixed amount indicated in the Policy** as a lump sum indemnity for medical expenses incurred in the event of the Diagnosis or occurrence of one of the following events during the validity of the Cover:

- **Acute myocardial infarction:** Coronary artery disease if it gives rise to acute ischaemic necrosis of the myocardium from abrupt reduction in coronary flow causing hospitalisation to a coronary unit of at least 5 days. The diagnosis is made by the simultaneous presence of the following: a. precordial pain; b. typical ECG changes; c. increased serum activity of enzymes released from myocardial cells.
- **Cardiovascular surgery:** aorto-coronary bypass procedures (with saphenous vein or internal mammary artery) subject to demonstration of the need for the procedure by a coronary examination; mechanical or biological prosthetic valve application procedures; all invasive therapeutic procedures that do not require thoracotomy, such as coronary angioplasty and valve dilation with balloon catheters, are excluded.
- **Cerebral stroke (acute cerebro-vascular accident):** haemorrhage or cerebral infarction thrombosis or embolism with an abrupt onset immediately detected in the context of Hospitalisation that produces sensory and motor neurological damage also present on the date of the Indemnity claim.
- **Tumour:** a malignant neoplasm characterised by uncontrolled growth and spread of malignant cells with invasion of normal tissue, the diagnosis of which is based on and proven by histopathological examination or other hospital certification; limited to this Cover only, the following are excluded: carcinomas in situ, neoplastic degeneration of intestinal polyps, breast carcinomas that do not have metastatic lymph node involvement, urinary bladder carcinomas limited to stage I and skin tumours with the exception of Clarke's stage III and IV malignant melanoma.
- **Renal failure:** Irreversible kidney disease on chronic dialysis.
- **Organ transplant:** Diseases involving the need for a transplant of one of the following organs: liver, heart, kidney, pancreas, lung, bone marrow; certification issued by authorised transplant medical centres attesting to the need for the surgery and the person's inclusion on the waiting list is required.
- **Paralysis:** complete and permanent loss of the use of two or more limbs (arms or legs diagnosed and demonstrated by neurological evidence permanent and irreversible).

What is NOT covered by the Insurance

The Diseases Exclusions apply to this Cover.

The following services are also excluded:

- Diagnosis or events after the expiry date or early termination for any reason of the Cover;**
- consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company.**



Limitations of coverage apply

Upon payment of the Indemnity, which is paid for only one of the above-mentioned Diseases, this Cover ceases in respect of the Insured.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

How the coverage works

INDEMNITY CLAIM

Indemnity is due provided that:

- at least 90 days have elapsed from the date of the first diagnosis - evidenced by medical certificate and medical records - to the date of the report;
- at the date of the report the Insured is still alive.

For the purposes of this Cover, the Insured is exempt from submitting proofs of expenditure.

The Insured may request the Indemnity provided for by this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply to the Covers.

IN ACTIVITY - EXTRAORDINARY MEDICAL TREATMENT			
Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Medical expenses for accident, disease or childbirth			
Hospitalisation for natural childbirth	-	-	EUR 6.000,00
Hospitalisation for caesarean section	-	-	EUR 8,000.00
Use of robotics techniques	-	-	EUR 5,000.00 in case of reimbursement
Purchase of anatomical prostheses	-	-	EUR 10.000,00
Professional nursing care at home	-	-	EUR 4,000.00 (increased to EUR 6,000.00 in the case of oncological Disease)
Transport of the Insured	-	-	EUR 5.000,00
Accompanying person's board and lodging	-	-	EUR 150.00 for a maximum of 100 days per insurance year and per hospitalisation
Accompanying person's travel expenses	-	-	EUR 2,500.00 per surgery or hospitalisation



IN ACTIVITY - EXTRAORDINARY MEDICAL TREATMENT

Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Allowance in lieu of expenses	-	-	EUR 150.00 up to a maximum of 100 days per insurance year and per hospitalisation.
Medical expenses for disease or childbirth			
Hospitalisation for natural childbirth	-	-	EUR 6.000,00
Hospitalisation for caesarean section	-	-	EUR 8,000.00
Use of robotics techniques	-	-	EUR 5,000.00 in case of reimbursement
Purchase of anatomical prostheses	-	-	EUR 10.000,00
Professional nursing care at home	-	-	EUR 4,000.00 (increased to EUR 6,000.00 in the case of oncological Disease)
Transport of the Insured	-	-	EUR 5.000,00
Accompanying person's board and lodging	-	-	EUR 150.00 for a maximum of 100 days per insurance year and per hospitalisation
Accompanying person's travel expenses	-	-	EUR 2,500.00 per surgery or hospitalisation
Allowance in lieu of expenses	-	-	EUR 150.00 up to a maximum of 100 days per insurance year and per hospitalisation
Medical expenses due to accident			
Allowance in lieu of expenses in the event of Hospitalisation	-	-	EUR 50.00 for each day of hospitalisation of at least 2 days in a public hospital, up to a maximum of 90 days per insurance year
Expenses incurred after Hospitalisation	-	-	Expenses incurred in the 180 days following the date of discharge of the first Hospitalisation
Expenses incurred after Hospitalisation - Physiotherapy and rehabilitation treatments	-	-	Expenses incurred in the 180 days following the date of discharge from the first Hospitalisation, up to 30% of the Coverage Limit of the Cover indicated in the Policy for each Insured with a maximum of EUR 3,500.00



IN ACTIVITY - EXTRAORDINARY MEDICAL TREATMENT

Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Expenses incurred prior to Hospitalisation or in the absence of Hospitalisation	EUR 100.00 Deductible in the absence of Hospitalisation	-	Expenses incurred in the 120 days following the date of the Accident
Expenses incurred before Hospitalisation or in the absence of Hospitalisation - Physiotherapy and rehabilitation treatments	EUR 100.00 Deductible in the absence of Hospitalisation	-	Expenses incurred in the 120 days following the date of the Accident, up to 20% of the Coverage Limit indicated in the Policy for each Insured, with a maximum of EUR 2,500.00
Without Hospitalisation	Deductible EUR 100.00	-	-
Additional allowance for prolonged hospital stays	-	-	Maximum EUR 10,000.00
Medical expenses due to accident: coverage free of charge for minor child	-	-	Coverage Limit of EUR 5,000.00 per year per person
Expenses incurred after Hospitalisation - Physiotherapy and rehabilitation treatments	-	-	Expenses incurred in the 180 days following the date of surgery or discharge from hospitalisation. With a limit of 20% of the Coverage Limit with a maximum of EUR 750.00.
Expenses incurred before and after hospitalisation examinations and diagnostic tests, purchase of medicines, outpatient medical and nursing services	-	-	Expenses incurred in the 90 days before and 180 days after the date of surgery or discharge from hospitalisation
Pre- and post-hospitalisation medical expenses for accident and disease;	-	Uncovered Amount 20% minimum EUR 50.00 per hospitalisation or surgery	Expenses incurred in the 60 days before and 60 days after hospitalisation
Major surgeries			
Pre-hospitalisation expenses	-	-	Expenses incurred in the 100 days preceding hospitalisation
Post-hospitalisation expenses	-	-	Expenses incurred in the 150 days following discharge from hospitalisation
Use of robotics techniques	-	-	Up to EUR 5,000.00 per surgery
Purchase of anatomical prostheses			EUR 10.000,00



IN ACTIVITY - EXTRAORDINARY MEDICAL TREATMENT

Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Professional nursing care at home	-	-	Up to 45 days after discharge with a maximum of EUR 4,000.00 per surgery
Transport of the Insured	-	-	Up to EUR 5,000.00 per surgery
Accompanying person's board and lodging	-	-	Up to EUR 150.00 per day, for a period not exceeding the period of Hospitalisation of the Insured with a maximum of 100 days per insurance year and per surgery
Accompanying person's travel expenses	-	-	Up to EUR 2,500.00 per surgery
Allowance in lieu of expenses	-	-	EUR 150.00 up to a maximum of 100 days per insurance year and per surgery
Oncological diseases			
Pre-hospitalisation expenses	-	-	Expenses incurred in the 100 days preceding hospitalisation
Post-hospitalisation expenses	-	-	Expenses incurred in the 150 days following discharge from hospitalisation
Use of robotics techniques	-	-	Up to EUR 5,000.00 per surgery
Purchase of anatomical prostheses	-	-	EUR 10,000,00
Professional nursing care at home	-	-	Up to 45 days after discharge with a maximum of EUR 6,000.00 per surgery or hospitalisation
Transport of the Insured	-	-	Up to EUR 5,000.00 per hospitalisation or surgery
Accompanying person's board and lodging	-	-	Up to EUR 150.00 per day, for a period not exceeding the period of Hospitalisation of the Insured with a maximum of 100 days per insurance year and per Hospitalisation
Accompanying person's travel expenses	-	-	Up to EUR 2,500.00 per hospitalisation or surgery
Allowance in lieu of expenses	-	-	EUR 150.00 up to a maximum of 100 days per insurance year and per hospitalisation or surgery Allowance reduced by 50% in the case of Day surgery



IN ACTIVITY - EXTRAORDINARY MEDICAL TREATMENT

Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Extension of oncological treatment	-	-	Expenses for non-surgical oncological therapies and Specialist visits, examinations and diagnostic tests even in the absence of Hospitalisation, incurred within 2 years of the first Diagnosis.
Lump sum indemnity for surgery	-	-	The second surgery for the same pathology or on the same anatomical district or organ performed in the same insurance year is indemnified at 50%.
Lump sum indemnity for serious events.	-	-	The Indemnity is paid for a single event, after which the Cover ceases with respect to the Insured.

TREATMENT, EXAMINATIONS AND VISITS



What is covered by the Insurance? Basic Covers

Art. 3.10 High Diagnostics

What is covered by the Insurance

The subject matter of the Cover is the coverage of expenses made necessary by Disease or Accident for the following highly specialised diagnostic and therapeutic services.

List of medical services:

Angiography

Arteriography

Cystography

Opaque Chlorisma

Cholecystography

Coronarography

Doppler: colour-echo-Doppler; echo-Doppler

Echocardiography

EEG - electroencephalogram

Electromyography

Diagnostic endoscopies (performed with an endoscope) without biopsy

Comprehensive urodynamic examination

Fistulography

Ocular fluorangiography

Hysterosalpingography

Holter

Analgesic laser therapy by rehabilitation therapist



Myelography

CBM - Computerized Bone Mineralometry

Magnetic Resonance Imaging

Sialography

Scintigraphy

Computed Axial Tomography (CT)

Positron Emission Tomography (PET)

Single photon emission tomoscintigraphy (SPET)

Urography

COVERAGE FREE OF CHARGE FOR CHILDREN UNDER THE AGE OF 10

What is covered by the Insurance

If purchased by at least one parent, the Cover extends free of charge to the **child under the age of ten indicated in the Policy for the Coverage Limit per person and insurance year indicated in the Policy.**

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

In addition, the following are excluded for this Cover:

- a. **services performed after the expiry date or early termination for any reason of the Cover, even if the Disease has occurred, or the Accident has occurred, during the validity of the Cover;**
- b. **direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**
- c. **medical services aimed at eliminating or correcting Physical anomalies that existed prior to the activation of the Cover; deviation of the septum or nasal pyramid are included in the cover only if they are necessary as a result of an accident, upon presentation of a certificate issued by the emergency medical centre and/or an X-ray examination showing a Fracture of the nasal bones;**
- d. **medical services related to eating disorders (anorexia, bulimia, uncontrolled eating syndrome);**
- e. **medical services related to sexual identity disorders;**
- f. **medical services aimed at the treatment of infertility, sterility and impotence and in any case those related to assisted and artificial insemination;**
- g. **medical services for aesthetic purposes;**
- h. **medical services for preventive purposes (e.g. prevention of family diseases);**
- i. **medical services due to the consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;**
- j. **medical services related to preventive surgery and prophylactic removal including those as a result of genetic mutation;**
- k. **services related to bariatric surgery for the treatment of obesity and diet therapy;**
- l. **services aimed at dental and periodontal care, pre-prosthetic and implantology procedures;**
- m. **medical services of mere control;**
- n. **medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them.**

Limitations of coverage apply

The Company shall indemnify the costs incurred for services rendered with the application of an Uncovered Amount of 25% for each expense actually incurred. The Uncovered Amount does not apply if



the Insured requests reimbursement of the co-payment only because he/she used facilities affiliated with the National Health Service.

The list of benefits is exhaustive.

In the event of a Day Service performed at a private facility that does not have an agreement with the NHS, only the services envisaged under this Cover are covered.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section **When does the coverage begin and when does it end?**, article Exclusion Period, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

For this Cover, the Coverage Limit shall be **per person per insurance year**.

In order to perform the listed services, the Insured must present a medical prescription with a regular diagnosis or diagnostic suspicion and complete proximate and remote medical history.

The Insured may request reimbursement of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

As an alternative to reimbursement, the Insured may use **Direct Payment** through **Affiliated Medical Institutions**, with payment of the 25% Uncovered Amount, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct Assistance - Activation procedures. The list of Affiliated Medical Institutions is available at www.generalit.it.

Art. 3.11 Specialist visits

What is covered by the Insurance

If indemnifiable under the insurance coverage, the Company shall reimburse the Insured for expenses incurred as a result of Disease or Accident for:

- fees for examinations by a medical specialist (**excluding, however, paediatric, gynaecological, dental and orthodontic examinations, ophthalmic examinations aimed at checking only visual acuity**);
- laboratory tests and Diagnostic tests, provided they are relevant to the reported Disease or Accident.

COVERAGE FREE OF CHARGE FOR CHILDREN UNDER THE AGE OF 10

What is covered by the Insurance

If the household Coverage Limit has been selected and if both parents are insured, Cover is extended free of charge under the same conditions to the child under the age of ten named in the Policy.

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover. In addition, the following are excluded for this Cover:

- services performed after the expiry date or early termination for any reason of the Cover, even if the Disease has occurred, or the Accident has occurred, during the validity of the Cover;**
- direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**



- c. medical services aimed at eliminating or correcting Physical anomalies that existed prior to the activation of the Cover; deviation of the septum or nasal pyramid are included in the cover only if they are necessary as a result of an accident, upon presentation of a certificate issued by the emergency medical centre and/or an X-ray examination showing a Fracture of the nasal bones;
- d. medical services for the elimination or correction of defects of vision due to refractive defects (e.g. correction of myopia and astigmatism);
- e. medical services related to Mental illnesses, mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;
- f. medical services related to eating disorders (anorexia, bulimia, uncontrolled eating syndrome);
- g. medical services related to sexual identity disorders;
- h. medical services related to the non-therapeutic voluntary abortion;
- i. medical services aimed at the treatment of infertility, sterility and impotence and in any case those related to assisted and artificial insemination;
- j. medical services for aesthetic purposes;
- k. medical services for preventive purposes (e.g. prevention of family diseases);
- l. medical services due to the consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;
- m. medical services related to preventive surgery and prophylactic removal including those as a result of genetic mutation;
- n. services related to bariatric surgery for the treatment of obesity;
- o. services and therapies with a dietary purpose;
- p. services aimed at dental and periodontal care, pre-prosthetic and implantology procedures;
- q. services and techniques that do not fall within the protocols recognised by the WHO ('experimental protocols') and those not carried out by doctors or paramedics licensed to practice;
- r. psychotherapy and psychoanalysis services;
- s. examinations not carried out by medical and surgical graduates and specialised personnel;
- t. services related to non-conventional therapies and techniques;
- u. medical services of mere control;
- v. medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them.

Limitations of coverage apply

Reimbursement is made subject to the application of an Uncovered Amount of 20% with a minimum of EUR 50.00 per individual service incurred and documented. The Uncovered Amount does not apply if the Insured requests reimbursement of the healthcare Co-payment only because he/she used facilities affiliated with the National Health Service.

In the event of a Day Service performed at a private facility that does not have an agreement with the NHS, only the services envisaged under this Cover are covered.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.



How the coverage works

COVERAGE LIMIT

The Coverage Limit indicated in the Policy applies **per person per insurance year**. If stated in the Policy "Coverage Limit per household", the Coverage Limit applies to **all insureds per insurance year**.

The Insured may request reimbursement of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

In order to perform the services under the Cover and to claim reimbursement of the related expenses, the Insured must present a medical prescription with a regular diagnosis or diagnostic suspicion and complete with a proximate and remote medical history.

Art. 3.12 Physiotherapy treatment for accident

What is covered by the Insurance

This Cover is provided in conjunction with Medical Expense for accident, disease or childbirth Cover, limited to the Accident event.

If indemnifiable under the insurance coverage, the Company shall pay the Insured the expenses incurred for physiotherapy and rehabilitation treatments as a result of an Accident occurred during the period of validity of the Cover and **attested to by an Emergency Room certificate**.

Treatments must be **prescribed by a specialist doctor** whose specialisation is inherent to the trauma or injury resulting from the reported accident and must be **carried out by qualified medical personnel whose qualification must be proven by the expense document**.

Osteopathic and acupuncture treatments are also deemed to be included in the Cover, provided they are performed by a doctor (qualified and registered medicine and surgery graduate) and speech therapy treatments with similar therapeutic purposes, provided they are performed by a qualified speech therapist with a qualifying degree.

If the Insured makes use of the National Health Service, the Company recognises in full any expenses for healthcare co-payments.

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

In addition, the following are excluded for this Cover:

- a. **treatment carried out after the expiry or early termination date for any reason of the Cover, even if the Accident occurred during the validity of the Cover;**
- b. **consequences or complications of Accidents not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;**
- c. **psychotherapy and psychoanalysis;**
- d. **osteopathic treatments not carried out by a doctor, acupuncture treatments not carried out by a doctor, chiropractic treatments, shiatsu, reflexology, phytotherapy, rolfing, homeopathy, ayurvedic medicine and all those related to non-conventional therapies;**
- e. **Specialist visits for the prescription of Physiotherapy and rehabilitation treatments**
- f. **rehabilitation and post-surgery therapy sessions not carried out at authorised health facilities or private practices;**
- g. **non-health services or services performed by personnel not recognised in the appropriate ministerial lists of Italian health professions;**



- h. Hospitalisations and Day hospital during which only physical therapies are carried out, which, due to their nature, can also be performed on an outpatient basis;
- i. treatments performed after discharge from Hospitalisation or surgery;
- j. medical services that are not recognised by the International Authorities or that are not related to the treatment of the accident that caused them.

Limitations of coverage apply

Physiotherapy and rehabilitation treatments are reimbursed or paid only if:

- performed in the absence of, or prior to, Hospitalisation or surgery;
- for a period of up to one year from the date of the Accident;
- if performed during the validity of the Cover.

How the coverage works

COVERAGE LIMIT

For this Cover, the Coverage Limit shall be per person per insurance year.

The Insured may request **reimbursement** of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

As an alternative to reimbursement, the Insured may use **Direct Payment** through **Affiliated Medical Institutions**, without the need to advance any expenses, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct Assistance - Activation procedures.

Art. 3.13 Dental care

What is covered by the Insurance

The Company, within the Coverage Limit indicated in the Policy, recognises coverage of expenses related to services, provided for in the exhaustive list below, carried out exclusively at affiliated dentists and/or dental practices during the validity of the Cover.

List of medical services:

Visits

Oral hygiene

Emergency visit

Conservative

Dental radiology

Surgery

Endodontics

Periodontology

For all services related to Prosthetics, Orthodontics and Implantology, which are **not listed and therefore not reimbursable**, if carried out at affiliated dentists and/or dental practices, the Insured may still benefit from subsidised rates within the limits of the fee schedule.

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

In addition, the following are excluded for this Cover:

- a. treatment carried out after the date of expiry or early termination for any reason of the Cover, even if the Accident occurred or the pathology was diagnosed during the validity of the Cover;



- b. medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them;
- c. treatment resulting from Accidents occurring prior to the activation of the Cover;
- d. treatment resulting from pathological conditions that existed prior to the activation of the Cover;
- e. services related to “care plans” signed prior to the activation of the Cover.

Limitations of coverage apply

Services not included in the exhaustive list above are not reimbursable.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD.

The Cover is subject to the Exclusion Period set out in the section **When does the coverage begin and when does it end?**, article Exclusion Period, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

This cover is provided with the Coverage Limit indicated in the Policy.

Services are **only provided by direct assistance** at the network of dentists and/or dental practices affiliated with the Dental Network.

In order to make use of the services listed, the Insured must follow the procedures set out in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Dental Network.

If, having activated the Dental Network, it is found that there are no affiliated dentists and/or dental practices in the Insured's province of residence, the services provided for may be obtained by the Insured for their own benefit at another dentist and/or dental practice that is not affiliated. In such a case, the Insured may request **reimbursement of the costs incurred within the limits set out.**

The Insured may request reimbursement of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Dental Network.

 **Are there limitations of coverage?**

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

IN ACTIVITIES - TREATMENTS, TESTS AND VISITS			
Cover	Deductible	Uncovered Amount	Limitations of Indemnity
High diagnostics	-	25% Uncovered Amount (not applicable in the case of NHS co-payments)	-
Specialist visits	-	20% Uncovered Amount with a minimum of EUR 50.00 per individual service (not applicable in the case of NHS co-payments)	-

IN ACTIVITIES - TREATMENTS, TESTS AND VISITS

Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Physiotherapy treatment for accident	-	-	-
Medical care	-	-	-

FOR EACH DAY



What is covered by the Insurance? Basic Covers

Art. 3.14 Daily allowance for hospitalisation due to accident, disease or childbirth

What is covered by the Insurance

In the event of hospitalisation or day surgery made necessary by Disease, Accident, childbirth, miscarriage, therapeutic or post-traumatic abortion, the Company shall pay the daily allowance indicated in the Policy for each day of hospital stay.

Once the right to Indemnity has been assessed, the Company shall pay the daily allowance due under the contract **for each documented day** of hospitalisation, **excluding the day of discharge**.

The daily allowance for Hospitalisation is paid:

- a. with the following **non-cumulative** surcharges:
 - 50% from the fifteenth day after hospitalisation;
 - 100% from the 30th day after hospitalisation;
 - 100% for each day spent in intensive care units;
- b. increased by 50% if the Institute for Health Care is located outside the Insured's region of residence.

Cover is extended to Day hospital lasting more than 1 day (**at least 2 days**) with the daily allowance **reduced to 50%**, provided that the documentation from the Institute for Health Care shows that the Day hospital, with the exception of public holidays, took place without interruption.

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

The following services are also excluded:

- a. **Surgeries or Hospitalisations after the expiry or early termination date for any reason of the Cover, even if the Disease has emerged, or the Accident has occurred, during the validity of the Cover;**
- b. **Hospitalizations that are direct consequences of Accidents, Diseases, Malformations and pathological conditions known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**
- c. **Hospitalisations and surgeries for the elimination or correction of Physical anomalies that existed prior to the activation of the Cover; deviation of the septum or the nasal pyramid are included in the Cover only if they were made necessary by an Accident, upon presentation of a certificate issued by the emergency medical centre and/or X-ray examination attesting to the Fracture of the nasal bones;**
- d. **Hospitalisations and surgeries for the elimination or correction of defects of vision due to refractive defects (e.g. correction of myopia and astigmatism);**
- e. **Hospitalisations related to Mental illnesses and mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as as well as those related to nervous breakdown, psychological development disorders;**



- f. Hospitalisations related to eating disorders (anorexia, bulimia, uncontrolled eating syndrome);
- g. Hospitalisations and surgeries, medical and surgical treatment, related to sexual identity disorders;
- h. non-therapeutic voluntary abortion;
- i. surgeries and hospitalisations aimed at treating infertility, sterility and impotence, and in any case those related to assisted and artificial insemination;
- j. Hospitalisations for aesthetic purposes, except for reconstructive plastic surgery made necessary by an Accident or oncological Disease. With regard to the application of breast endoprostheses, only those related to the anatomical site of the Injury are included and surgeries after the first application are excluded;
- k. surgeries related to preventive surgery and prophylactic removal including those following genetic mutations;
- l. Hospitalisations for the prevention of diseases (e.g. prevention of family diseases);
- m. Hospitalisations made necessary by consequences or complications of accidents and pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;
- n. Hospitalisations and surgeries related to bariatric surgery for the treatment of obesity;
- o. Hospitalisations and surgeries for dietary purposes;
- p. Hospitalisations and surgeries for dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implant operations;
- q. stays in retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phytotherapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, wellness centres in general and beauty farms or similar establishments;
- r. Hospitalisations and surgeries for the performance of services and techniques that do not fall within the protocols recognised and validated by the International Authorities ('experimental protocols') and those that are not carried out by doctors or paramedics licensed to practice;
- s. Hospitalisations for experimental therapies not validated by international authorities because their therapeutic and curative validity has not been established;
- t. Hospitalisations and Day hospital during which only diagnostic tests or physical therapies are carried out, which, due to their nature, can also be performed on an outpatient basis;
- u. Hospitalisations for vegetative states, long-stay Hospitalisations, meaning those caused by the Insured's physical condition that no longer permits recovery with medical treatment and that result in the Insured having to stay in an Institute for Health Care for care or physiotherapeutic maintenance treatment;
- v. Hospitalisations and Day hospital for psychotherapy and psychoanalysis;
- w. Hospitalisations and Day hospitals for services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them;
- x. Day services.

Limitations of coverage apply

The daily allowance for hospitalisation is paid for a maximum period of 360 days per insurance year.

The amount of the daily allowance, even if increased for the reasons referred to in 1) a. and b. above, **may in no case exceed the limit of EUR 350.00 per day.**

This Cover is subject to the application of the Deductible, if provided for in the Policy. Therefore, the insured daily allowance is paid for each hospitalisation or day surgery starting from the day following the agreed Deductible days.



It should be noted that, in the event of **Hospitalisations occurring no more than 30 days apart** due to the same Disease or pathological condition at the same anatomical site or as a consequence of the same Accident, **the Deductible is applied only once.**

The Deductibles agreed per specific pathology declared in the medical Questionnaire shall in any case be applied to each Claim.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

The Insured may request the Indemnity provided for by this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM.

Art. 3.15 Daily allowance for recovery from accident or illness

What is covered by the Insurance

Following Hospitalisation due to Disease, Accident, miscarriage, therapeutic or post-traumatic abortion indemnified under the Daily allowance for hospitalisation due to accident, Disease or childbirth Cover, the Company shall pay the daily allowance provided for in the Policy for recovery at home in the cases and within **the limits indicated in the Policy for each Insured.**

What is NOT covered by the Insurance

Recovery periods that are not the result of a hospitalisation compensated under the Daily allowance for hospitalisation due to accident, disease or childbirth Cover are excluded.

The daily recovery allowance is not paid in the event of hospitalisation for childbirth or in connection with pregnancy.

Limitations of coverage apply

The allowance for recovery from an accident or disease shall not be cumulated with the allowance provided for in the article Accident Insurance for abdominal hernias due to violent causes.

The Insured may request the Indemnity provided for by this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM.

Art. 3.16 Daily allowance for hospitalisation due to accident

What is covered by the Insurance

In the event of Hospitalisation or day surgery made necessary by an Accident that is indemnifiable under the insurance coverage, the Company shall pay the Insured the daily allowance indicated in the Policy for each day of hospital stay.

Cover is extended to **Day hospital** with daily allowance **reduced to 50%.**

What is NOT covered by the Insurance

The Accident Exclusions apply to this Cover.

Limitations of coverage apply

The daily allowance for hospitalisation is paid for a maximum period of 360 days per Accident, even if not consecutive.



This Cover is subject to the application of the Deductible, if provided for in the Policy. Therefore, the insured daily allowance is paid for each hospitalisation or day surgery starting from the day following the agreed Deductible days.

The Insured may request the Indemnity provided for by this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM.

Art. 3.17 Daily allowance for recovery from an accident

What is covered by the Insurance

Following Hospitalisation indemnified under the Daily allowance for hospitalisation due to accident Cover, the Company shall pay the daily allowance insured in the Policy for recovery at home in the cases and within the limits indicated in the Policy for each Insured.

What is NOT covered by the Insurance

Recovery periods that are not the result of a hospitalisation compensated under the Daily allowance for hospitalisation due to accident Cover are excluded.

The Accident Exclusions apply to this Cover.

Limitations of coverage apply

The allowance for recovery from an accident shall not be cumulated with the allowance provided for in the article Accident Insurance for abdominal hernias due to violent causes.

The Insured may request the Indemnity provided for by this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM.

Art. 3.18 Daily allowance for immobilisation from accident

What is covered by the Insurance

If an Accident that is indemnifiable under the insurance coverage occurs and the Insured is fitted with a plaster cast or equivalent external immobilising Brace that cannot be removed independently by the Insured, the Company shall pay the daily indemnity indicated in the Policy.

The daily indemnity is paid from the day after the application of the plaster cast or equivalent external immobilising brace that cannot be removed independently by the Insured until the day it is removed.

The application of the plaster cast or equivalent external immobilising brace that cannot be removed independently by the Insured and the type of Injury sustained must be proven by certification from the hospital or Institute for Health Care where it was performed; removal must be proven by written certification from the specialist treating the Insured or from the doctor at the hospital or Institute for Health Care where the removal took place.

In the case of a radiologically ascertained Fracture, the indemnity is paid even if the application of the plaster cast or equivalent external immobilising brace, even if independently removable, was performed at a private centre.

The allowance is also paid in the case of a displaced fracture of ribs or pelvis or a compound fracture of at least two costal cartilages, for the entire period of actual immobilisation.

What is NOT covered by the Insurance

The Accident Exclusions apply to this Cover.



Limitations of coverage apply

The daily indemnity is paid until the removal of the plaster cast or equivalent external immobilising brace that cannot be removed independently by the Insured, but in any case **for a period not exceeding 20 days for fingers and 60 days in all other cases.**

In the case of **displaced fracture of the pelvis or compound fracture of at least two costal cartilages** the allowance is paid for the entire period of actual immobilisation, but in any event **for a period not exceeding 60 days.**

If under the Policy the daily allowance for recovery from an accident or daily allowance for recovery from accident and disease is also available for the Insured, **the individual insured allowances shall not be combined and only the most favourable allowance shall be paid to the Insured.**

✓ How is the Indemnity calculated?

EXAMPLE: The Policy includes the two Covers Daily Allowance for recovery from accident for EUR 50.00 per day with a maximum agreed Indemnity limit of 30 days and Daily allowance for immobilisation from accident for EUR 50.00 per day.

An Accident eligible for indemnification - resulting in a hospitalisation at the end of which a plaster cast was applied and a home recovery of 45 days was prescribed - occurs.

The Indemnity is calculated as follows:

- the resulting amount for the Daily Allowance for recovery from accident Cover is EUR 1,500.00 (EUR 50.00 per day for a maximum of 30 days);
- the resulting amount for the Daily Allowance for immobilisation from accident Cover is EUR 2,250.00 (EUR 50.00 per day for a maximum of 45 days).

The amounts of the two allowances shall not be cumulated and the Insured is paid the more favourable one, i.e. EUR 2.250,00

If the prescribed recovery period is at least 5 days, the Company shall in any case pay an additional lump sum allowance equal to 25% of the days of immobilisation, with a **maximum of 10 days.**

EXAMPLE: The two Covers Daily Allowance for recovery from accident for EUR 50.00 per day with a maximum agreed Indemnity limit of 30 days and Daily allowance for immobilisation from accident for EUR 50.00 per day have been activated under the Policy.

In the event of an indemnifiable Accident that resulted in a Hospitalisation upon discharge of which a plaster cast was applied and a home recovery of 45 days was prescribed, in addition to the payment of the sum of EUR 50.00 per day for 45 days as the most favourable solution (total of EUR 2,250.00), an additional lump sum indemnity is paid, calculated as follows:

- recovery 45 days (greater than 5 days) x 25% = 11.25 days (exceeds the maximum limit of 10 days)
- 10 days recovery x EUR 50.00 = EUR 500.00.

The Insured may request the Indemnity provided for by this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM.

Art. 3.19 Daily allowance for temporary incapacity due to accident

What is covered by the Insurance

If the Accident eligible for indemnity under the insurance coverage results in temporary Incapacity, meaning a temporary partial or total loss of the Insured's capacity to attend to their declared professional activities, the



Company shall pay the daily allowance indicated in the Policy, **for a maximum period of one year from the day of the Accident:**

- in full for each day of total incapacity;
- 50% for each day of partial incapacity,

with application of the Deductible indicated in the Policy.

What is NOT covered by the Insurance

The Accident Exclusions apply to this Cover.

Limitations of coverage apply

7-day Deductible (per brackets of sum insured)

If, for the Insured, the Policy indicates "Deductible per brackets of sum insured 7 days up to EUR 50.00 and 15 days for the excess (does not apply if the Hospitalisation is for at least 3 days)", it is agreed as follows.

The insured allowance is paid:

- **for the part of the sum insured up to EUR 50.00 from the 8th day after the Accident;**
- **for the part of the sum insured exceeding EUR 50.00 from the 16th day after the Accident.**

In the event of an Accident that results in Hospitalisation in an Institute for Health Care of at least three days, the Company shall pay the Temporary Incapacity Indemnity **without the 7-day Deductible on the portion of the sum insured up to EUR 50.00.**

✓ How does the Deductible apply?

EXAMPLE:

The Policy includes Daily Allowance for temporary incapacity due to accident Cover for an amount of EUR 80.00. An indemnifiable Accident occurs that resulted in a temporary total incapacity of 20 days.

In the absence of Hospitalisation of at least 3 days, the indemnity is calculated as follows:

- on the first EUR 50.00 of sum insured, the Indemnity is paid from the 8th day and, thus, 13 days are paid in the amount of EUR 650.00;
- out of the remaining EUR 30.00 of sum insured, the Indemnity is paid from the 16th day and, therefore, 5 days are paid in the amount of EUR 150.00.

The total Indemnity is EUR 800.00 (650.00 +150.00).

In the event of Hospitalisation of at least 3 days, the Indemnity is calculated as follows:

- on the first EUR 50.00 of sum insured, the Indemnity is paid from the 1st day and, thus, 20 days are paid in the amount of EUR 1,000.00;
- out of the remaining EUR 30.00 of sum insured, the Indemnity is paid from the 16th day and, therefore, 5 days are paid in the amount of EUR 150.00.

The total Indemnity is EUR 1,150.00 (1,000.00 +150.00).

Deductible 10 days

If, for the Insured, the Policy indicates "10 day Deductible (does not apply if the Hospitalisation is for at least 3 days)", it is agreed as follows.

The insured allowance is paid from the 11th day after the Accident.



In the event of an accident that results in Hospitalisation in an Institute for Health Care for at least three days, the Company pays the Temporary Incapacity Indemnity without the Deductible.

✓ **How does the Deductible apply?**

EXAMPLE: The Daily Allowance for Temporary incapacity due to accident Cover in the amount of EUR 80.00 is included in the Policy . - An indemnifiable accident occurs that results in a Hospitalisation of less than 3 days and a Temporary Incapacity of 25 days. The Indemnity is calculated as follows:

EUR 80.00 x 15 days (25 - 10) = EUR 1,200.00

The Insured may request the Indemnity provided for by this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM.

Art. 3.20 Daily allowance for temporary incapacity due to illness

What is covered by the Insurance

In the event of **Disease** that results in the temporary Incapacity of the Insured to carry out the professional activity declared in the Policy, the Company shall recognise the daily allowance provided in the Policy:

- at 100%, for each day on which the Insured was completely physically unable to carry out the professional activity declared in the Policy;
- at 50% for each day on which the Insured was only able to partially carry out the professional activity declared in the Policy.

The allowance is paid from the day following the notification of the Disease until the last day of incapacity, **less the days of Deductible** indicated in the Policy.

The course of the Disease must be documented by **medical certification** issued by an Institute for Health Care or specialist doctor **until recovery** and without a break between certifications.

If the Insured has not renewed the medical certificates, the Indemnity shall be paid considering as the date of recovery the date indicated on the last regularly sent certificate. The Company may however, if it is able to do so, set an earlier date.

What is NOT covered by the Insurance

The following are excluded for this Cover:

- a. **Temporary incapacity after the expiry or early termination date for any reason of the Cover, even if the Disease has emerged, or the Accident has occurred, during the validity of the Cover;**
- b. **direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**
- c. **consequences resulting from elimination or correction of Physical anomalies that existed prior to the activation of the Cover; deviation of the septum or nasal pyramid are included in the cover only if they are necessary as a result of an accident, upon presentation of a certificate issued by the emergency medical centre and/or an X-ray examination showing a Fracture of the nasal bones;**
- d. **consequences resulting from the elimination or correction of defects of vision due to refractive defects (e.g. correction of myopia and astigmatism);**
- e. **Temporary Incapacity resulting from Mental illnesses and mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;**
- f. **Temporary incapacity resulting from eating disorders (anorexia, bulimia, uncontrolled eating syndrome);**
- g. **Temporary incapacity resulting from sexual identity disorders;**



- h. Temporary incapacity resulting from non-therapeutic voluntary abortion;
- i. Temporary incapacity resulting from all medical services aimed at the treatment of infertility, sterility and impotence and in any case those related to assisted and artificial insemination;
- j. Temporary incapacity resulting from all services for aesthetic purposes;
- k. Temporary incapacity resulting from all medical services related to preventive surgery and prophylactic removal including those as a result of genetic mutation;
- l. Temporary incapacity resulting from services with a preventive purpose (e.g. for the prevention of family disease);
- m. Temporary incapacity resulting from the consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;
- n. Temporary incapacity resulting from all services related to bariatric surgery for the treatment of obesity;
- o. Temporary incapacity resulting from all services and therapies with a dietary purpose;
- p. Temporary incapacity resulting from dental diseases and dental treatments;
- q. stays (and related consequences) in retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phytotherapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, wellness centres in general and beauty farms or similar establishments;
- r. consequences relating to techniques and services that do not fall within the protocols recognised by the International Authorities ("experimental protocols") and those which are not carried out by doctors or paramedics licensed to practice;
- s. consequences relating to Hospitalisations and Day hospital during which only examinations, visits and/or Diagnostic tests or physical therapies are carried out, which, due to their nature, can also be performed on an outpatient basis;
- t. Hospitalisations (and related consequences) for vegetative states, long-stay hospitalisations meaning those caused by the Insured's physical condition that no longer permits recovery with medical treatment and that result in the Insured having to stay in an Institute for Health Care for care or physiotherapeutic maintenance treatment;
- u. consequences relating to medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease that caused them.

Limitations of coverage apply

This Cover is subject to the application of the Deductible, if provided for in the Policy.

The allowance is paid for a total period not exceeding 150 days per insurance year, even if not consecutive, for one or more events occurring in the same insurance year.

In any event, the allowance is not paid in case of childbirth, pregnancy and post-partum period.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

The Insured may request the Indemnity provided for by this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM.



Art. 3.21 Indemnity for prolonged incapacity due to accident

What is covered by the Insurance

In the event of the total physical inability of the Insured to carry out the professional activity declared in the Policy, resulting directly and exclusively from an Accident that is indemnifiable under the insurance coverage, the Company shall pay, **for each period of temporary incapacity of 90 or 60 consecutive days** (based on the option indicated in the Policy), a **lump sum Indemnity** equal to **1/4** (if the option chosen is 90 days) or **1/6** (if the option chosen is 60 days) of the sum insured, up to a **maximum of 4 periods of 90 days each or 6 periods of 60 days each**.

The Indemnity due is paid under the following conditions:

- once the period of 90 or 60 days has elapsed,
- after submitting documentation proving the Accident and temporary Incapacity.

✓ How is the Indemnity calculated?

EXAMPLE: if the sum insured for the Indemnity for prolonged incapacity due to accident Cover is EUR 24,000 and the 90-day option has been chosen, in the event of total physical incapacity, an indemnity of EUR 6,000.00 is paid for the first 90 consecutive days of temporary Incapacity, calculated as follows:
 $24,000.00/4 = 6,000.00$

for the next 90 consecutive days of Temporary Incapacity, an Indemnity of EUR 6,000.00 is paid, calculated as follows: $24,000.00/4 = 6,000.00$

And so on up to a maximum of 4 90-day periods: $EUR\ 6,000.00 * 4\ periods = EUR\ 24,000.00$

What is NOT covered by the Insurance

The Accident Exclusions apply to this Cover.

The Insured may request the Indemnity provided for by this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

IN ACTIVITY - FOR EACH DAY			
Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Daily allowance for hospitalisation due to accident, disease or childbirth	Deductible indicated in the Policy for each Insured	-	Maximum 360 sessions per insurance year Allowance reduced by 50% in case of day hospital of at least 2 days. Even if increased, where applicable, the allowance may not exceed EUR 350.00 per day.
Daily allowance for recovery from accident or disease	-	-	-
Daily allowance for hospitalisation due to accident	Deductible indicated in the Policy for each Insured	-	Maximum 360 days per Accident (even if not consecutive) Indemnity reduced by 50% in the case of Day hospital.



IN ACTIVITY - FOR EACH DAY

Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Daily allowance for recovery from an accident	-	-	-
Daily allowance for immobilisation from accident	-	-	<p>Period from application to removal of the plaster cast or equivalent external immobilising brace with a maximum of 20 days for fingers and 60 days in all other cases.</p> <p>Period of immobilisation in case of displaced fracture of pelvis or compound fracture of at least two costal cartilages with a maximum of 60 days.</p> <p>If the Insured has also purchased the daily allowance for recovery from an accident or the daily allowance for recovery from an accident, illness or childbirth, the most favourable allowance shall be paid. In addition, if the prescribed recovery is at least 5 days, an additional allowance of 25% of the days of immobilisation is provided, with a maximum of 10 days.</p>
Daily allowance for temporary incapacity due to accident	Deductible per brackets of sum insured (7 days up to EUR 50.00 and 15 days for the excess - does not apply if the hospitalisation is at least 3 days) or 10 days (as indicated in the Policy for each Insured)	-	Maximum one year after the Accident
Daily allowance for temporary incapacity due to disease	-	-	<p>Maximum of 150 days per insurance year (even if not consecutive).</p> <p>At 100% for each day of total incapacity.</p> <p>At 50% for each day of partial incapacity.</p>
Indemnity for prolonged incapacity due to accident	-	-	<p>¼ of the sum indicated in the Policy per Insured for each period of 90 days of incapacity with a maximum of 4 periods per insurance year or 1/6 of the sum indicated in the Policy per Insured for each period of 60 days of incapacity with a maximum of 6 periods per insurance year</p>



A VITA



What is covered by the Insurance? Basic Covers

The Insured may activate one of the following Formulas:

BASIC

- Daily allowance for hospitalisation due to accident or disease
- Pre- and post-hospitalisation medical expenses for accident or disease
- Lump sum indemnity for serious events.

COMFORT

- Major surgeries;
- Oncological diseases
- High diagnostics

TOP

- Medical expenses for accident, disease or childbirth
- High diagnostics
- Specialist visits

A VITA - BASIC

Art. 4.1 Daily allowance for hospitalisation due to accident or disease;

What is covered by the Insurance

In the event of hospitalisation or day surgery made necessary by Accident or Disease, the Company shall pay the daily allowance indicated in the Policy for each day of hospitalisation.

Once the right to compensation has been established, the Company shall pay the daily indemnity due under the contract for each documented day of hospitalisation, **excluding the day of discharge**.

The daily allowance for Hospitalisation is paid:

- with the following **non-cumulative** surcharges:
 - 50% from the fifteenth day after hospitalisation;
 - 100% from the 30th day after hospitalisation;
 - 100% for each day spent in intensive care units;
- increased by 50% if the Institute for Health Care is located outside the Insured's region of residence.

Cover is extended to Day hospital lasting more than 1 day (**at least 2 days**) with the daily allowance reduced to 50%, provided that the documentation from the Institute for Health Care shows that the Day hospital, with the exception of public holidays, took place without interruption.

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover. In addition, they are excluded:

- Hospitalisations and Surgeries after the expiry or early termination date for any reason of the Cover, even if the Disease has emerged, or the Accident has occurred, during the validity of the Cover;**
- Hospitalisations that are direct consequences of Accidents, Diseases, Malformations and pathological conditions known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**



- c. Hospitalisations and surgeries for the elimination or correction of Physical anomalies that existed prior to the activation of the Cover; deviation of the septum or the nasal pyramid are included in the Cover only if they were made necessary by an Accident, upon presentation of a certificate issued by the emergency medical centre and/or X-ray examination attesting to the Fracture of the nasal bones;
- d. Hospitalisations and surgeries for the elimination or correction of defects of vision due to refractive defects (e.g. correction of myopia and astigmatism);
- e. Hospitalisations related to Mental illnesses and mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;
- f. Hospitalisations related to eating disorders (anorexia, bulimia, uncontrolled eating syndrome);
- g. Hospitalisations and surgeries, medical and surgical treatment, related to sexual identity disorders;
- h. non-therapeutic voluntary abortion;
- i. surgeries and hospitalisations aimed at treating infertility, sterility and impotence, and in any case those related to assisted and artificial insemination;
- j. Hospitalisations for aesthetic purposes, except for reconstructive plastic surgery made necessary by an Accident or oncological Disease. With regard to the application of breast endoprostheses, only those related to the anatomical site of the Injury are included and surgeries after the first application are excluded;
- k. Hospitalisations and surgeries related to preventive surgery and prophylactic removal including those following genetic mutation;
- l. Hospitalisations for the prevention of diseases (e.g. prevention of family diseases);
- m. Hospitalisations made necessary by consequences or complications of accidents and pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;
- n. Hospitalisations and surgeries related to bariatric surgery for the treatment of obesity;
- o. Hospitalisations and surgeries for dietary purposes;
- p. Hospitalisations and surgeries for dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implant operations;
- q. stays in retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phytotherapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, wellness centres in general and beauty farms or similar establishments;
- r. Hospitalisations and surgeries for the performance of services and techniques that do not fall within the protocols recognised and validated by the International Authorities ("experimental protocols") and those that are not carried out by doctors or paramedics licensed to practice;
- s. Hospitalisations for experimental therapies not validated by international authorities because their therapeutic and curative validity has not been established;
- t. Hospitalisations and Day hospital during which only examinations, visits and/or Diagnostic tests or physical therapies are carried out, which, due to their nature, can also be performed on an outpatient basis;
- u. Hospitalisations for vegetative states, long-stay Hospitalisations, meaning those caused by the Insured's physical condition that no longer permits recovery with medical treatment and that result in the Insured having to stay in an Institute for Health Care for care or physiotherapeutic maintenance treatment;
- v. Hospitalisations and Day hospital for psychotherapy and psychoanalysis;
- w. Hospitalisations and Day hospitals for services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them;
- x. Day services;



- y. **Hospitalisations, operations, day hospital caused by pandemic or epidemic disease and their consequences and complications;**
- z. **quarantine and all forms of self-isolation or similar;**
- aa. **organic brain syndromes, mental illnesses, degenerative neurological forms;**
- bb. **medical services related to H.I.V. or A.I.D.S. seropositivity and all related pathologies;**
- cc. **medical services connected with and resulting from alcohol abuse and intoxication and all related pathologies.**

Limitations of coverage apply

The daily allowance for hospitalisation is paid for a maximum period of 360 days per insurance year. The amount of the daily allowance, even if increased for the reasons set out in subparagraphs (a) and (b) of the What is covered by the insurance section of this article, may in no case exceed the limit of EUR 350.00 per day.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

The Insured may request the Indemnity provided for by this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM.

Art. 4.2 Pre- and post-hospitalisation medical expenses for accident or disease

What is covered by the Insurance

In the event of **Hospitalisation in Institute for Health Care or surgery**, including outpatient or day surgery, eligible for indemnity under the insurance coverage and occurring during the period of validity of the Cover, made **necessary by an Accident or Disease**, the Company shall reimburse the expenses incurred for:

- examinations, Diagnostic tests and specialist visits performed within 60 days prior to the Hospitalisation or surgery, provided they are directly related to the Disease or Accident as a result of which the services were performed;
- examinations and specialist visits, outpatient medical and nursing services, physiotherapy post-surgery treatments including the hire of equipment appropriately **prescribed by a specialist doctor**, carried out within 60 days after the date of surgery or discharge from Hospitalisation, provided that they are **directly related** to the Disease or accident as a result of which the services were performed.

It should be noted that Day service is not **equated with Hospitalisation**.

If the Insured makes use of the **National Health Service**, the Company recognises **in full** any expenses for healthcare co-payments.

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

The following services are also excluded:

- a. **Hospitalisations or surgeries after the expiry or early termination date for any reason of the Cover, even if the Disease has emerged, or the Accident has occurred, during the validity of the Cover;**
- b. **direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**
- c. **examinations, checks and surgeries for the elimination or correction of Physical anomalies that existed prior to the activation of the Cover; deviation of the septum or the nasal pyramid are included**



- in the Cover only if they were made necessary by an accident, upon presentation of a certificate issued by the emergency room and/or X-ray examination attesting to the Fracture of the nasal bones;
- d. examinations, checks and surgeries for the elimination or correction of defects of vision due to refractive defects (e.g. correction of myopia and astigmatism);
 - e. medical services related to Mental illnesses, mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;
 - f. medical services related to eating disorders (anorexia, bulimia, uncontrolled eating syndrome);
 - g. visits, examinations, hospitalisations, surgeries, psychotherapy, medical and surgical treatments, related to sexual identity disorders;
 - h. non-therapeutic voluntary abortion;
 - i. medical services aimed at the treatment of infertility, sterility and impotence and in any case those related to assisted and artificial insemination;
 - j. medical services for aesthetic purposes, except for reconstructive plastic surgery made necessary by an Accident or oncological Disease. With regard to the application of breast endoprostheses, only those related to the anatomical site of the Injury are included and surgeries after the first application are excluded;
 - k. medical services related to preventive surgery and prophylactic removal including those as a result of genetic mutation;
 - l. medical services for preventive purposes (e.g. prevention of family diseases);
 - m. consequences or complications of pathologies that were not declared to the Company when activating or modifying the Cover or when replacing the Policy, even if already indemnified by the Company or in any case reported to the same;
 - n. services related to bariatric surgery for the treatment of obesity;
 - o. services and therapies with a dietary purpose;
 - p. dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implantology procedures;
 - q. medical services related to stays in retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phytotherapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, wellness centres in general and beauty farms or similar establishments;
 - r. techniques and services that do not fall within the protocols recognised and validated by the International Authorities ('experimental protocols') and those which are not carried out by doctors or paramedics licensed to practice;
 - s. Hospitalisations and Day hospital during which only diagnostic tests or physical therapies are carried out, which, due to their nature, can also be performed on an outpatient basis;
 - t. Hospitalisations for vegetative states, long-stay Hospitalisations, meaning those caused by the Insured's physical condition that no longer permits recovery with medical treatment and that result in the Insured having to stay in an Institute for Health Care for care or physiotherapeutic maintenance treatment;
 - u. psychotherapy and psychoanalysis services;
 - v. expenses for parapharmaceuticals, medical and health devices, homeopathic medicines, food supplements, phytotherapeutic products and vaccines;
 - w. Expenses for medical aids and appliances (including but not limited to immobilising braces or equivalent, orthopaedic insoles or equivalent, crutches, orthopaedic shoes, ice, toilet seats, wigs, anti-decubitus mattresses, lifts);
 - x. medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them;



- y. **services carried out by non-qualified nurses in possession of university qualification and professional registration. Services invoiced by non-profit organisations or any other association whose name is not directly related to the professional nursing activity provided are also excluded;**
- z. **osteopathic treatments not carried out by a doctor, acupuncture treatments not carried out by a doctor, chiropractic treatments, shiatsu, reflexology, phytotherapy, rolfing, homeopathy, ayurvedic medicine, anthroposophic medicine, homotoxicology and all those related to non-conventional therapies;**
- aa. **rehabilitation and post-surgery therapy sessions not carried out at authorised health facilities or private practices;**
- bb. **non-health services or services performed by personnel not recognised in the appropriate ministerial lists of Italian health professions;**
- cc. **expenses not directly related to hospitalisation or surgery such as telephone, bar, restaurant; dd) expenses related to day hospital;**
- ee. **medical services related to hospitalisations or operations caused by pandemic or epidemic diseases and their consequences and complications;**
- ff. **quarantine and all forms of self-isolation or similar;**
- gg. **organic brain syndromes, mental illnesses, degenerative neurological forms;**
- hh. **medical services related to H.I.V. or A.I.D.S. seropositivity and all related pathologies;**
- ii. **medical services connected with and resulting from alcohol abuse and intoxication and all related pathologies.**

Limitations of coverage apply

The Company **within the Coverage Limit provided in the Policy, shall recognise the expenses incurred foresaid services with the application of a 20% Uncovered Amount with a minimum of EUR 50.00 on the amount of the indemnifiable expenses for each Hospitalisation or surgery.**

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

For this Cover, the Coverage Limit shall be **per person per insurance year.**

Art. 4.3 Lump sum indemnity for serious events

What is covered by the Insurance

The Company shall pay the Insured the **fixed amount indicated in the Policy** as a lump sum indemnity for medical expenses incurred in the event of the Diagnosis or occurrence of one of the following events during the validity of the Cover:

- **Acute myocardial infarction:** Coronary artery disease if it gives rise to acute ischaemic necrosis of the myocardium from abrupt reduction in coronary flow causing hospitalisation to a coronary unit of at least 5 days. The diagnosis is made by the simultaneous presence of the following: a) precordial pain; b) typical ECG changes; c) increased serum activity of enzymes released from myocardial cells.
- **Cardiovascular surgery:** aorto-coronary bypass procedures (with saphenous vein or internal mammary artery) subject to demonstration of the need for the procedure by a coronary examination; mechanical or biological prosthetic valve application procedures; all invasive therapeutic procedures that do not require thoracotomy, such as coronary angioplasty and valve dilation with balloon catheters, are excluded.



- **Cerebral stroke (acute cerebro-vascular accident):** haemorrhage or cerebral infarction thrombosis or embolism with an abrupt onset immediately detected in the context of Hospitalisation that produces sensory and motor neurological damage also present on the date of the Indemnity claim.
- **Tumour:** a malignant neoplasm characterised by uncontrolled growth and spread of malignant cells with invasion of normal tissue, the diagnosis of which is based on and proven by histopathological examination or other hospital certification; limited to this Cover only, the following are excluded: carcinomas in situ, neoplastic degeneration of intestinal polyps, breast carcinomas that do not have metastatic lymph node involvement, urinary bladder carcinomas limited to stage I and skin tumours with the exception of Clarke's stage III and IV malignant melanoma.
- **Renal failure:** Irreversible kidney disease on chronic dialysis.
- **Organ transplant:** Diseases involving the need for a transplant of one of the following organs: liver, heart, kidney, pancreas, lung, bone marrow; certification issued by authorised transplant medical centres attesting to the need for the surgery and the person's inclusion on the waiting list is required.
- **Paralysis:** complete and permanent loss of the use of two or more limbs (arms or legs diagnosed and demonstrated by neurological evidence permanent and irreversible).

What is NOT covered by the Insurance

The diseases Exclusions apply to this Cover.

The following services are also excluded:

- Diagnosis or events after the expiry date or early termination for any reason of the Cover;**
- consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;**
- Diagnosis and events that are consequences and complications of pandemic or epidemic disease;**
- organic brain syndromes, mental illnesses, degenerative neurological forms;**
- medical services related to H.I.V. or A.I.D.S. seropositivity and all related pathologies;**
- medical services connected with and resulting from alcohol abuse and intoxication and all related pathologies.**

Limitations of coverage apply

Upon payment of the Indemnity, which is paid for only one of the above-mentioned Diseases, this Cover ceases in respect of the Insured.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

How the coverage works

INDEMNITY CLAIM

Indemnity is due provided that:

- **at least 90 days have elapsed from the date of the first diagnosis - evidenced by medical certificate and medical records - to the date of the report;**
- **at the date of the report the Insured is still alive.**

For the purposes of this Cover, the Insured is exempt from submitting proofs of expenditure.

The Insured may request the Indemnity provided for by this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM.



A VITA - COMFORT

Art. 4.1 Major surgeries

What is covered by the Insurance

The purpose of this Cover is the coverage of the following expenses, if they are indemnifiable under the insurance coverage, for a Major Surgery as indicated in the MAJOR SURGERIES LIST, suffered by the Insured during the period of validity of the Cover and made necessary by an Accident, Disease or oncological Disease.

List of expenses:

- a. surgical team fees, operating room fees and operating materials, including endoprostheses applied during surgery;
- b. medical and nursing care, physiotherapy and rehabilitation treatments, medicines, examinations and diagnostic tests required during the period of hospitalisation;
- c. hospitalisation fees;
- d. use of robotic techniques including disposable material kits;
- e. anatomical prostheses;
- f. transplant of organs, or parts thereof, necessary for the recipient Insured; expenses incurred for the eventual hospitalisation of the living donor are also covered;
- g. examinations, diagnostic tests and specialist Visits performed **within 100 days prior to** the Surgery, provided they are directly related to the Disease or Accident as a result of which the Surgery was performed;
- h. examinations and specialist Visits, medicines with a doctor's prescription and directly related to the surgery, out-patient medical and nursing services, purchase and/or lease of medical equipment to restore walking ability, physiotherapy or post-surgery treatments including the lease of equipment prescribed by a specialist doctor and directly related to the surgery, acupuncture - as long as it is carried out by a physician, spa treatments (excluding hotel expenses), carried out **within 150 days** of the date of discharge from Hospitalisation, as long as they are directly related to the Disease or Accident that led to the surgery;
- i. professional nursing care provided at home **in the 45 days following the** date of discharge;
- j. expenses incurred, and duly documented, for the transport of the Insured from his/her residence to the Institute for Health Care for Hospitalisation and back exclusively by train, airplane, ambulance, helicopter in Italy and abroad;
- k. expenses incurred and duly documented for board and lodging in an Institute for Health Care or hotel facility, in Italy and abroad, for a single person accompanying the Insured, **limited to the period during which the Insured is admitted to the Institute for Health Care**. Reimbursement of expenses for travel by train or plane for the same accompanying person, with supporting documentation, is also provided.

If the Insured makes use of the National Health Service, the Company **recognises in full** any expenses for **healthcare co-payments**.

If the Insured is transferred from one Institute for Health Care to another on a continuous basis, the Hospitalisations shall be considered a single event: in this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the NHS, only the medical service that is economically more favourable to the Insured among the expenses incurred (either directly by the Company at an Affiliated Medical Institution or by the Insured for reimbursement) and the Allowance in lieu of expenses, as defined below, shall be paid.

ALLOWANCE IN LIEU OF EXPENSES

What is covered by the Insurance

If the Insured does not request any reimbursement for expenses incurred during the period of Hospitalisation or is admitted using the National Health Service (NHS), he/she is entitled to a **daily allowance of EUR 150.00** for each day of Hospitalisation, excluding the day of discharge.



If the Insured is hospitalised under a direct agreement with expenses borne by the Company, he is not entitled to the Allowance in lieu of expenses.

If the Insured is transferred from one Institute for Health Care to another on a continuous basis, the Hospitalisations shall be considered a single event: in this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the NHS, only the medical service that is economically more favourable to the Insured among the expenses incurred (either directly by the Company at an Affiliated Medical Institution or by the Insured for reimbursement) and the Allowance in lieu of expenses shall be paid.

Any expenses other than those incurred during the period of hospitalisation - letters g., h., i. and j. - shall nevertheless be reimbursed by the Company if they are indemnifiable under the insurance coverage.

Limitations of coverage apply

The daily allowance is paid up to a maximum of 100 days per insurance year and per hospitalisation.

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

The following services are also excluded:

- a. **medical services after the expiration or early termination date for any reason of the Cover, even if the onset of the Disease has occurred or the Accident has occurred, during the period of validity of the Cover, with the exception - within the limits provided - of the expenses following the date of discharge from Hospitalisations that began during the period of validity of the Cover;**
- b. **direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**
- c. **visits, examinations and Surgeries for the elimination or correction of Physical anomalies pre-existing at the time of activation of the Cover;**
- d. **medical services for aesthetic purposes, except for reconstructive plastic surgery made necessary by an Accident or oncological Disease. With regard to the application of breast endoprostheses, only those related to the anatomical site of the Injury are included and surgeries after the first application are excluded;**
- e. **preventive surgery and prophylactic removal including those following genetic Mutation;**
- f. **surgeries due to the consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;**
- g. **bariatric surgery for the treatment of obesity below grade two;**
- h. **dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implantology procedures;**
- i. **surgeries and techniques that do not fall within the protocols recognised and validated by the International Authorities ('experimental protocols') and services that are not carried out by doctors or paramedics licensed to practice;**
- j. **psychotherapy and psychoanalysis services;**
- k. **expenses on parapharmaceuticals, medical and health devices, homeopathic medicines, food supplements, phytotherapeutic products; vaccines;**
- l. **Expenses for medical aids and appliances (including but not limited to immobilising braces or equivalent, orthopaedic insoles or equivalent, crutches, orthopaedic shoes, ice, toilet seats, wigs, anti-decubitus mattresses, lifts);**
- m. **medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them;**



- n. services carried out by non-qualified nurses in possession of university qualification and professional registration. Services invoiced by non-profit organisations or any other association whose name is not directly related to the professional nursing activity provided are also excluded;
- o. osteopathic treatments not carried out by a doctor, acupuncture treatments not carried out by a doctor, chiropractic treatments, shiatsu, reflexology, phytotherapy, rolfing, homeopathy, ayurvedic medicine, anthroposophic medicine, homotoxicology and all those related to non-conventional therapies;
- p. rehabilitation and post-surgery therapy sessions not carried out at authorised health facilities or private practices;
- q. non-health services or services performed by personnel not recognised in the appropriate ministerial lists of Italian health professions;
- r. expenses not directly related to the surgery such as telephone, bar, restaurant;
- s. Major surgeries and related services caused by pandemic or epidemic diseases and their consequences and complications;
- t. organic brain syndromes, mental illnesses, degenerative neurological forms;
- u. medical services related to H.I.V. or A.I.D.S. seropositivity and all related pathologies;
- v. medical services connected with and resulting from alcohol abuse and intoxication and all related pathologies.

Limitations of coverage apply

Expenses related to the use of robotic techniques including disposable material kits are covered up to a maximum of EUR 5,000.00 per surgery (this limit does not apply in the case of Hospitalisation under direct assistance).

Expenses related to the purchase of anatomical prostheses are covered with a limit up to a maximum of EUR 10,000.00.

The costs of professional nursing care at home are covered up to a maximum limit of EUR 4,000.00 per surgery.

The costs of transporting the Insured are paid with a maximum limit of EUR 5,000.00 per surgery.

The expenses for board and lodging of the accompanying person are covered with a limit of EUR 150.00 per day for a period not exceeding the period of Hospitalisation with a maximum of 100 days per insurance year and per surgery; the travelling expenses of the accompanying person are covered with a maximum of EUR 2,500.00 per surgery.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

For this Cover, the Coverage Limit shall be **per person per insurance year**.

The Insured may request **reimbursement** of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

For the services under this Cover provided during Hospitalisation carried out in **Affiliated Medical Institutions**, the Insured may request **direct assistance** without the need to advance any expenses, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct assistance - Activation procedures.



In the event of Major surgeries performed under direct assistance but with services provided by doctors who do not have an agreement with the Operations Centre, the settlement is made in the form of a **Mixed Payment**, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM , article Mixed Payment.

Art. 4.2 Oncological diseases

What is covered by the Insurance

The scope of the Cover is the coverage of the following expenses, if indemnifiable under the insurance coverage, in the event of:

- **Hospitalisation** with or without surgery,
- **Day surgery** or **outpatient surgery**

which affected the Insured during the validity of the Cover and made necessary by oncological Disease.

List of expenses:

- a. surgical team fees, operating room fees and operating materials, including endoprotheses applied during surgery;
- b. medical and nursing care, physiotherapy and rehabilitation treatments, medicines, examinations and diagnostic tests required during the period of hospitalisation;
- c. medical and nursing care, medicines, examinations and diagnostic tests required during Day surgery or Surgery in Outpatient Clinic;
- d. hospitalisation fees;
- e. use of robotic techniques including disposable material kits;
- f. anatomical prostheses;
- g. transplant of organs, or parts thereof, necessary for the recipient Insured; expenses incurred for the eventual hospitalisation of the living donor are also covered;
- h. examinations, diagnostic tests and specialist Visits performed within 100 days prior to surgery or hospitalisation in Institute for Health Care, provided that they are directly related to the oncological Disease that led to surgery or Hospitalisation in Institute for Health Care;
- i. examinations and specialist Visits, medicines with a doctor's prescription and directly related to the Hospitalisation and/or surgery, out-patient medical and nursing services, purchase and/or lease of medical equipment to restore walking ability, physiotherapy or post-surgery treatments including the lease of equipment prescribed by a specialist doctor and directly related to the Hospitalisation and/or surgery, acupuncture carried out by a physician, spa treatments (excluding hotel expenses), carried out within 150 days of the date of the surgery or of the discharge from Hospitalisation, as long as they are directly related to the Disease or the Accident that led to the surgery or Hospitalisation;
- j. professional nursing care provided at home in the 60 days following the date of discharge;
- k. expenses incurred, and duly documented, for the transport of the Insured from his/her residence to the Institute for Health Care for Hospitalisation or Day surgery and back exclusively by train, airplane, ambulance, helicopter in Italy and abroad;
- l. expenses incurred and duly documented for board and lodging in an Institute for Health Care or hotel facility, in Italy and abroad, for a single person accompanying the Insured, **limited to the period during which the Insured is admitted to the Institute for Health Care**. Reimbursement of expenses for travel by train or plane for the same accompanying person, with supporting documentation, is also provided.

It should be noted that Day service is not **equated with Hospitalisation**.

If the Insured makes use of the National Health Service, the Company **recognises in full** any expenses for **healthcare co-payments**.



If the Insured is transferred from one Institute for Health Care to another on a continuous basis, Hospitalisations are considered a single event:

In this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the National Health Service, only the benefit that is economically more favourable to the Insured between the expenses incurred (both directly by the Company at the affiliated medical institution and by the Insured for reimbursement) and the Allowance in lieu of expenses, as defined below, shall be paid.

ALLOWANCE IN LIEU OF EXPENSES

What is covered by the Insurance

If the Insured does not request any reimbursement for expenses incurred during the period of Hospitalisation or is admitted using the National Health Service (NHS), he/she is entitled to a **daily allowance of EUR 150.00** for each day of Hospitalisation, excluding the day of discharge.

The daily allowance is also paid in the case of **day surgery**, but **reduced by 50% of** the above amount.

If the Insured is hospitalised under a direct agreement with expenses borne by the Company, he is not entitled to the Allowance in lieu of expenses.

If the Insured is transferred from one Institute for Health Care to another on a continuous basis, the Hospitalisations shall be considered a single event: in this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the NHS, only the medical service that is economically more favourable to the Insured among the expenses incurred (either directly by the Company at an Affiliated Medical Institution or by the Insured for reimbursement) and the Allowance in lieu of expenses shall be paid.

Any expenses other than those incurred during the period of hospitalisation - letters h., i., j. and k. - shall nevertheless be reimbursed by the Company if they are indemnifiable under the insurance coverage.

Limitations of coverage apply

The daily allowance is paid up to a maximum of 100 days per insurance year and per hospitalisation.

EXTENSION OF ONCOLOGICAL TREATMENT

What is covered by the Insurance

Within the Coverage Limit envisaged for this Oncological Diseases Cover, in the event of a diagnosis of oncological Disease caused by a malignant neoplasm ascertained by instrumental or histological examination, the following benefits are provided **up to 2 years after the first diagnosis**:

- non-surgical oncological therapies recognised and validated by the protocols of international authorities (AIFA in Italy - EMA in Europe - FDA in the United States of America), **prescribed by a specialist doctor**, carried out also in a day hospital or outpatient setting;
- Specialist Visits, examinations and diagnostic tests carried out without Hospitalisation;
- No. 10 (ten) sessions of psychotherapy and psychoanalysis, provided that they are prescribed by a **specialist doctor** (psychiatrist, neurologist or oncologist) and **which are directly related to the pathology**, performed by professionals recognised by the lists of the health professions, with registration in the relevant register (e.g. psychiatrist, neurologist, psychologist and psychotherapist).

In addition, the Allowance in lieu of expenses is recognised at **100%**, even for non-surgical oncological treatments performed in **Day hospital**.

What is NOT covered by the Insurance

Without prejudice to the exclusions provided for in the Cover, the following services are also excluded:

- non-surgical oncological treatments that are not recognised and validated by the protocols of international authorities (AIFA in Italy - EMA in Europe - FDA in the United States of America);**



- b. costs for the transport of the Insured and for board and transport of the accompanying person;
- c. in the case of Day hospital, pre- and post-hospital expenses, for nursing care (both during and after the stay in the Institute for Health Care), for the transport of the Insured, for board and transport of the accompanying person.

Limitations of coverage apply

The extension is valid during the **two years following** the first diagnosis of the oncological pathology caused by a malignant neoplasm, provided that it was first diagnosed during the term of the cover. **In the event of termination of the Cover, no reimbursement will be made for expenses for hospital stay fees, pre- and post-hospital expenses and nursing care expenses (both during and after the stay in the Institute for Health Care), nor will Allowance in lieu of expenses be paid for oncology treatment performed in a Day hospital setting.**

The diagnosis of a possible **Recidivism shall not constitute a term** for the new commencement of this extension. **Specialist visits, laboratory tests, psychotherapy or psychoanalysis sessions** are only provided on a reimbursement basis.

Psychotherapy and psychoanalysis sessions are included **up to a maximum of 10 (ten) sessions.**

What is NOT covered by the Insurance

The diseases Exclusions apply to this Cover.

The following services are also excluded:

- a. medical services after the expiration or early termination date for any reason of the Cover, even if the onset of the Disease has occurred during the period of validity of the Cover, with the exception - within the limits provided - of the expenses following the date of discharge from Hospitalisations that began during the period of validity of the Cover and the medical services provided under the Oncological treatment extension;
- b. direct consequences of Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;
- c. medical services related to Mental illnesses, mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;
- d. consequences of medical and surgical therapies related to sexual identity disorders;
- e. consequences of medical services aimed at the treatment of infertility, sterility and impotence and in any case those related to assisted and artificial insemination;
- f. medical services for aesthetic purposes, except for reconstructive plastic surgery made necessary by the oncological Disease. With regard to the application of breast endoprostheses, only those related to the anatomical site of the Injury are included and surgeries after the first application are excluded;
- g. medical services related to preventive surgery and prophylactic removal including those as a result of genetic mutation;
- h. medical services for preventive purposes (e.g. prevention of family diseases);
- i. consequences or complications of pathologies that were not declared to the Company when activating or modifying the Cover or when replacing the Policy, even if already indemnified by the Company or in any case reported to the same;
- j. services and therapies with a dietary purpose;
- k. dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implantology procedures;



- l. stays in retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phytotherapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, wellness centres in general and beauty farms or similar establishments;**
- m. treatments (this also includes examinations and visits) and techniques that do not fall within the protocols recognised and validated by the International Authorities ('experimental protocols') and those that are not carried out by doctors or paramedics licensed to practice;**
- n. experimental therapies not validated by international authorities because their therapeutic and curative validity has not been established;**
- o. Hospitalisations and Day hospital during which only diagnostic tests or physical therapies are carried out, which, due to their nature, can also be performed on an outpatient basis;**
- p. Hospitalisations for vegetative states, long-stay Hospitalisations, meaning those caused by the Insured's physical condition that no longer permits recovery with medical treatment and that result in the Insured having to stay in an Institute for Health Care for care or physiotherapeutic maintenance treatment;**
- q. psychotherapy and psychoanalysis (except as provided for in the oncological treatment Extension);**
- r. expenses for parapharmaceuticals, medical and health devices, homeopathic medicines, food supplements, phytotherapeutic products and vaccines;**
- s. Expenses for medical aids and appliances (including but not limited to immobilising braces or equivalent, orthopaedic insoles or equivalent, crutches, orthopaedic shoes, ice, toilet seats, wigs, anti-decubitus mattresses, lifts);**
- t. medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease that caused them;**
- u. services carried out by non-qualified nurses in possession of university qualification and professional registration. Services invoiced by non-profit organisations or any other association whose name is not directly related to the professional nursing activity provided are also excluded;**
- v. osteopathic treatments not carried out by a doctor, acupuncture treatments not carried out by a doctor, chiropractic treatments, shiatsu, reflexology, phytotherapy, rolfing, homeopathy ayurvedic medicine, anthroposophic medicine, homotoxicology and all those related to non-conventional therapies;**
- w. rehabilitation and post-surgery therapy sessions not carried out at authorised health facilities or private practices;**
- x. non-health services or services performed by personnel not recognised in the appropriate ministerial lists of Italian health professions;**
- y. expenses not directly related to hospitalisation or surgery such as telephone, bar, restaurant;**
- z. Day hospital except as provided for in the oncological treatment Extension.**
- aa. Hospitalisations, operations, day hospital and related services caused by pandemic or epidemic disease and their consequences and complications;**
- bb. organic brain syndromes, mental illnesses, degenerative neurological forms;**
- cc. medical services related to H.I.V. or A.I.D.S. seropositivity and all related pathologies;**
- dd. medical services connected with and resulting from alcohol abuse and intoxication and all related pathologies.**

Limitations of coverage apply

Expenses related to the use of robotic techniques including disposable material kits are covered up to a maximum of EUR 5,000.00 (this limit does not apply in the case of Hospitalisation under direct assistance) per surgery.

Expenses related to the purchase of anatomical prostheses are covered with a limit up to a maximum of EUR 10,000.00.



Expenses related to professional nursing care provided at home are covered up to a maximum of EUR 6,000.00 per hospitalisation or surgery.

The costs of transporting the Insured are paid with a limit of EUR 5,000.00 per hospitalisation or surgery.

The expenses for board and lodging of the accompanying person are paid with a limit of EUR 150.00 for a period not exceeding the period of Hospitalisation with a maximum of 100 days per insurance year and per Hospitalisation; the travelling expenses of the accompanying person are paid with a maximum of EUR 2,500.00 per Hospitalisation or surgery.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

For this Cover, the Coverage Limit shall be **per person per insurance year**.

The Insured may request **reimbursement** of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

For the services covered by this Cover provided during Hospitalisation or Day Surgery and for outpatient surgery and for oncological therapies and diagnostic tests under the Oncological Treatment Extension , performed also in Day hospital or outpatient settings, for which **Affiliated Medical Institutions** are used, the Insured may request **direct assistance** without the need to advance any expenses, in accordance with the procedures indicated in What to do in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct assistance - activation procedures. For oncological therapies and diagnostic tests referred to in the oncological treatment Extension, direct assistance does not operate if made after the termination of the validity of the Cover.

In the event of Hospitalisation or Day Surgery performed under direct assistance but with services provided by doctors who do not have an agreement with the Operations Centre, the settlement is made in the form of a **Mixed Payment**, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Mixed Payment.

Art. 4.3 High Diagnostics

What is covered by the Insurance

The subject matter of the Cover is the coverage of expenses made necessary by Disease or Accident for the following highly specialised diagnostic and therapeutic services.

List of medical services:

Angiography

Arteriography

Cystography

Opaque Chlorisma

Cholecystography

Coronarography

Doppler: colour-echo-Doppler; echo-Doppler

Echocardiography



EEG - electroencephalogram
Electromyography
Diagnostic endoscopies (performed with an endoscope) without biopsy
Comprehensive urodynamic examination
Fistulography
Ocular fluorangiography
Hysterosalpingography
Holter
Analgesic laser therapy by rehabilitation therapist
Myelography
CBM - Computerized Bone Mineralometry
Magnetic Resonance Imaging
Sialography
Scintigraphy
Computed Axial Tomography (CT)
Positron Emission Tomography (PET)
Single photon emission tomoscintigraphy (SPET)
Urography

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

In addition, the following are excluded for this Cover:

- a. services performed after the expiry date or early termination for any reason of the Cover, even if the Disease has occurred, or the Accident has occurred, during the validity of the Cover;
- b. direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;
- c. medical services aimed at eliminating or correcting Physical anomalies that existed prior to the activation of the Cover; deviation of the septum or nasal pyramid are included in the cover only if they are necessary as a result of an accident, upon presentation of a certificate issued by the emergency medical centre and/or an X-ray examination showing a Fracture of the nasal bones;
- d. medical services related to eating disorders (anorexia, bulimia, uncontrolled eating syndrome);
- e. medical services related to sexual identity disorders;
- f. medical services aimed at the treatment of infertility, sterility and impotence and in any case those related to assisted and artificial insemination;
- g. medical services for aesthetic purposes;
- h. medical services for preventive purposes (e.g. prevention of family diseases);
- i. medical services due to the consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;
- j. medical services related to preventive surgery and prophylactic removal including those as a result of genetic mutation;
- k. services related to bariatric surgery for the treatment of obesity and diet therapy;
- l. services aimed at dental and periodontal care, pre-prosthetic and implantology procedures;
- m. services of mere control;



- n. **medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them;**
- o. **medical services made necessary by pandemic or epidemic diseases and their consequences and complications;**
- p. **organic brain syndromes, mental illnesses, degenerative neurological forms;**
- q. **medical services related to H.I.V. or A.I.D.S. seropositivity and all related pathologies;**
- r. **medical services connected with and resulting from alcohol abuse and intoxication and all related pathologies.**

Limitations of coverage apply

The Company shall **indemnify the costs incurred for services rendered with the application of an Uncovered Amount of 25% for each expense actually incurred.** The Uncovered Amount does not apply if the Insured requests reimbursement of the co-payment only because he/she used affiliated facilities with the National Health Service.

The list of benefits is exhaustive.

In the event of a Day Service performed at a private facility that does not have an agreement with the National Health Service, only the services covered under this Cover are covered.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

For this Cover, the Coverage Limit shall be per person per insurance year.

In order to perform the listed services, the Insured must present a medical prescription with a regular diagnosis or diagnostic suspicion and complete proximate and remote medical history.

The Insured may request reimbursement of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

As an alternative to reimbursement, the Insured may take advantage of **Direct Payment** through the use of **Affiliated Medical Institutions**, with payment of the 25% Uncovered Amount, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct Assistance - Activation procedures. The list of Affiliated Medical Institutions is available at www.generali.it.

A VITA - TOP

Art. 4.1 Medical expenses for accident, disease or childbirth

What is covered by the Insurance

The scope of the Cover is the coverage of the following expenses, if indemnifiable under the insurance coverage, in the event of

- **Hospitalisation** with or without surgery,
- **Day surgery** or **outpatient surgery**,

which affected the Insured during the validity of the Cover and made necessary by Disease, oncological Disease, Accident, childbirth, miscarriage or therapeutic abortion.



List of expenses:

- a. surgical team fees, operating room fees and operating materials, including endoprotheses applied during surgery;
- b. medical and nursing care, physiotherapy and rehabilitation treatments, medicines, examinations and diagnostic tests required during the period of hospitalisation;
- c. medical and nursing care, medicines, examinations and diagnostic tests required during Day surgery or Surgery in Outpatient Clinic;
- d. hospitalisation fees;
- e. use of robotic techniques including disposable material kits;
- f. anatomical prostheses;
- g. expenses for the transplant of organs, or parts thereof, necessary for the recipient Insured; expenses incurred for the eventual Hospitalisation of the living donor are also covered;
- h. examinations, diagnostic tests and specialist Visits performed within **100 days prior to surgery or hospitalisation in Institute for Health Care, provided that they are directly related to the Disease or Accident that led to surgery or Hospitalisation in Institute for Health Care, in any case excluding childbirth;**
- i. examinations and specialist Visits, medicines with a doctor's prescription and directly related to hospitalisation and/or surgery, out-patient medical and nursing services, purchase and/or lease of medical equipment to restore walking ability, physiotherapy or post-surgery treatments including the lease of equipment appropriately prescribed by a specialist doctor and directly related to the surgery, acupuncture - as long as it is carried out by a physician, spa treatments (excluding, in any case, hotel expenses), **carried out within 150 days of the date of the surgery or the date of discharge from Hospitalisation, as long as they are directly related to the Disease or Accident that led to the surgery or Hospitalisation, excluding in any case childbirth.**
- j. in the event of Caesarean section, examinations and specialist Visits, prescription drugs, other out-patient medical and nursing services (excluding all midwifery services) performed **within 150 days of discharge from Hospitalisation, provided that they are directly related to the Caesarean section that resulted in Hospitalisation;**
- k. care provided at home by a registered professional nurse (home midwifery care is not recognised) **in the 45 days following** after the date of discharge, **excluding, however, the case of childbirth;** In the event of an oncological Disease, care is provided **for a period of 60 days after discharge;**
- l. expenses incurred, and duly documented, for transporting the Insured from his/her residence to the Institute for Health Care and back exclusively by train, plane, ambulance, helicopter in Italy and abroad, **exclusively by ambulance in the event of childbirth;**
- m. expenses incurred and duly documented for board and lodging in an Institute for Health Care or hotel facility, in Italy and abroad, for a single person accompanying the Insured, **limited to the period during which the Insured is admitted to the Institute for Health Care and excluding in any case childbirth.** Reimbursement of expenses for travel by train or plane for the same accompanying person, with supporting documentation, **excluding, in any case, childbirth, is also provided.**

It should be noted that Day service is not **equated with Hospitalisation.**

If the Insured makes use of the National Health Service, the Company **recognises in full** any expenses for **healthcare co-payments.**

If the Insured is transferred from one Institute for Health Care to another on a continuous basis, the Hospitalisations shall be considered a single event: in this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the NHS, only the medical service that is economically more favourable to the Insured among the expenses incurred (either directly by the Company at an Affiliated Medical Institution or by the Insured for reimbursement) and the Allowance in lieu of expenses, as defined below, shall be paid.



ALLOWANCE IN LIEU OF EXPENSES

What is covered by the Insurance

If the Insured does not request any reimbursement for expenses incurred during the period of Hospitalisation or **is admitted using the National Health Service (NHS)**, he/she is entitled to a **daily allowance of EUR 150.00** for each day of Hospitalisation, excluding the day of discharge.

The daily allowance is also paid in the case of **day surgery**, but **reduced by 50%** of the above amount.

If the Insured is hospitalised under a direct agreement with expenses borne by the Company, he is not entitled to the Allowance in lieu of expenses.

If the Insured is transferred from one Institute for Health Care to another on a continuous basis, the Hospitalisations shall be considered a single event: in this case, if the hospitalisation is partly at a private Institute for Health Care and partly at the expense of the NHS, only the medical service that is economically more favourable to the Insured among the expenses incurred (either directly by the Company at an Affiliated Medical Institution or by the Insured for reimbursement) and the Allowance in lieu of expenses shall be paid.

Any expenses other than those incurred during the period of hospitalisation - letters h., i., j. and k. - shall nevertheless be reimbursed by the Company if they are indemnifiable under the insurance coverage.

Limitations of coverage apply

The daily allowance is paid up to a **maximum of 100 days per insurance year and per hospitalisation**.

EXTENSION OF ONCOLOGICAL TREATMENT

What is covered by the Insurance

Within the Coverage Limit envisaged for this Cover, in the event of a diagnosis of oncological Disease caused by a malignant neoplasm ascertained by instrumental or histological examination, the following benefits are provided **up to 2 years after the first diagnosis**:

- non-surgical oncological therapies recognised and validated by the protocols of international authorities (AIFA in Italy - EMA in Europe - FDA in the United States of America), **prescribed by a specialist doctor**, carried out also in a day hospital or outpatient setting;
- Specialist Visits, examinations and diagnostic tests carried out without Hospitalisation;
- No. 10 (ten) sessions of psychotherapy and psychoanalysis, provided that they are prescribed by a **specialist doctor** (psychiatrist, neurologist or oncologist) and **which are directly related to the pathology**, performed by professionals recognised by the lists of the health professions, with registration in the relevant register (e.g. psychiatrist, neurologist, psychologist and psychotherapist).

In addition, the Allowance in lieu of expenses is recognised at **100%**, even for non-surgical oncological treatments performed in **Day hospital**.

What is NOT covered by the Insurance

Without prejudice to the exclusions provided for in the Cover, the following services are also excluded:

- non-surgical oncological treatments that are not recognised and validated by the protocols of international authorities (AIFA in Italy - EMA in Europe - FDA in the United States of America);**
- costs for the transport of the Insured and for board and transport of the accompanying person;**
- in the case of Day hospital, pre- and post-hospital expenses, for nursing care (both during and after the stay in the Institute for Health Care), for the transport of the Insured, for board and transport of the accompanying person.**



Limitedons of coverage apply

The extension is valid during the **two years following** the first diagnosis of the oncological pathology caused by a malignant neoplasm, provided that it was first diagnosed during the term of the cover. **In the event of termination of the Cover, no reimbursement will be made for expenses for hospital stay fees, pre- and post-hospital expenses and nursing care expenses (both during and after the stay in the Institute for Health Care), nor will Allowance in lieu of expenses be paid for oncology treatment performed in a Day hospital setting.**

The Diagnosis of any **Recidivism does not constitute a term** for the new commencement of this extension **Specialised visits, laboratory tests, psychotherapy or psychoanalysis sessions** are provided **forreimbursement only.**

Psychotherapy and psychoanalysis sessions are included **up to a maximum of 10 (ten) sessions.**

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

In addition, the following are excluded for this Cover:

- a. medical services after the expiration or early termination date for any reason of the Cover, even if the onset of the Disease has occurred or the Accident has occurred, during the period of validity of the Cover, with the exception - within the limits provided - of the expenses following the date of discharge from Hospitalisations that began during the period of validity of the Cover and the medical services provided under the Oncological treatment extension;
- b. **direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;**
- c. **examinations, checks and surgeries for the elimination or correction of Physical anomalies that existed prior to the activation of the Cover; deviation of the septum or the nasal pyramid are included in the Cover only if they were made necessary by an Accident, upon presentation of a certificate issued by the emergency medical centre and/or X-ray examination attesting to the fracture of the nasal bones;**
- d. **examinations, checks and surgeries for the elimination or correction of defects of vision due to refractive defects (e.g. correction of myopia and astigmatism);**
- e. **medical services related to Mental illnesses, mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;**
- f. **medical services related to eating disorders (anorexia, bulimia, uncontrolled eating syndrome);**
- g. **visits, examinations, hospitalisations, surgeries, psychotherapy, medical and surgical treatments, related to sexual identity disorders;**
- h. **non-therapeutic voluntary abortion;**
- i. **medical services aimed at the treatment of infertility, sterility and impotence and in any case those related to assisted and artificial insemination;**
- j. **medical services for aesthetic purposes, except for reconstructive plastic surgery made necessary by an Accident or oncological Disease. With regard to the application of breast endoprostheses, only those related to the anatomical site of the Injury are included and surgeries after the first application are excluded;**
- k. **medical services related to preventive surgery and prophylactic removal including those as a result of genetic mutation;**
- l. **medical services for preventive purposes (e.g. prevention of family diseases);**
- m. **consequences or complications of pathologies that have already been indemnified and not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;**



- n. **services related to bariatric surgery for the treatment of obesity below grade two;**
- o. **all services and therapies with a dietary purpose;**
- p. **dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implantology procedures;**
- q. **stays in retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phytotherapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, wellness centres in general and beauty farms or similar establishments;**
- r. **techniques and services that do not fall within the protocols recognised and validated by the International Authorities ("experimental protocols") or that are not carried out by doctors or paramedics licensed to practice;**
- s. **experimental therapies not validated by international authorities because their therapeutic and curative validity has not been established;**
- t. **Hospitalisations and Day hospital during which only examinations, visits and/or Diagnostic tests or physical therapies are carried out, which, due to their nature, can also be performed on an outpatient basis;**
- u. **Hospitalisations for vegetative states, long-stay Hospitalisations, meaning those caused by the Insured's physical condition that no longer permits recovery with medical treatment and that result in the Insured having to stay in an Institute for Health Care for care or physiotherapeutic maintenance treatment;**
- v. **psychotherapy and psychoanalysis (except as provided for in the oncological treatment Extension);**
- w. **expenses for parapharmaceuticals, medical and health devices, homeopathic medicines, food supplements, phytotherapeutic products and vaccines;**
- x. **Expenses for medical aids and appliances (including but not limited to immobilising braces or equivalent, orthopaedic insoles or equivalent, crutches, orthopaedic shoes, ice, toilet seats, wigs, anti-decubitus mattresses, lifts);**
- y. **medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them;**
- z. **services carried out by non-qualified nurses in possession of university qualification and professional registration. Services invoiced by non-profit organisations or any other association whose name is not directly related to the professional nursing activity provided are also excluded;**
- aa. **osteopathic treatments not carried out by a doctor, acupuncture treatments not carried out by a doctor, chiropractic treatments, shiatsu, reflexology, phytotherapy, rolfing, homeopathy, ayurvedic medicine, anthroposophic medicine, homotoxicology and all those related to non-conventional therapies;**
- bb. **rehabilitation and post-surgery therapy sessions not carried out at authorised health facilities or private practices;**
- cc. **non-health services or services performed by personnel not recognised in the appropriate ministerial lists of Italian health professions;**
- dd. **infiltrations performed with a non-pharmacological product, growth factors and platelet gel;**
- ee. **expenses not directly related to hospitalisation or surgery such as telephone, bar, restaurant;**
- ff. **Day hospital with the exception of what is provided for in the Oncology Care Extension;**
- gg. **Hospitalisations, operations, day hospital and related services caused by pandemic or epidemic disease and their consequences and complications;**
- hh. **quarantine and all forms of self-isolation or similar;**
- ii. **organic brain syndromes, mental illnesses, degenerative neurological forms;**
- jj. **medical services related to H.I.V. or A.I.D.S. seropositivity and all related pathologies;**
- kk. **medical services connected with and resulting from alcohol abuse and intoxication and all related pathologies.**



Limitations of coverage apply

The costs of hospitalisation for **natural childbirth** are covered up to a **maximum of EUR 3,000.00**.

The costs of hospitalisation for **caesarean section** are covered **up to a maximum of EUR 5,000.00**.

Expenses related to the use of **robotic techniques** including disposable material kits are covered up to a maximum of EUR 5,000.00 per surgery (this limit does not apply in the case of Hospitalisation under direct assistance).

Expenses related to the purchase of **anatomical prostheses** are covered with a limit up to a maximum of **EUR 10,000.00**.

The costs of professional nursing care at home are covered up to a maximum of **EUR 4,000.00 per hospitalisation or surgery** (raised to **EUR 6,000.00** in the case of **Oncological disease**).

The costs of **transporting the Insured** are paid with a **limit of EUR 5,000.00 per hospitalisation or surgery**.

The expenses for **board and lodging of the accompanying person** are paid with a limit of **EUR 150.00** for a period not exceeding the period of Hospitalisation with a **maximum of 100 days per insurance year and per Hospitalisation or surgery**; the **travelling expenses of the accompanying person** are paid with a **maximum of EUR 2,500.00 per Hospitalisation or surgery**.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section **When does the coverage begin and when does it end?**, article Exclusion Period, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

For this Cover, the Coverage Limit shall be **per person per insurance year**.

The Insured may request **reimbursement** of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

For the services covered by this Cover provided during Hospitalisation or Day Surgery and for outpatient surgery and for oncological therapies and diagnostic tests under the Oncological Treatment Extension , performed also in Day hospital or outpatient settings, for which **Affiliated Medical Institutions** are used, the Insured may request **direct assistance** without the need to advance any expenses, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct assistance - activation procedures. For oncological therapies and diagnostic tests referred to in the oncological treatment Extension, direct assistance does not operate if made after the termination of the validity of the Cover.

In the event of Hospitalisation or Day Surgery performed under direct assistance but with services provided by doctors who do not have an agreement with the Operations Centre, the settlement is made in the form of a **Mixed Payment**, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Mixed Payment.

Art. 4.2 Specialist visits

What is covered by the Insurance

If indemnifiable under the insurance coverage, the Company shall reimburse the Insured for expenses incurred as a result of Disease or Accident for:



- fees for examinations by a medical specialist(excluding, however, paediatric, gynaecological, dental and orthodontic examinations, ophthalmic examinations aimed at checking only visual acuity);
- laboratory tests and Diagnostic tests, provided they are relevant to the reported Disease or Accident.

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

In addition, the following are excluded for this Cover:

- a. services performed after the expiry date or early termination for any reason of the Cover, even if the Disease has occurred, or the Accident has occurred, during the validity of the Cover;
- b. direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;
- c. medical services aimed at eliminating or correcting Physical anomalies that existed prior to the activation of the cover; deviation of the septum or nasal pyramid are included in the cover only if they are necessary as a result of an accident, upon presentation of a certificate issued by the emergency medical centre and/or an X-ray examination showing a fracture of the nasal bones;
- d. medical services for the elimination or correction of defects of vision due to refractive defects (e.g. correction of myopia and astigmatism);
- e. medical services related to Mental illnesses, mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;
- f. medical services related to eating disorders (anorexia, bulimia, uncontrolled eating syndrome);
- g. medical services related to sexual identity disorders;
- h. medical services related to the non-therapeutic voluntary abortion;
- i. medical services aimed at the treatment of infertility, sterility and impotence and in any case those related to assisted and artificial insemination;
- j. medical services for aesthetic purposes;
- k. medical services for preventive purposes (e.g. prevention of family diseases);
- l. medical services due to the consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;
- m. medical services related to preventive surgery and prophylactic removal including those as a result of genetic mutation;
- n. services related to bariatric surgery for the treatment of obesity;
- o. services and therapies with a dietary purpose;
- p. services aimed at dental and periodontal care, pre-prosthetic and implantology procedures;
- q. services and techniques that do not fall within the protocols recognised by the WHO ('experimental protocols') and those not carried out by doctors or paramedics licensed to practice;
- r. psychotherapy and psychoanalysis services;
- s. examinations not carried out by medical and surgical graduates and specialised personnel;
- t. services related to non-conventional therapies and techniques;
- u. medical services of mere control;
- v. medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them;
- w. medical services made necessary by pandemic or epidemic diseases and their consequences and complications;
- x. organic brain syndromes, mental illnesses, degenerative neurological forms;



- y. medical services related to H.I.V. or A.I.D.S. seropositivity and all related pathologies;
- z. medical services connected with and resulting from alcohol abuse and intoxication and all related pathologies.

Limitations of coverage apply

Reimbursement is made subject to the application of an **Uncovered Amount of 20% with a minimum of EUR 50.00 per individual service incurred and documented**. The Uncovered Amount does not apply if the Insured requests reimbursement of the healthcare Co-payments only because he/she used affiliated facilities with the National Health Service.

In the event of a Day Service performed at a private facility that does not have an agreement with the National Health Service, only the services covered under this Cover are covered.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

For this Cover, the Coverage Limit shall be **per person per insurance year**.

The Insured may request reimbursement of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

In order to perform the services under the Cover and to claim reimbursement of the related expenses, the Insured must present a medical prescription with a regular diagnosis or diagnostic suspicion and complete with a proximate and remote medical history.

Art. 4.3 High Diagnostics

What is covered by the Insurance

The subject matter of the Cover is the coverage of expenses made necessary by Disease or Accident for the following highly specialised diagnostic and therapeutic services.

List of medical services:

- Angiography
- Arteriography
- Cystography
- Opaque Chlorisma
- Cholecystography
- Coronarography
- Doppler: colour-echo-Doppler; echo-Doppler
- Echocardiography
- EEG - electroencephalogram
- Electromyography
- Diagnostic endoscopies (performed with an endoscope) without biopsy
- Comprehensive urodynamic examination
- Fistulography



Ocular fluorangiography
Hysterosalpingography
Holter
Analgesic laser therapy by rehabilitation therapist
Myelography
CBM - Computerized Bone Mineralometry
Magnetic Resonance Imaging
Sialography
Scintigraphy
Computed Axial Tomography (CT)
Positron Emission Tomography (PET)
Single photon emission tomoscintigraphy (SPET)
Urography

What is NOT covered by the Insurance

The accident and diseases Exclusions apply to this Cover.

In addition, the following are excluded for this Cover:

- a. services performed after the expiry date or early termination for any reason of the Cover, even if the Disease has occurred, or the Accident has occurred, during the validity of the Cover;
- b. direct consequences of Accidents, Diseases, Malformations and pathological states known and/or diagnosed prior to the activation of the Cover and concealed from the Company with wilful misconduct or gross negligence;
- c. medical services aimed at eliminating or correcting Physical anomalies that existed prior to the activation of the Cover; deviation of the septum or nasal pyramid are included in the cover only if they are necessary as a result of an accident, upon presentation of a certificate issued by the emergency medical centre and/or an X-ray examination showing a fracture of the nasal bones;
- d. medical services related to eating disorders (anorexia, bulimia, uncontrolled eating syndrome);
- e. medical services related to sexual identity disorders;
- f. medical services aimed at the treatment of infertility, sterility and impotence and in any case those related to assisted and artificial insemination;
- g. medical services for aesthetic purposes;
- h. medical services aimed at the prevention of family diseases;
- i. medical services due to the consequences or complications of pathologies not declared to the Company at the time of activation or modification of the Cover or during the substitution of the Policy, even if already indemnified by the Company or in any case reported to the Company;
- j. medical services related to preventive surgery and prophylactic removal including those as a result of genetic mutation;
- k. services related to bariatric surgery for the treatment of obesity and diet therapy;
- l. services aimed at dental and periodontal care, pre-prosthetic and implantology procedures;
- m. medical services of mere control;
- n. medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them;
- o. medical services made necessary by pandemic or epidemic diseases and their consequences and complications;
- p. organic brain syndromes, mental illnesses, degenerative neurological forms;
- q. medical services related to H.I.V. or A.I.D.S. seropositivity and all related pathologies;



r. **medical services connected with and resulting from alcohol abuse and intoxication and all related pathologies.**

Limitations of coverage apply

The Company shall **indemnify the costs incurred for services rendered with the application of an Uncovered Amount of 25% for each expense actually incurred.** The Uncovered Amount does not apply if the Insured requests reimbursement of the co-payment only because he/she used affiliated facilities with the National Health Service.

The list of benefits is exhaustive.

In the event of a Day Service performed at a private facility that does not have an agreement with the National Health Service, only the services covered under this Cover are covered.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

How the coverage works

COVERAGE LIMIT

For this Cover, the Coverage Limit shall be **per person per insurance year.**

In order to perform the listed services, the Insured must present a medical prescription with a regular diagnosis or diagnostic suspicion and complete proximate and remote medical history.

The Insured may request reimbursement of expenses eligible for indemnity under this Cover, in the manner indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Claim for reimbursement.

As an alternative to reimbursement, the Insured may take advantage of **Direct Payment** through the use of **Affiliated Medical Institutions**, with payment of the 25% Uncovered Amount, in accordance with the procedures indicated in the PROVISIONS APPLICABLE IN CASE OF A CLAIM, article Direct Assistance - Activation procedures. The list of Affiliated Medical Institutions is available at www.generali.it.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

IN ATTIVITÀ – A Vita			
Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Daily allowance for hospitalisation due to accident or disease	Deductible indicated in the Policy for each Insured	-	Maximum 360 sessions per insurance year Allowance reduced by 50% in case of day hospital of at least 2 days. Even if increased, where applicable, the allowance may not exceed EUR 350.00 per day.



IN ATTIVITÀ – A Vita

Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Pre- and post-hospitalisation medical expenses for accident or disease	-	Uncovered Amount 20% minimum EUR 50.00 per hospitalisation or surgery	Expenses incurred in the 60 days before and 60 days after hospitalisation
Lump sum indemnity for serious events.	-	-	The Indemnity is paid for a single event, after which the Cover ceases with respect to the Insured.

A VITA COMFORT

Major surgeries;

- Pre-hospitalisation expenses	-	-	Expenses incurred in the 100 days preceding hospitalisation
- Post-hospitalisation expenses	-	-	Expenses incurred in the 150 days following discharge from Hospitalisation
- Using robotics techniques	-	-	Up to 5,000.00 euro per intervention
- Purchase of anatomical prostheses	-	-	EUR 10.000,00
- Professional nursing care at home	-	-	Up to 45 days after discharge with a maximum of EUR 4,000.00 per surgery
- Transport of the Insured	-	-	Up to 5,000.00 euro per intervention
- Accompanying person's board and lodging	-	-	Up to EUR 150.00 per day, for a period not exceeding the period of Hospitalisation of the Insured with a maximum of 100 days per insurance year and per surgery
- Accompanying person's travel expenses	-	-	Up to EUR 2,500.00 per surgery
- Allowance in lieu of expenses	-	-	EUR 150.00 up to a maximum of 100 days per insurance year and per surgery

Oncological diseases

- Pre-hospitalisation expenses	-	-	Expenses incurred in the 100 days preceding hospitalisation
- Post-hospitalisation expenses	-	-	Expenses incurred in the 150 days following discharge from Hospitalisation
- Using robotics techniques	-	-	Up to 5,000.00 euro per intervention
- Purchase of anatomical prostheses	-	-	EUR 10.000,00



IN ATTIVITÀ – A Vita

Cover	Deductible	Uncovered Amount	Limitations of Indemnity
- Professional nursing care at home	-	-	Up to 45 days after discharge with a maximum of EUR 6,000.00 per surgery or hospitalisation
- Transport of the Insured	-	-	Up to EUR 5,000.00 per hospitalisation or surgery
- Accompanying person's board and lodging	-	-	Up to EUR 150.00 per day, for a period not exceeding the period of Hospitalisation of the Insured with a maximum of 100 days per insurance year and per Hospitalisation
- Accompanying person's travel expenses	-	-	Up to EUR 2,500.00 per hospitalisation or surgery
- Allowance in lieu of expenses	-	-	EUR 150.00 up to a maximum of 100 days per insurance year and per hospitalisation or surgery Allowance reduced by 50% in the case of Day surgery
- Extension of oncological treatment	-	-	Expenses for non-surgical oncological therapies and Specialist visits, examinations and diagnostic tests even in the absence of Hospitalisation, incurred within 2 years of the first Diagnosis.
High diagnostics	-	25% Uncovered Amount (not applicable in the case of NHS co-payments)	-

A VITA TOP

Medical expenses for accident, disease or childbirth

- Hospitalisation for natural childbirth	-	-	EUR 3.000,00
- Hospitalisation for caesarean section	-	-	EUR 5.000,00
- Using robotics techniques	-	-	EUR 5,000.00 in case of reimbursement
- Purchase of anatomical prostheses	-	-	EUR 10.000,00
- Professional nursing care at home	-	-	EUR 4,000.00 (increased to EUR 6,000.00 in the case of oncological Disease)
- Transport of the Insured	-	-	EUR 5.000,00



IN ATTIVITÀ – A Vita

Cover	Deductible	Uncovered Amount	Limitations of Indemnity
- Accompanying person's board and lodging	-	-	EUR 150.00 for a maximum of 100 days per insurance year and per hospitalisation
- Accompanying person's travel expenses	-	-	EUR 2,500.00 per surgery or Hospitalisation
- Allowance in lieu of expenses	-	-	EUR 150.00 up to a maximum of 100 days per insurance year and per hospitalisation.
- Extension of oncological treatment	-	-	Expenses for non-surgical oncological therapies and Specialist visits, examinations and diagnostic tests even in the absence of Hospitalisation, incurred within 2 years of the first Diagnosis.
Specialist Visits	-	20% Uncovered Amount with a minimum of EUR 50.00 per individual service (not applicable in the case of NHS co-payments)	-
High diagnostics	-	25% Uncovered Amount (not applicable in the case of NHS co-payments)	-



IN CONTINUITÀ

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What is covered by the Insurance? Basic Cover

Art. 5.1 Death by accident

What is covered by the Insurance

In the event of the death of the Insured as a result of an Accident **that is indemnifiable** under the insurance coverage, the Company shall pay the sum insured for Death by Accident Cover in equal parts to the Beneficiaries indicated by the Insured and named in the Policy or, in the absence of any such indication, to the Insured's testamentary heirs or, in the absence of a testamentary institution of heirs, to the legitimate heirs.

Indemnities for Death by Accident and Permanent Disability by Accident Covers are not cumulative; however, if after the payment of an Indemnity for permanent Disability the Insured dies as a result of the same Accident, the Company shall pay the beneficiaries the difference between the Indemnity already paid and the sum insured for Death by Accident Cover, if this is higher, and shall not seek reimbursement otherwise.

If the Insured disappears or is not found and death is presumed to have occurred as a result of an Accident that is indemnifiable under the insurance cover, the Company shall pay the sum provided for Death by Accident Cover.

Payment is due once **180 days have elapsed since the submission of the application for the declaration of presumed death⁽²⁾.**

Payment will not be made if elements have arisen in the meantime that render the event non-indemnifiable.

If, after payment, it turns out that the death did not occur or was in any case not caused by an Accident indemnifiable under the insurance coverage, the Company is entitled to reimbursement of the full amount paid. Once the full amount paid has been repaid, the Insured may exercise their rights for any permanent Disability suffered.

What is NOT covered by the Insurance

The Accident Exclusions apply to this Cover.



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What is covered by the Insurance? Optional Covers SPECIAL PROFESSION

Art. 6.1 Monthly indemnity for loss of employment

What is covered by the Insurance

Upon the occurrence of the insured event, the Company shall pay the Insured, for each month of documented unemployment, the monthly Indemnity agreed in the Policy.

INSURED EVENT - LOSS OF EMPLOYMENT AS A PRIVATE EMPLOYEE

Unemployment of the Insured following dismissal **for justified objective reasons** from employment as an employee in a company or body governed by private law that is not a family business (between relatives, ascendants or descendants) with the status of Executive, Employee or Middle-Manager under an open-ended employment contract governed by Italian law with a contractual obligation to work more than 16 hours per week (hereinafter Private Employee) if:

- for the first Claim, the Insured has been employed for at **least 12 months at the time of dismissal** (any interruption of employment not exceeding 2 weeks shall not be considered for these purposes);
- in any event, the Claim occurred after the conclusion and passing of the probationary period.

What is NOT covered by the Insurance

Unemployment due to Loss of Employment is excluded if:

- on the date of activation of the Cover, the Insured was aware of the upcoming unemployment, or in any case circumstances were known to him/her that objectively made it foreseeable that such an event would occur;
- unemployment is the consequence of dismissal for just cause or for justified subjective reason, disciplinary dismissal or consensual termination of the employment relationship as a result of a dispute arising from the previous complaints (just cause, justified subjective reason, disciplinary dismissal);
- unemployment is a consequence of retirement or early retirement;
- unemployment is a planned event due to the fixed-term nature of the employment contract or if, in any case, the Insured's employment relationship was of a seasonal and/or temporary nature and/or the relevant loss is the consequence of the expiry of a term (e.g., single first employment contract, apprenticeship, etc.) or the termination of a temporary employment contract;
- the Insured has terminated the employment relationship at his own will;
- the Insured is not registered in Italy on the registry list with the status of unemployed person, with the exception of cases of regular registration on the mobility lists;
- unemployment is a consequence of exceeding the protected period, i.e. the period of job retention in the event of Disease⁽³⁾;
- unemployment is the consequence of dismissal between relatives, including ascendants and descendants.

Limitations of coverage apply

The monthly Indemnity due for each month of documented unemployment is paid with a limit of 12 monthly payments per Claim.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover shall take effect:

- for the first event, after 180 days from the day of activation indicated in the Policy (or from the day of payment of the Premium or first instalment of Premium, whichever is later);



- **for events subsequent to the first, 180 days after the final settlement of a claim or the filing of a claim during the previous leave of absence** (during which the Insured has returned to being a private employee and has passed the probationary period).

Indemnity for Loss of Employment is, therefore, only paid in the event that the documented sending/delivery to the Insured of the letter of dismissal or notice of redundancy or equivalent notice occurs after the aforementioned periods of leave.

Notification of the Loss of Employment must be made in writing to the Company by the Policyholder, the Insured or another person on their behalf, as soon as they are able.

The report must contain:

1. copy of the letter of employment;
2. copy of the employer's dismissal letter;
3. a copy of a document proving registration on the mobility or civil registry lists with the status of unemployed person;
4. telematic communication by the employer at the employment desk;
5. self-certification attesting the absence of pension benefits after unemployment;
6. self-certification that unemployment is not the result of dismissal between relatives, including ascendants and descendants.

After the payment of the first monthly Indemnity, which occurs 30 days after the date of termination of employment, the Insured, in order to obtain the subsequent monthly Indemnities, must confirm to the Company that he/she is unemployed by sending a copy of a document proving that he/she is still registered on the redundancy schemes or the registry list with the status of unemployed person.

Such notification must be made **30 days after the payment of each monthly Indemnity, until the end of the 12th month or until a new outplacement.**

The Insured undertakes to collaborate to allow the Company to carry out the necessary investigations and assessments and, if requested, to authorise his/her employer to provide all information that is indispensable for the provision of benefits under this Cover.

Art. 6.2 Reimbursement of expenses for fixed costs of a business

What is covered by the Insurance

In the event of an Accident that is indemnifiable under the insurance coverage, as a result of which the Insured is hospitalised in an Institute for Health Care **for a period of no less than 5 days**, the Company guarantees reimbursement of the following operating expenses:

- fixed telephone, electricity, water, gas and environmental hygiene tariffs relating to the premises used for professional activity;
- ordinary condominium expenses and rent relating to the premises used for professional activity.

Expenses are reimbursed upon submission of supporting documents, and reimbursement is made on the basis of the amounts indicated in relation to the period of Hospitalisation, plus a convalescence period of the same duration as the period of Hospitalisation, **with a maximum of 10 days.**

In the case of Insured who carry out their activity in a company or within the framework of a partnership, their share of the aforementioned operating expenses is taken into account.

If the closure of the business for a period of 30 days or more is certified, the reimbursement of costs relating to the salaries of any employees working for the Insured is also guaranteed.



What is NOT covered by the Insurance

The following are not included:

- a. expenses relating to the home of residence,
- b. expenses not directly attributable to the exercise of the activity declared in the Policy.

Limitations of coverage apply

Operating expenses are reimbursed up to a **limit of EUR 5,000.00 per Accident**.

Costs related to the wages and salaries of any employees working on behalf of the Insured are reimbursed up to an **additional EUR 5,000.00 per Accident**.

Art. 6.3 Extension to radiodermatitis for radiologists

What is covered by the Insurance

For the purposes of this extension of cover, the Insured declares that he/she is free from any pathological manifestation that can be identified as a radiation sickness.

Partially derogating from the provisions of Article Accident Exclusions - letter k), accident coverage is extended to blood Injuries and skin alterations known as "radiodermatitis", in their various manifestations (dystrophic, ulcerative, neoplastic with any complications and regional and distant metastatic spread), if they result from the professional practice of Roentgendiagnosics, Roentgentherapy, phototherapy and electric currents.

The validity of the extension is subject to the Insured's working conditions in radiology cabinets complying with legal provisions and ministerial instructions for accident prevention and radiation protection.

What is NOT covered by the Insurance

The extension does not apply to Covers:

- Permanent disability due to disease;
- Permanent disability from stroke or heart attack;
- Life annuity from disease;
- Medical expenses for accident, disease or childbirth;
- Medical expenses for disease or childbirth;
- Pre- and post-hospitalisation medical expenses for accident or disease;
- Major surgeries;
- Oncological diseases;
- Lump sum indemnity for surgery;
- Lump sum indemnity for serious events;
- High diagnostics;
- Specialist Visits;
- Physiotherapy treatment for accident;
- Dental care;
- Daily allowance for hospitalisation due to accident, disease or childbirth;
- Daily allowance for recovery from accident or disease;
- Daily allowance for temporary incapacity due to disease.

Limitations of coverage apply

- Only Injuries or alterations that have caused a permanent Disability of more than 20% of the total Invalidity that became apparent at least six months after the activation of the Cover are covered.



- If the daily Indemnity for temporary Incapacity by Accident Cover is activated, the Indemnity relating to the above-mentioned Injuries and alterations shall commence from the 6th day following the day on which the Claim is reported (subject to the time limit set out in the Policy for reporting the claim), up to a maximum limit of 180 days.

How the coverage works

The maximum time limit for making a final assessment of the degree of permanent Disability resulting from the aforementioned Injuries and alterations is set at 5 months from the date of the claim.

Art. 6.4 Policyholder's liability

What is covered by the Insurance

PROVISION FOR AND SETTLEMENT OF ACCIDENT INDEMNITY

Accident insurance is also taken out by the Policyholder in its own interest as the possible party liable for the Claim.

If the injured party or, in the event of death, his/her beneficiaries (or any of them) consider the Indemnity due under the accident insurance to be insufficient for the damage suffered and request higher compensation from the Policyholder under the third party liability, the Indemnity shall be set aside until the dispute is settled, and

- in the event of a settlement or final conviction of the Policyholder, shall be taken into account in the compensation due;
- in the event of waiver of the action or if the injured party or the beneficiaries lose the case, it shall be paid to them net of the expenses incurred by the Policyholder and/or the Company.

DETERMINATION OF THE INDEMNITY

The Company undertakes to indemnify the Policyholder for the greater sums that it is required to pay as civil liability for permanent Disability by accident or Death by Accident in excess of the sum paid under the accident insurance.

What is NOT covered by the Insurance

Cover is not provided when the injured persons are:

- a. legal representative, director or partner with unlimited liability of the Policyholder company;
- b. relatives or relatives-in-law of the Policyholder or of one of the other persons under letter a) who are permanently cohabiting with them.

Limitations of coverage apply

Cover is provided up to an amount equal to the amount set aside and paid out under the accident insurance, with a maximum limit of

- EUR 250,000.00 in the case of a single accident;
- EUR 1,000,000.00 in the case of several Insureds injured in the same event, regardless of their number.

OBLIGATIONS, DISPUTE MANAGEMENT AND LEGAL COSTS

The Policyholder, as soon as it becomes aware of them, shall immediately notify the Company of any criminal proceedings or civil action initiated as a result of the Accident, as well as of any claim brought by the injured parties, their Beneficiaries or persons entitled to obtain compensation for damages under civil liability, sending, in any event, documents, news and anything else related to the disputes.

For as long as it has an interest and bears the costs in accordance with the law, the Company shall assume, on behalf of the Policyholder, the management of disputes in extrajudicial and judicial proceedings, both civil and criminal, and avail itself of all the rights and actions to which it is entitled.



The Company does not bear the Policyholder's expenses for lawyers or experts who are not appointed by the Company and is not liable for fines, penalties and criminal court fees⁽⁴⁾.

Art. 6.5 Reimbursement of expenses for home/car/office adaptation due to accident

What is covered by the Insurance

In the event of an Accident that is indemnifiable under the insurance coverage, for which permanent total Disability is established, the Company reimburses the following expenses advanced by the Insured.

- **Expenses for adapting the home where he/she has his/her domicile or, alternatively, the owned office or premises where the activity declared in the Policy is exercised:**
 - to eliminate architectural barriers in it (e.g., widening doors, lowering handles);
 - for technological and computer equipment to control the home environment and the performance of daily activities (e.g. electric shutters, visual sensors);
 - for customised aids, equipment and furniture to improve usability in the home (e.g. reclining bed);
 - for technological equipment to carry out work, study and rehabilitation activities at home when it is not possible to carry them out outside of it, and for everything necessary to solve communication, mobility and autonomy problems (including home automation solutions) of the Insured, who has become disabled.
- **Expenses to make the owned car suitable for driving or transporting disabled persons.**

Limitations of coverage apply

Expenses for adapting the home, office or premises owned where the activity declared in the Policy is exercised are reimbursed up to a maximum of EUR 50,000.00.

The costs for adapting the car are reimbursed up to a maximum of EUR 10,000.00.

The Company **shall only reimburse the expenses that remain borne by the Insured, net of any amounts reimbursed by public bodies or as a result of other compensation from liable third parties.**

In the case of expenses incurred for a jointly owned building, the Company reimburses only the expenses incurred by the Insured.

How the coverage works

Permanent disability must be determined according to the assessment criteria set out in the Article Permanent disability due to accident.

Expenses are reimbursed after the Insured submits a **request** for reimbursement, accompanied by supporting documents such as an architect's plan and estimates and/or invoices for the work carried out.

Art. 6.6 Increased indemnity for accident deriving from a criminal offence

What is covered by the Insurance

In the event of an Accident that is indemnifiable under the insurance coverage suffered by the Insured as a result of one of the following criminal acts perpetrated against the Insured, the Company shall increase the insured sums indicated in the Policy by 30% **for the Permanent Invalidity by Accident and Death by Accident Covers.**

The increase in the insured sums shall apply in the event of an Accident suffered by the Insured as a result of:

1. robbery carried out on the premises of one's company or professional practice;
2. mugging and robbery outside the premises of one's own business or professional practice during the transfer of valuables to and from the business or professional practice to:



- its domicile;
 - the premises of suppliers or customers to make payments;
 - credit institutions and other offices, having business or service relations with the Insured, during the hours of opening to the public;
3. criminal act related to the offence of extortion aimed at the pursuit of activities typical of mafia associations. In order for this Cover to be effective, the violence must be aimed at forcing the victim not to refuse requests of an extortionist nature, or to withdraw his or her refusal of such requests, or in any case to retaliate against such refusal.

The **report** of the Accident resulting from the offence must be accompanied by the **report to the Judicial or Police Authority** of the place where the crime occurred.

For the purposes of this extended cover, the following terms shall have the meaning specified below:

- **Robbery**: taking of property by violence to the person or threat;
- **Theft**: Theft committed by snatching something out of the hand or off the person holding it;
- **Values**: money, banknotes and securities, credit instruments in general.

Art. 6.7 Additional allowance for loan repayment of business premises

What is covered by the Insurance

In the event of an Accident that is indemnifiable under the insurance coverage for which the Insured is totally and finally unable to carry out the professional activities declared in the Policy, the Company, in addition to paying all other sums due under the insurance coverage, shall pay the Insured an additional indemnity equal to the total amount of the instalments of any loan or financing that the Insured has taken out for the purchase of the premises where the business is exercised, **due within 60 (sixty) months following the date of the Accident.**

Limitations of coverage apply

The additional allowance operates with a maximum of **EUR 50,000.00 per Accident.**

Upon the occurrence of the event, the Cover **ceases with respect to the Insured.**

How the coverage works

The additional indemnity shall apply if the premises or their contents are insured against the "Fire" risk under a policy taken out by the Insured with the Company prior to the date of the Accident.

TRAVEL AND LEISURE SPECIAL

Art. 6.8 Extension to tropical diseases

What is covered by the Insurance

Permanent Disability due to Accident Cover is extended to the following Diseases: amebiasis, cholera, bacillary dysentery, recurrent African fever, yellow fever, jaundice, filariasis, leprosy, leishmaniasis, leptospirosis, malaria, epidemic cerebrospinal meningitis, tropical cutaneous mycosis, plague, sprue, smallpox.

Limitations of coverage apply

If the degree of Disability is 15% or less of the total disability, no indemnity shall be paid; if the degree of Disability is more than 15%, indemnity shall be paid only for the part exceeding that percentage.

How the coverage works

The extension applies if:

- the Insured has carried out all vaccinations required by the health authorities;
- the Insured is not suffering from such Diseases on the effective date of the Cover;
- ailments arise during the validity of the Cover and manifest themselves no later than the expiry of the Cover.



Art. 6.9 Increased indemnity for motorcycling, cycling, skiing, sailing accidents

What is covered by the Insurance

In the event of an Accident eligible for indemnification under the insurance coverage that occurred under one of the circumstances specified below, the sum insured for Death by Accident and Permanent Disability by Accident Covers at the time of the Accident shall be increased by 20%:

- use or riding of motorbikes and mopeds: this surcharge shall also apply to accidents eligible for indemnification under the insurance coverage that occur during operations made necessary when stopping to resume driving, as well as accidents occurring while getting on or off the motorbikes and mopeds themselves;
- use of bicycles(**excluding in any case participation in races or sporting competitions in general**);
- the practice of skiing or snowboarding(**excluding in all cases ski mountaineering, extreme skiing even when performed with a snowboard, and participation in races or sporting competitions in general**): the surcharge shall also apply to injuries indemnifiable under the insurance coverage that occur while using ski lifts;
- use of sailing and windsurfing boats.

How the coverage works

The surcharge applies on condition that the Insured has made immediate use of the emergency room in the event of an Accident.

FAMILY SPECIAL

Art. 6.10 Reimbursement of expenses for home and car adaptations following an accident

What is covered by the Insurance

In the event of an Accident that is indemnifiable under the insurance coverage, for which permanent total Disability is established, the Company reimburses the following expenses advanced by the Insured.

Expenses for adapting the home where he/she is domiciled:

- to eliminate architectural barriers in it (e.g., widening doors, lowering handles);
- for technological and computer equipment to control the home environment and the performance of daily activities (e.g. electric shutters, visual sensors);
- for customised aids, equipment and furniture to improve usability in the home (e.g. reclining bed);
- for technological equipment to carry out work, study and rehabilitation activities at home when it is not possible to carry them out outside of it, and for everything necessary to solve communication, mobility and autonomy problems (including home automation solutions) of the Insured, who has become disabled.

Expenses to make the owned car suitable for driving or transporting disabled persons.

Limitations of coverage apply

The costs for adapting the home are reimbursed up to a maximum of EUR 50,000.00.

The costs for adapting the car are reimbursed up to a maximum of EUR 10,000.00.

The Company shall only **reimburse the expenses that remain borne by the Insured, net of any amounts reimbursed by public bodies or as a result of other compensation from liable third parties.**

In the case of expenses incurred for a jointly owned building, the Company reimburses only the expenses incurred by the Insured.

How the coverage works

Permanent disability must be determined according to the assessment criteria set out in the Article Permanent disability due to accident.



Expenses are reimbursed after the Insured submits a **request for reimbursement**, accompanied by **supporting documents** such as an architect's plan and estimates and/or invoices for the work carried out.

Art. 6.11 Lump sum indemnity for loss of school year

What is covered by the Insurance

If the Insured - a student **under the age of 20** - is not admitted to a higher class as a result of absence from lessons as **an exclusive consequence of an Accident indemnifiable under the insurance coverage**, the Company shall **pay the lump-sum indemnity of EUR 3,000.00**.

How the coverage works

The Cover, which is reserved for Insured attending Italian or foreign primary and secondary schools, is effective if **the days of absence from lessons are subsequent to the activation of the Cover and are not less than 60 consecutive days or 75 days in several instalments recorded during the same school year**.

Payment of the indemnity is made subject to certification, issued by the school secretary or the Education Office, that the loss of the school year is due to absence from lessons and subject to proof, by means of medical certification, that such absences are a direct consequence of the reported Accident.

Art. 6.12 Increased indemnity for simultaneous hospitalisation of parents

What is covered by the Insurance

If both insured parents, or cohabiting partners, are hospitalised at the same time as a result of an Accident-eligible for indemnification under the insurance coverage, in the presence of minor or adult children who are permanently incapacitated for work, cohabiting and appearing on the family status certificate, the Company shall grant, for each day of simultaneous Hospitalisation, the daily indemnity per Hospitalisation insured in the Policy **increased by 50%**.

Art. 6.13 Additional indemnity for coma

What is covered by the Insurance

If the Accident eligible for indemnification under the insurance coverage resulted, **no later than 15 days after the date of the Accident**, in the Insured being in a state of coma, the Company shall **pay an additional lump sum indemnity of EUR 10,000.00**.

For the purposes of this Cover, coma shall mean a state of deep unconsciousness, including pharmacologically induced coma, characterised by absence of sensation, voluntary motility and alteration of vegetative functions, the cause of which is directly linked to an Accident.

The state of unconsciousness is without any reaction to external stimuli and inner needs and is associated with a condition of non-awakenability even by means of appropriate stimuli; it also requires the persistent and continuous use of artificial life-support systems.

How the coverage works

For the purposes of the Indemnity, the state of coma must be proven by **appropriate medical documentation issued by the competent medical-hospital authority attesting to the comatose state arising after the Accident**.

The right to Indemnity is deemed to be acquired by the Insured and is paid only once per Claim.



Art. 6.14 Increase for death indemnity

What is covered by the Insurance

Additional allowance for death of both parents

If, as a result of the same event, both parents suffer an Accident eligible for indemnification under the insurance coverage and the death of both of them ensues, the Company shall pay their minor children and adult children permanently incapacitated for work, who are cohabiting and listed among the Beneficiaries, the Indemnity due:

- at an increased rate of 50%, if both parents are insured under the Policy with the Death by Accident Cover;
- at an increased rate of 25%, if only one parent is insured under the Policy with Death by Accident Cover. The allowance also applies to disabled adult children.

Road traffic accident increase

In the event of an Accident eligible for indemnity under the insurance coverage that occurred while using or driving cars, motorbikes, or mopeds, the Company shall increase the sum indicated in the Policy for Death by Accident by 25% with a maximum increase of EUR 150,000.00.

Conversion into an annuity

Following an Accident compensable under the insurance coverage that caused the death of the Insured, the indicated Beneficiaries may opt for an annuity as an alternative to the payment of the sum insured for Death by Accident Cover.

In this case, the Company shall recognise an increase of 25% of the Indemnity due and shall use this sum to constitute in favour of the Beneficiary who has exercised the option, at no cost to him/her, an immediate life annuity that can be revalued by taking out a specific life insurance policy with the Company.

Limitations of coverage apply

The Road Traffic Accident supplement cannot be combined with the additional allowance for death of both parents.

Art. 6.15 Additional allowance for fractured femur/pelvis/hip

What is covered by the Insurance

In the event of an Accident that is indemnifiable under the insurance coverage, which causes the Insured to suffer a Fracture of the femur, pelvis or hip that results in the total inability to carry out daily activities for a duration of more than 30 continuous days, as certified by medical certification, the Company shall pay the Insured, in addition to anything else provided for in the Policy, **the lump sum of EUR 4,000.00.**

Art. 6.16 Lump sum indemnity for parkinson/alzheimer/ALS

What is covered by the Insurance

The Company shall pay the Insured the **lump sum of EUR 5,000.00** in the event of the onset, after the activation of this Cover, of one of the following serious illnesses:

- Parkinson's disease;
- Alzheimer's disease;
- Amyotrophic Lateral Sclerosis (ALS).

What is NOT covered by the Insurance

Serious illnesses from which the Insured has suffered in the past or that were diagnosed prior to the activation of the Cover are excluded.



Limitations of coverage apply

Upon payment of the Indemnity, which is paid for only one of the above-mentioned Diseases, this Cover ceases in respect of the Insured.

Notwithstanding the foregoing, if the occurrence of the Disease results in a condition of uninsurability, the Company may exercise the right of withdrawal for increase of the Risk against the Insured⁽⁵⁾.

If the Policy contains the Covers:

- Permanent Disability due to disease;
- Permanent Disability from stroke or heart attack;
- Life annuity from disease
- Medical expenses for accident, disease or childbirth;
- Medical expenses for disease or childbirth;
- Pre- and post-hospitalisation medical expenses for accident or disease,
- Major surgeries,
- Oncological diseases,
- Lump sum indemnity for surgery,
- Lump sum indemnity for serious events,
- High diagnostics,
- Specialist Visits,
- Dental care,
- Physiotherapy treatment for accident,
- Daily allowance for hospitalisation due to accident, disease or childbirth,
- Daily allowance for recovery from accident or disease,
- Daily allowance for temporary incapacity due to disease,
- A Vita Covers Section,

the Company, undertakes - at the request of the Insured - to continue the insurance relationship for these Covers for the remaining duration and under the conditions in force at the time of withdrawal.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover starts **at midnight on the 180th day of activation.**

If the Cover is already in force for the Insured on another contract replaced, without interruption, by this contract, the aforementioned time limit shall run from midnight of the day on which the Cover takes effect as indicated in the replaced contract or, if later, from midnight of the day on which the Premium or the first instalment of Premium is paid.

If the Premium or subsequent instalments of Premium are paid with a delay of more than 90 days, the aforementioned Exclusion Period shall begin again at midnight on the day of payment.

The notification of the Disease for which Indemnity is claimed must be made in writing by the Insured or by his or her assignees **within 15 days of the clinical and instrumental Diagnosis or from the time he or she became aware of it.**

If not submitted together with the complaint, **within 30 days**, medical certificates, copies of medical records, instrumental examinations and any other document certifying the clinical and instrumental Diagnosis of the serious illness that is the subject of the complaint must be sent.



The Insured must consent to the examination by the doctors appointed by the Company, to the necessary tests, examinations and assessments to determine the right to the Indemnity.

The medical examination will be ordered within 30 days of receipt of complete medical documentation attesting to the clinical and instrumental Diagnosis of the Disease.

PIÙ GENERALI

Art. 6.17 Safeguarding investment plans

What is covered by the Insurance

This Cover is effective in the event of an Accident, indemnifiable under the insurance coverage, suffered by the Insured who is already a holder at the time of the event of Life insurance policies with annual or single recurring premium or individual pension plans (piani individuali di previdenza, P.I.P.) taken out with the Company.

In the event of the total and definitive inability of the Insured to carry out the professional activity indicated in the Policy, the Company shall issue - in addition to anything else is due under the other activated Covers - a special single-premium life insurance policy in favour of the Insured, in order to facilitate the continuation of the aforementioned insurance relationship.

The premium for the above policy shall be determined by the sum of the following items:

- the amount of the last premium instalment paid under current life insurance policies multiplied by the number of premium instalments remaining to complete the premium payment plan;
- the amount of premiums paid (excluding transfers) into the individual pension plan (P.I.P.) in the 12 (twelve) months preceding the date of the Accident itself multiplied by 5 (five).

Limitations of coverage apply

The single premium of the life insurance policy taken out by the Company in favour of the Insured cannot, however, exceed EUR 100,000.00.

Art. 6.18 Increase for reinvestment of indemnity for permanent disability due to serious accident

What is covered by the Insurance

In the event of an Accident eligible for indemnity under the insurance coverage for which a permanent Disability of 100% is ascertained, the Insured or his/her assignees, **once the Indemnity for permanent Disability has been determined**, may opt, as an alternative to the payment of the same, to invest the sum due in one of the Company's Vita products. In this case, the Company shall grant an **increase of 10%** of the Indemnity due and shall use the entire sum for the entering into of the Vita contract chosen by the Insured or his/her assignees, without any charge to them.

Limitations of coverage apply

The increased Indemnity paid by the Company for the Vita contract may not, however, exceed EUR 15,000.00.

Art. 6.19 Loyalty "bonuses" in the absence of claims

What is covered by the Insurance

If, at the **end of the fifth and eighth years of insurance**, no Claim is reported on the Policy for the Covers in this Module, at each of these expiry dates, the sum insured for Permanent Disability due to Accident Cover for each Insured shall be increased by 5% of its value at the time of activation without applying a surcharge.



Art. 6.20 Additional allowance for home mortgage repayment

What is covered by the Insurance

This Cover shall apply in the event of an Accident, indemnifiable under the insurance coverage, suffered by the Insured whose home or its contents are insured against the "fire" risk under a policy taken out with the Company prior to the date of the Accident.

If the Accident results in the total and definitive inability of the Insured to carry out the professional activity stated in the Policy, in addition to the amount due under the activated Covers, the Company shall pay the Insured an additional allowance equal to the total amount of the instalments of any loan or mortgage executed by the Insured for the purchase of the residential home, **falling due within 60 (sixty) months following the date of the accident.**

Limitations of coverage apply

In any case the amount of the additional allowance shall not exceed EUR 50,000.00.

Upon the occurrence of the event, the Cover ceases with respect to the Insured.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

DEDICATO A TE			
Cover	Deductible	Uncovered Amount	Limitations of Indemnity
SPECIAL PROFESSIONAL			
Monthly indemnity for loss of employment	-	-	12 monthly payments per Claim
Reimbursement of expenses for fixed costs of a business	-	-	For operating expenses up to the sum of EUR 5,000.00 per individual Accident. For costs related to the wages of any employees within the limit of an additional EUR 5,000.00 per individual Accident.
Extension to radiodermatitis for radiologists	20% for permanent Disability	-	Indemnity for Temporary Incapacity by Accident is limited to a maximum of 180 days.
Policyholder's liability			- EUR 250,000.00 in the case of a single accident; - EUR 1,000,000.00 in the case of several Insureds injured in the same event, regardless of their number.
Reimbursement of expenses for home/office/car adaptation following a serious accident	-	-	- EUR 50,000.00 for adaptation of the home/office or premises where the activity is carried out - EUR 10,000.00 for car adaptation
Increased indemnity for accident deriving from a criminal offence	-	-	-



DEDICATO A TE

Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Additional allowance for loan repayment of business premises	-	-	EUR 50,000.00 per Accident.

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Extension to tropical diseases 15% for permanent Disability	-	-	-
Increased indemnity for motor-cycling, cycling, skiing, sailing accidents	-	-	-

FAMILY SPECIAL

Reimbursement of expenses for home and car adaptations following an accident	-	-	- EUR 50,000.00 for adaptation of the home - EUR 10,000.00 for car adaptation
Lump sum indemnity for loss of school year	-	-	EUR 3.000,00
Increased indemnity for simultaneous hospitalisation of parents	-	-	-
Additional indemnity for coma	-	-	EUR 10.000,00
Increased indemnity for death	-	-	-
Additional allowance for fractured femur/pelvis/ hip	-	-	EUR 4,000.00 per Accident
Lump sum indemnity for parkinson/alzheimer/ALS	-	-	EUR 5.000,00

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Safeguarding investment plans	-	-	EUR 100,000.00 per Accident
Increase for reinvestment of indemnity for permanent disability due to serious accident	-	-	EUR 15,000.00 per Accident
Loyalty bonuses in the absence of claims	-	-	-
Additional allowance for home mortgage repayment	-	-	EUR 50.000,00



SPECIFIC TERMS AND CONDITIONS - COMMON PROVISIONS



What is NOT covered by the Insurance?

Art. 7.1 Uninsurable persons

Persons residing abroad (with the exception of residents of the Republic of San Marino and the Vatican City State) and **persons who, at the time of the activation of the Covers of this Module, are suffering from alcoholism, drug addiction, HIV seropositivity, AIDS, are not insurable.**

They are also not insurable under the Covers:

- **Permanent disability due to accident;**
- **Additional allowance for fracture;**
- **Additional allowance for fracture and dislocation;**
- **Death by accident;**
- **Daily allowance for temporary incapacity due to accident;**
- **Daily allowance for immobilisation from accident;**
- **Indemnity for prolonged incapacity due to accident;**
- **Accident life annuity;**
- **Medical expenses due to accident;**
- **Daily allowance for hospitalisation due to accident;**
- **Daily allowance for recovery from an accident;**

persons suffering, at the time of activation, from epilepsy and/or one of the following Mental illnesses: organic brain syndromes, schizophrenic disorders, paranoid disorders, manic-depressive forms.

In this regard, it should be noted that:

- **If the Company had been informed of the existence of any of the above circumstances prior to the activation of the Covers in this Module, it would not have consented to the activation of the Cover;**
- **In the event of the occurrence during the validity of the Cover of any of the circumstances indicated above, the Policyholder and/or Insured must notify the Company, which may withdraw with immediate effect due to increase of the Risk by notifying the other party in writing within one month from the day on which it received the notice or otherwise became aware of the cause of uninsurability.**

In any event, there is no obligation for the Company to pay any Indemnity.

The premiums relating to the current insurance period at the time the notice of withdrawal is given shall be due to the Company .

Art. 7.2 Accident Exclusions

The following Accidents are excluded from the insurance:

- a. **Accidents caused by intoxication while driving, abuse of mental health medication, use of narcotics or hallucinogenic substances; Intoxication is defined as an altered condition caused by the presence of a blood alcohol level in excess of 0.8 grams/litre;**
- b. **Accidents caused by driving any motor vehicle or watercraft if the Insured is not licensed in accordance with the regulations in force; however, Accidents suffered by the Insured are included in the Cover, even if the licence has expired, if the Insured renews the document within 6 months of the event or if the non-renewal is the exclusive and direct consequence of the consequences of the Claim itself;**
- c. **Accidents occurring while driving or as a crew member on aircrafts in general and/or as a passenger on aircrafts of airline companies/operators for flights other than public passenger transport, on**



aircraft of aero clubs, on recreational or sport flying equipment (such as, for example, hang-gliders, microlights, paragliders);

- d. accidents occurring in connection with sky diving or scuba diving activities in any capacity;
- e. accidents caused by the use of underwater vehicles;
- f. accidents resulting from wilful offences committed or attempted by the Insured, including in conspiracy with others;
- g. accidents suffered during voluntary enlistment, call-up for mobilisation or for exceptional reasons; however, Accidents occurring in Italy in peacetime are included in the Cover;
- h. Accidents caused by war and insurrection, unless the Insured is taken by surprise by the outbreak of such events abroad; In this case, coverage operates up to a maximum of 14 days from the start of hostilities;
- i. Accidents caused by surgery, examinations or medical treatment that are not necessary for the treatment of Injuries resulting from Accidents indemnifiable under the insurance coverage;
- j. direct or indirect consequences of chemical or biological contamination resulting from terrorist activity or war;
- k. Accidents that are direct or indirect consequences of transmutation of the nucleus of the atom and/or radiation caused by artificial acceleration of atomic particles;
- l. Accidents caused by the practice of any professional sport activity. Professional sport activity means a sport activity performed for consideration;
- m. Accidents resulting from the practice of the following sports activities in any capacity: boxing, heavy athletics, martial arts, wrestling in its various forms, mountaineering with rock or ice climbing above grade 3, free climbing, descending - with any means - river stretches with difficulty above grade 3 of the WW scale, caving, ski jumping with skis or water skis, backcountry skiing, kite-surfing, snow-kiting, acrobatic skiing, extreme skiing or snowboarding, bobsledding, rugby, American football, air sports in general, motor sports, extreme sports. For the following Covers of the Extraordinary Medical Treatment and Treatment, tests and visits Sections, this exclusion only applies to air and extreme sports:
 - Medical expenses for accident, disease or childbirth;
 - Major surgeries;
 - High diagnostics;
 - Specialist Visits;
- n. Accidents resulting from the use and driving of motor vehicles on circuits used for motor sports, except in the case of motorbike or car rallies;
- o. Accidents arising from participation in races and competitions (and related trials and training) involving the use of motorised vessels and sailing regattas held in seas other than the Mediterranean Sea;
- p. Accidents resulting from participation in competitions organised by Sports Federations or Sports Bodies recognised by the Italian National Olympic Committee (C. O.N.I.) in football, five-a-side football (and the like), non-extreme skiing and snowboarding, cycling, equestrian sports, hockey; However, if the Accident occurs in such cases and the Insured is under 18 years of age, the Company shall pay the Indemnity reduced by 50%. If the scope of operation is traffic, accidents resulting from participation in any type of competition organised by Sports Federations or Sports Bodies recognised by the Italian National Olympic Committee (C.O.N.I.) are always excluded.

This exclusion does not apply to the following Covers of the Extraordinary Medical Treatment and Treatment, tests and examinations sections:

- Medical expenses for accident, disease or childbirth;
- Major surgeries;
- High diagnostics;
- Specialist Visits;



Art. 7.3 Exclusions of diseases

The following are excluded from the insurance in the event of Disease:

- a. **disabling and/or pathological conditions, Diseases and Malformations known or diagnosed prior to the date of activation of the Cover and not declared with intent or gross negligence;**
- b. **Physical anomalies pre-existing at the time of activation of the Cover;**
- c. **Mental illnesses and mental disorders in general including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, and those related to nervous breakdown, psychological development disorders;**
- d. **alcohol abuse, use of hallucinogens, use for non-therapeutic purposes of psychotropic drugs and/or narcotics;**
- e. **direct or indirect consequences of transmutations of the nucleus of the atom or of radiation caused by artificial acceleration of atomic particles, unless caused by radiation resulting from medical therapies necessary for the treatment of Diseases of the Insured;**
- f. **direct and indirect consequences of wars, insurrections, earthquakes, floods, volcanic eruptions;**
- g. **chemical or biological contamination resulting from a terrorist activity or war;**
- h. **medical services of an aesthetic, slimming or dietary nature.**





Where does the coverage apply?

Art. 8.1 Where the Covers operate

The Covers operate worldwide.

Under what operating conditions do we insure?

Art. 9.1 Free coverage for children under the age of ten

The covers provided free of charge for children under ten years of age indicated in the Policy are as follows:

- a. Permanent disability due to accident: free coverage for the minor child;
- b. Medical expenses due to accident: coverage free of charge for minor child;
- c. Medical expenses for accident, disease or childbirth;
- d. Medical expenses for disease or childbirth;
- e. Major surgeries;
- f. Oncological diseases;
- g. High diagnostics;
- h. Specialist Visits.

The free Covers operate subject to the conditions and limits provided for each of them.

For the A Vita Section free of charge is never provided for.

For a child born after the date of activation of the Covers referred to in points c) to h), the same shall operate free of charge for up to **six months following the birth** without the need to notify the Company.

After the six-month period has elapsed, in order for the free cover to continue to apply to the child, the Policyholder must notify the Company of the inclusion of the child among the insured persons indicated in the Policy. Therefore, the Medical Questionnaire is to be completed, which may entail, in the event of a declaration of medical history, the possible stipulation of specific exclusions or limitations of cover.

If on the expiry date of the Cover provided to the parents the child has already reached the age of 10, the cover ceases on that date; otherwise it ceases on the first annual expiry date following the child's reaching the age of 10.

In any event, free coverage cannot be provided beyond the end of the year in which the child turns 14. When the Covers referred to in sub-paragraphs (c) to (h) cease to be free of charge, they become against payment.

OPERATING CONDITIONS FOR ACCIDENTS

The following operating conditions apply to the following Covers:

- Permanent disability due to accident;
- Additional allowance for fracture;
- Additional indemnity for fracture and dislocation.
- Accident life annuity;
- Medical expenses for accident;
- Daily allowance for hospitalisation due to accident;
- Daily allowance for recovery from an accident;
- Daily indemnity for immobilisation from accident;
- Daily allowance for temporary incapacity due to accident;



- Indemnity for prolonged incapacity due to accident;
- Death by accident.

Art. 9.2 Operation of accident insurance

If the **24-hour scope** has been chosen, the insurance applies to Accidents that the Insured suffers in the performance of his or her professional activities declared in the Policy and any other activity related to private and family life.

If the **professional-only** scope has been chosen, the insurance applies to Accidents that the Insured suffers in the performance of his or her professional activities declared in the Policy. If confirmed by the employer, Accidents sustained by the Insured during the journey from home to the workplace and vice versa, carried out by ordinary private or public means of transport, within the limits of the time objectively necessary to make the journey, and Accidents sustained by the Insured during the usual journey to eat meals, are also included.

In order for this option to be valid, the Insured declares that he/she is employed by a third party.

If the scope of **operation** has been chosen to be **only non-professional**, the insurance applies to Accidents that the Insured suffers in the performance of any normal activity that is not of a professional nature, relating to the family and domestic occupations, leisure, the practice of hobbies and in general any event of daily life. Thus, all Accidents occurring while carrying out activities of a professional nature are excluded, and in any event, for those who are subject to compulsory insurance against occupational accidents, those occurring in circumstances such that they fall within the scope of the aforementioned compulsory insurance. In order for this option to be valid, the Insured declares that he/she is employed by a third party.

If the scope of **operation is traffic**, the insurance shall apply, **subject to the exclusions listed below**, to Accidents that the Insured suffers while using and driving:

- any vehicle⁽⁶⁾ during road traffic, this being understood to mean the circulation of the vehicle on public road or on a private road subject to public use or, in any event, used for pedestrian or vehicle traffic and subject to the rules of the highway code;
- any motorised vessel during navigation.

The insurance also applies to Accidents:

- occurring during boarding and/or disembarkation from the vehicle or vessel;
- suffered as a result of investments caused by any vehicle in which the Insured is involved as a pedestrian.

The insurance does not cover accidents that occurred:

- in private areas;**
- driving public transport;**
- riding a Hoverboard, Segway, Monowheel and Electric Scooter;**
- driving atypical vehicles⁽⁷⁾;**
- during the use and driving of trucks and motor vehicles for the mixed transport of persons and goods with a total laden mass exceeding 3.5 t;**
- during the use and driving of aircraft and underwater means;**
- while driving a private motor vehicle if the Insured is a professional driver or sales representative;**
- during repair or maintenance operations of the vehicle.**

The chosen scope of operation is indicated in the Policy, in the Representations of the Policyholder and Acceptance section.



Coverage is provided on the basis of the professional activities declared in the Policy; **if the professional activity declared in the Policy changes during the contract , the Insured must notify the Company, which assesses any decrease or increase of the Risk⁽⁸⁾.**

Art. 9.3 Indemnifiability Criteria

The Indemnity shall be paid to the Company for the direct and exclusive consequences of the Accident eligible for indemnification under the insurance coverage.

The consequences of the Accident on pre-existing or supervening physical or pathological conditions and the prejudice that these may bring about as a result of the Injuries produced by the Accident are not indemnifiable as **indirect consequences** of the Accident.

In the case of pre-existing mutilations or physical anomalies, Indemnity for permanent Disability by Accident shall be paid only for the direct consequences of the Accident as if the Accident had affected the physically intact person, irrespective of the greater impairment resulting from the pre-existing condition.

If the Accident occurs in the performance of a professional activity other than those stated in the Policy, or of another activity performed in a manner similar to a professional activity, the Indemnity is due:

- in full, if the professional activity carried out at the time of the Claim corresponds to a Risk no greater than that of the professional activities indicated in the Policy;
- **to a reduced extent according to the percentages indicated in the table below, if the professional activity carried out at the time of the Claim corresponds to a higher Risk:**

		ACTIVITY STATED IN THE POLICY			
		Class A	Class B	Class C	Class D
PROFESSIONAL ACTIVITY CARRIED OUT AT THE TIME OF THE ACCIDENT	Class A	100	100	100	100
	Class B	80	100	100	100
	Class C	50	65	100	100
	Class D	40	50	80	100

The Company shall not pay any indemnity if the professional activity carried out at the time of the Accident falls between the following:

- **professional sportsmen;**
- **personnel travelling on aircraft or underwater vehicles.**

To assess the degree of Risk of the various professional activities, reference should be made to the classification given in the '**Professional Activity Codes**' list. In the case of activities not specified in this list, criteria of equivalence or analogy to a listed activity are used.

PROFESSIONAL ACTIVITY CODES

Insurance is provided on the basis of the explicit declaration by the Insured that the professional activity exercised is identified with the one that results from the following list indicated in the Policy.

If, in addition to the main professional activity, the Insured engages in a secondary activity, even if not prevalent, this must be acknowledged and the premium rate for the activity with the highest Risk must be applied (in alphabetical order):

CLASS A

Code	Description of professional Activity
A103	Asset manager
A106	Architect
A107	Lawyer
A111	Surveyor without access to building sites, roofs, scaffolding
A113	Wearer and model
A114	Engineer
A124	Notary
A133	Accountant and labour consultant
A306	Barber, Hairdresser
A315	Beautician, makeup artist, manicurist, pedicurist
A331	Masseur, physiotherapist
A343	Tailor
A510	Politician, unionist
A629	Data processing centre operator
A637	Executive, employee, middle manager - public sector
A638	Executive, employee, middle manager - private sector
A639	Artistic illustrator, graphic, painter
A660	Teacher without practice
A805	Wealthy with no other professional activity
A809	Members of the clergy (not carrying out activities under code B672)
A818	Child, student
A821	Performer (presenter, musician, conductor, director, singer, actor - excluding extras and stunt-men)
A823	Retired
A999	Personnel whose professional activity is not even by analogy among those listed in this class, insurable only with management authorisation

CLASS B

Code	Description of professional Activity
B102	Agent and intermediary operating in the insurance, credit, trade, industry and various services sectors
B110	Geologist
B112	Surveyor with access to construction sites, roofs, scaffolding
B116	Postman
B117	Driving school instructor



CLASS B

Code	Description of professional Activity
B120	Physician (excluding radiologist with extension to radiodermatitis)
B123	Pharmacist
B125	Veterinary
B126	Window dresser
B203	Farmer not using and driving agricultural machinery and trucks with a gross laden weight exceeding 3.5 t
B205	Breeder of animals without using machinery and without using or driving agricultural machinery with a gross laden weight exceeding 3.5 t
B208	Gardener/nurseryman: excluding pruning of tall trees, without using and driving agricultural machinery and trucks with a gross laden weight exceeding 3.5 t
B211	Sculptor
B304	Craftsman for whom there is no other specific designation, without use of machinery, without access to building sites, roofs, scaffolding and not in contact with high-voltage currents, explosives or acids
B308	Shoemaker
B322	Photographer, photojournalist, cameraman
B326	Painter without access to roofs, scaffolding
B337	Boatman, gondolier
B338	Dental technician
B340	Leatherworker
B341	Antiquarian
B344	Upholsterer
B345	Garment maker, knitter and textile industry worker: without use of motor-driven machines
B365	Worker (excluding bricklayers), also with use of machinery, but without access to building sites, roofs, scaffolding and not in contact with high-voltage currents, explosives or acids
B401	Hotelier, hotel service employee
B402	Non-player sports coach
B403	Travelling salesman without transport and delivery of goods
B407	Trader (excluding hawker): without loading/unloading goods, without driving trucks with a gross laden weight exceeding 3.5 t. However, activities falling under codes B434 - B421 - B422 - C415 - C420 - C135 are not included.
B421	Watchmaker, jeweller
B422	Baker, baker without production
B424	Managers (including employees and waiters) of restaurants, trattorias, pizzerias, rotisseries, bars, cafés, ice cream parlours, pubs: excluding cooks and pizza makers
B427	Goldsmith, engraver



CLASS B

Code	Description of professional Activity
B434	Gunsmith with sales activity only
B506	Entrepreneurs without manual labour and without access to construction sites, roofs, scaffolding
B512	Tourist guide
B603	Chemical analyst, biologist, medical analysis centre worker
B607	Social worker
B619	School Janitor
B623	Petrol station manager, excluding car maintenance and washing activities
B628	Pizza maker
B631	Doorman, keeper in general
B636	Diplomat, ambassador
B641	Family helper, baby-sitter
B652	Journalist
B659	Teacher with practice
B662	Judge
B672	Nurse, paramedic, obstetrician
B678	Cleaner
B802	Variety show artist, dancer
B808	Housewife with no other professional activity
B821	Shop assistant without loading and unloading and without use of machines
B999	Personnel whose professional activity is not even by analogy among those listed in this class, insurable only with management authorisation

CLASS C

Code	Description of professional Activity
C122	Radiologist with extension to radiodermatitis
C135	Baker, baker with production
C209	Fisherman, sailer
C311	Tanner
C313	Electrician without access to roofs or scaffolding and not in contact with high-voltage currents
C324	Plumber
C334	Mechanic, bodyworker, tyre shop, electrician and the like
C342	Restorer without access to roofs, scaffolding
C346	Typographer, lithographer



CLASS C

Code Description of professional Activity

C348	Craftsman for whom there is no other specific designation, with use of machinery but without access to building sites, roofs, scaffolding and scaffolding and not in contact with high-voltage currents, explosives or acids
C362	Repairer of general household appliances (including radios and TVs without antenna intervention)
C367	Garment maker, knitter, and textile industry worker: with use of motor-driven machines
C404	Travelling salesperson with transport and goods delivery
C415	Trader (incl. attendant) in furniture, household appliances and Hi-Fi, sanitary ware with installation; itinerant trader
C420	Butcher
C518	Contractor providing manual labour, with access to construction sites, roofs, scaffolding
C622	Petrol station manager, including car maintenance and washing activities
C627	Mine-free quarrying
C630	Cook
C653	Gamekeeper, fisheries, forest ranger
C656	Night watchman, security guard
C685	Taxi driver
C686	Driver (excluding taxi drivers) of vehicles in general; boat driver
C807	Carabinieri (including former Forestry Corps)
C810	Army, Air Force, Navy (excluding flight)
C811	Italian Tax Police
C816	State Police and Prison Police
C819	Traffic policeman
C822	Warehouseman
C999	Personnel whose professional activity is not even by analogy among those listed in this class, insurable only with management authorisation

CLASS D

Code Description of professional Activity

D201	Lumberjack, woodcutter
D207	Gardener, florist with pruning and planting of tall trees and/or use of agricultural machinery
D212	Farmer using and driving agricultural machinery and driving trucks with a gross laden weight exceeding 3.5 t
D301	Antenna technician
D305	Craftsman for whom there is no other specific designation, with use of machinery, with access to building sites, roofs, scaffolding or in contact with high-voltage currents, explosives or acids



CLASS D

Code	Description of professional Activity
D316	Blacksmith
D320	Woodworker
D329	Marble worker
D336	Bricklayer
D347	Glazier
D361	Workers (excluding bricklayers, including electricians and painters) with use of machinery, with access to building sites, roofs, scaffolding or in contact with high-voltage currents, explosives or acids
D363	Restorer with access to roofs, scaffolding
D516	Breeder of animals with use of machinery, using and driving agricultural machinery and driving trucks with a gross laden weight of more than 3.5 t
D625	Carpenter
D682	Firefighter
D815	Frogman, diver
D999	Personnel whose professional activity is not even by analogy among those listed in this class, insurable only with management authorisation



What are my obligations? What are the company's obligations?

Art. 10.1 Representations of the Policyholder or Insured - Changes in the Risk

The Company gives its consent to the activation of the Covers and determines the premium on the basis of the representations made by the Policyholder or Insured on the data and circumstances that are the subject of the Company's request.

The activation of the Covers in this Module requires the **completion and signing of a specific Medical Questionnaire**.

Statements made on the Medical Questionnaire must be truthful, accurate and complete and must also cover any injuries or illnesses:

- previously stated;
- already covered by previous Indemnities by the Company.

The Medical Questionnaire must also be completed and signed in the event of **subsequent activation of a Cover**, variation of the current Cover and **reactivation** of the Cover following previous termination.

Following the statement on the Medical Questionnaire of one or more medical history(s), the Company reserves the right to exclude them from coverage or limit coverage by providing Deductibles and/or Uncovered Amounts to be applied to each Claim concerning such history(s). Any exclusions or limitations of coverage are expressly indicated in the Policy.

Inaccuracies and reticence on the part of the Policyholder or the Insured regarding circumstances affecting the assessment of the Risk may result in the total or partial loss of the Indemnity, and the termination of the insurance⁽⁹⁾.



The Policyholder or the Insured must notify the Company in writing of any increase or decrease in the Risk⁽¹⁰⁾.

Art. 10.2 Body Mass Index

The Premium due for the Covers listed below for Insured **aged 18 years and over** is based on a tariff that provides for increases according to **the body mass index**, which is determined by dividing the weight expressed in kilograms by the square of the height expressed in metres.

List of Covers:

- Permanent disability due to disease
- Permanent disability from stroke or heart attack;
- Medical expenses for accident, disease or childbirth;
- Medical expenses for disease or childbirth;
- Pre- and post-hospitalisation medical expenses for accident or disease;
- Major surgeries;
- Oncological diseases;
- Lump sum indemnity for surgery;
- Specialist Visits;
- Daily allowance for hospitalisation due to accident, disease or childbirth;

The variation of the Premium in relation to the body mass index also applies to the following Covers of A Vita section:

- Medical expenses for accident, disease or childbirth;
- Specialised visits;
- Oncological diseases;
- Daily allowance for hospitalisation due to accident or disease.
- Pre- and post-hospitalisation medical expenses for accident or disease.

In the event of inaccurate and reticent statements, the settlement of the Claim shall be reduced in proportion to the difference between the agreed Premium and the Premium that would otherwise have been determined.

Art. 10.3 Non-smoker Declaration

The premium due for the Covers listed below for Insured **aged 18 and over** is based on a tariff that provides for **lower premiums for non-smokers**.

List of Covers:

- Permanent disability due to disease
- Permanent disability from stroke or heart attack;
- Daily allowance for hospitalisation due to accident, disease or childbirth;
- Daily allowance for recovery from accident or disease;
- Pre- and post-hospitalisation medical expenses for accident or disease;
- Lump sum indemnity for surgery;
- Medical expenses for accident, disease or childbirth;
- Medical expenses for disease or childbirth;
- Major surgeries;
- Oncological diseases;
- Specialist Visits.



The reduction in Premium also applies to the following Covers in the A Vita section:

- Medical expenses for accident, disease or childbirth;
- Specialist Visits,
- Major surgeries,
- Oncological diseases,
- Daily allowance for hospitalisation due to accident or disease,
- Pre- and post-hospitalisation medical expenses for accident or disease.

A non-smoker is considered to be a person who has not used tobacco even sporadically **in the last two years** and who has not had to **stop smoking for health** reasons on medical instructions in the last five years. The use of electronic cigarettes is equivalent to smoking tobacco.

In the event of inaccurate and reticent statements or failure to notify the increase of the Risk due to non-smoking status, the settlement of the Claim shall be reduced in proportion to the difference between the agreed premium and the premium that would otherwise have been determined.

Art. 10.4 Change of residence

The Policyholder and the Insured must give immediate notice of any changes in the municipality of residence of the Insured that occur during the validity of the Cover.

In the event of transfer of residence abroad, the Company may withdraw with immediate effect due to increase of the Risk⁽¹⁾, by notifying the Policyholder in writing within one month of the day on which it received the notice or otherwise became aware of the change.

Failure to notify may result in loss of the right to Indemnity.

Premiums relating to the current insurance period when the withdrawal is communicated shall be due to the Company.



When and how do I pay?

Art. 11.1 Adjustment of premium and sums insured

Without prejudice to the provisions of the Modulo Generale with reference to the payment of the Premium, the commencement of the Covers and the means of payment of the Premium, on each annual expiry date, an adjustment of 3% of the insured sums and the Premium in a constant amount is envisaged for the following Covers:

- Permanent disability due to accident;
- Death by accident;
- Daily allowance for hospitalisation due to accident;
- Daily allowance for recovery from an accident;
- Daily indemnity for immobilisation from accident;
- Daily indemnity for temporary incapacity due to accident;
- Medical expenses for accident.

The adjustment of the Premium and insured sums shall only apply if expressly provided for in the Policy.

However, the following items are not subject to adjustment:

- **Absolute Deductibles,**
- **sums determining Deductible brackets**



- **minimum and maximum Uncovered Amounts;**
- **all values expressed as percentages;**
- **limitations of Indemnity.**

Art. 11.2 Premium adjustment according to the age of the Insured

On each annual expiry date, for the Covers:

- Permanent Disability due to disease;
- Permanent Disability from stroke or heart attack;
- Life annuity from disease,
- Medical expenses for accident, disease or childbirth;
- Medical expenses for disease or childbirth;
- Pre- and post-hospitalisation medical expenses for accident or disease,
- Major surgeries,
- Oncological diseases,
- Lump sum indemnity for surgery,
- Physiotherapy treatment for accident,
- Lump sum indemnity for serious events,
- Specialist Visits,
- Daily allowance for hospitalisation due to accident, disease or childbirth,
- Allowance for recovery from accident or disease,
- Daily allowance for temporary incapacity due to disease,

there is a **3%** premium increase over the previous insurance year, depending on the age progression of each Insured.

For Oncological Diseases Insurance in the IN ACTIVITY Section - Extraordinary Medical Treatment, the premium is increased by **5%** compared to the previous insurance year, depending on the age progression of each Insured.

The adjustment is made from the 11th year of the Insured's age.

For the Covers of Section A Vita, the annual adjustment of the premium according to the age progression of the Insured **applies only and exclusively after the initial five-year maturity** with the criteria set out below.

BASIC FORMULA

As to Covers

- Daily allowance for hospitalisation due to accident or disease,
- Pre- and post-hospitalisation medical expenses for accident or disease,
- Lump sum indemnity for serious events:
 - 3% increase over the previous insurance year, up to the year in which the Insured reaches the age of 59;
 - 2.5% increase over the previous insurance year, up to the year in which the Insured reaches the age of 60 to the year in which he/she reaches the age of 74;
 - 6% increase over the previous insurance year, from the year in which the Insured reaches the age of 75.

COMFORT FORMULA

As to Covers

- Major surgeries,
- Oncological diseases:
 - 4% increase over the previous insurance year, up to the year in which the Insured reaches the age of 55;



- 5.5% increase over the previous insurance year, up to the year in which the Insured reaches the age of 56 to the year in which he/she reaches the age of 70;
- 3.5% increase over the previous insurance year, from the year in which the Insured reaches the age of 71.

The Premium for the High Diagnostics Cover is not subject to adjustment according to the age progression of the Insured.

TOP FORMULA

For Medical Expense for accident, disease or childbirth Cover:

- 2.5% increase over the previous insurance year, up to the year in which the Insured reaches the age of 40;
- 4% increase over the previous insurance year, up to the year in which the Insured reaches the age of 41 to the year in which he/she reaches the age of 75;
- 2.5% increase over the previous insurance year, from the year in which the Insured reaches the age of 76.

For Specialist Visits Cover:

- 3% increase over the previous insurance year, up to the year in which the Insured reaches the age of 64;
- 3.5% increase over the previous insurance year, up to the year in which the Insured reaches the age of 65 to the year in which he/she reaches the age of 75;
- no increase from the year in which the Insured turns 76.

The Premium for the High Diagnostics Cover is not subject to adjustment according to the age progression of the Insured.

Art. 11.3 Indexation

On each annual expiry date, for the Covers:

- Medical expenses for accident, disease or childbirth;
- Medical expenses for disease or childbirth;
- Major surgeries,
- Oncological diseases,
- High diagnostics,
- Specialist Visits,
- A Vita Covers Section.

provision is made for the adjustment of the insured sums, premiums and Deductibles in proportion to the percentage changes in the ISTAT index of consumer prices for the entire community - Health Services and Expenses.

The adjustment is made, for the first time, by comparing the index for June of the year preceding the year of activation of the Cover with that of the following June.

The increases shall apply from the first annual Premium due date following 31 December of the year in which the change occurred. Subsequent adjustments are made in the same way, taking the last index that gave rise to changes as a basis.

Negative changes in the index do not give rise to an adjustment.

In case of delayed publication of the index, reference will be made to the last known monthly index of the previous year . Should ISTAT change the composition and parameters of this index, the adjustment will be calculated on the basis of the percentage change relating to the resulting new index.



Art. 11.4 Technical revision of premium for the A Vita section: tariff revision

The Company, every 5 years, reserves the right to review the current Premium for the Covers FOR LIFE (i.e., the last annual Premium paid for such Covers) if one of the following reasons exists:

1. objective changes in the National Health Service that lead to a reduction in the services provided by itself (e.g., for hospitalisations, surgery, examinations, tests or therapies);
2. objective changes affecting one or more of the following actuarial statistical bases used to determine the tariff:
 - life expectancy;
 - rate of non-renewal of current contracts;
 - changes in the cost and/or frequency of services.

The change of Premium applies to all contracts concluded with the Company with A Vita section.

The change in the Premium does not take into account any deterioration of the individual Insured's state of health that may occur after the start of the contract.

If the Company intends to make use of the aforementioned option and change the Premium, it shall notify the Policyholder at least 90 days before the due date, indicating the reason justifying the change in the contract and specifying the new Premium amount. Payment by the Policyholder of the new Premium communicated entails its acceptance and the continuation of the insurance coverage without further formalities. The Policyholder who does not wish to accept the new premium terms and conditions has the option of not renewing A Vita Section by one of the means of communication envisaged in the Article Notices between the parties of the Modulo Generale.



When does the coverage begin and when does it end?

Art. 12.1 Duration of Activated Covers

Each Cover has the duration indicated in the Policy with effect, **without prejudice to any Exclusion Period** for the cover to be applicable, from midnight on the day of activation, if the Premium or the first instalment of the Premium has been paid; from midnight on the day of payment if the Premium is paid subsequently.

Covers of the A VITA section have an initial term of five years with tacit renewal.

The Cover terminates as a result of:

- Expiration, if there is no tacit renewal;
- Cancellation;
- Withdrawal;
- Replacement;
- Mutual consent.

No Indemnity shall be provided for any Claims occurring after the date of termination, for any reason whatsoever, of the Cover, except for the cases of specific extensions expressly regulated within individual Covers.

Art. 12.2 Activation and Deactivation of Covers

This Module provides Basic Covers and Optional Covers.

Optional Covers can only be activated if the corresponding Basic Covers are active. Optional Covers may be independently deactivated from the corresponding Basic Covers.



✓ **EXAMPLE:** How to activate: I wish to activate the optional Cover Reimbursement of expenses for adapting home/car/office following an accident. This Cover can only be activated upon activation of the Permanent Disability by Accident Basic Cover.

✓ **EXAMPLE:** Mode of deactivation: Once I have activated the Basic Permanent Disability by accident Cover and the Optional Cover Reimbursement of Expenses for Home/Car/School Adjustment due to Accident, I can decide to deactivate both Covers or deactivate only the Optional Cover.

Within the scope of the basic Covers, there are rules of interdependence between Covers to be complied with in the event of activation, variation or termination for any reason.

Any variation during the course of the contract remains subject to the Company's assessment.

Art. 12.3 Exclusion Period

For the Covers subject to the Exclusion Period listed below, there is a time period, following the date of activation of the Covers, during which all or part of the Covers are ineffective.

List of Covers:

- Medical expenses for accident, disease or childbirth
- Medical expenses for disease or childbirth
- Pre- and post-hospitalisation medical expenses for accident or disease
- Major surgeries
- Oncological diseases,
- Lump sum indemnity for surgery
- Lump sum indemnity for serious events.
- High diagnostics
- Specialist Visits
- Physiotherapy treatment for accident
- Daily allowance for hospitalisation due to accident, disease or childbirth
- Daily allowance for recovery from accident or disease
- Daily allowance for temporary incapacity due to disease
- A Vita Covers Section

The Covers are effective:

For injuries and post-traumatic abortion:

- from midnight of the day of activation of the Cover indicated in the Policy if the Premium has been paid on that date;
- from midnight on the day of payment of the Premium or of the first Premium instalment if payment is made after the date of activation.

For Diseases, spontaneous and therapeutic abortion:

- from midnight of the 30th day following the day of activation of the Cover indicated in the Policy if the Premium has been paid on that date;
- from midnight on the 30th day following the day of payment of the Premium or of the first Premium instalment if payment is made after the date of activation.

for childbirth:

- from midnight of the 300th day following the day of activation of the Cover indicated in the Policy if the Premium has been paid on that date;



- from midnight on the 300th day following the day of payment of the Premium or of the first Premium instalment if payment is made after the date of activation.
- for Diseases that are the expression or direct consequence of pathological situations and Malformations that arose prior to the activation of the Cover, that were unknown and/or undiagnosed at the time of its activation or known and declared to the Company:
 - from midnight of the 180th day following the day of activation of the Cover indicated in the Policy if the Premium has been paid on that date;
 - from midnight on the 180th day following the day of payment of the Premium or of the first Premium instalment if payment is made after the date of activation.

The following specific Exclusion Period is provided for Permanent Disability by disease Cover.

The Cover shall take effect:

- for stroke or heart attack:
 - from midnight of the day of activation of the Cover indicated in the Policy if the Premium has been paid on that date;
 - from midnight on the day of payment of the Premium or of the first Premium instalment if payment is made after the date of activation.
- for other Diseases:
 - from midnight of the 30th day following the day of activation of the Cover indicated in the Policy if the Premium has been paid on that date;
 - from midnight on the 30th day following the day of payment of the Premium or of the first Premium instalment if payment is made after the date of activation.

The following specific Exclusion Period applies to the Dental Treatment Cover.

The Cover shall take effect:

- from midnight on the 120th day following the day of activation of the Cover if the Premium has been paid on that date;
- from midnight on the 120th day following the day of payment of the Premium or of the first Premium instalment if payment is made after the date of activation.

The Exclusion Period does not apply in the case of immediate treatment directly following an Accident documented by a First Aid certificate.

✓ How is the Exclusion Period calculated?

EXAMPLE 1: If the date of activation of the Cover indicated in the Policy is 1 August and the Premium is paid on 30 July (of the same year), all Exclusion Periods are counted from 2 August (the day following the date of activation of the Cover indicated in the Policy with Premium paid by that date).

EXAMPLE 2: If the date of activation of the Cover indicated in the Policy is 1 August and the Premium is paid on 1 September (of the same year), all Exclusion Periods are counted from 2 September (the day following the Premium payment date).

If this contract replaces without interruption another contract covering the same Insured, the above Exclusion Period shall apply:

- for the services and sums already provided for in the replaced contract, from midnight on the effective date indicated in the replaced contract or, if later, from midnight on the day of payment of the Premium or of the first instalment of Premium;



- for the higher amounts and different benefits provided in this contract, from midnight of the day indicated in the Policy as the date of activation of the Cover or, if later, from midnight of the day of payment of the Premium or of the first instalment of Premium.

✓ **How is the Exclusion Period calculated?**

EXAMPLE 1:

Previous (replaced) policy: effective date 1 January 2019 - expiry date 1 January 2021

On the expiry date of 1 January 2021, I will replace the policy with another policy effective on the same date and maintain the Medical Expense for accident, disease or childbirth Cover with the same Coverage Limit as on the expiring Policy.

All Exclusion Periods for Medical Expense for accident, disease or childbirth Cover have already expired during the validity of the previous (replaced) Policy and are therefore not counted on the new Policy.

EXAMPLE 2:

Previous (replaced) policy: effective date 1 January 2020 - expiry date 1 January 2021 - premium paid 1 January 2020.

On 30 March 2020, I will replace the Policy with another one effective on the same date and maintain the Medical Expense for accident, disease or childbirth Cover with the same Coverage Limit as on the previous (replaced) Policy.

All Exclusion Periods under the Medical Expense for accident, disease or childbirth Cover are counted from 2 January 2020, the day after the Premium payment of the previous (replaced) Policy.

EXAMPLE 3:

Previous (replaced) policy: effective date 1 January 2020 - expiry date 1 January 2021

On the expiry date of 1 January 2021, I will replace the Policy with another Policy effective on the same date and in which I activate the Medical Expense for accident, disease or childbirth Cover, which was not present on the previous (replaced) Policy, and on the same date I will pay the Premium of the new (replacing) Policy.

All Exclusion Periods under the Medical Expense for accident, disease or childbirth Cover are counted from 2 January 2021, the day after the Premium payment of the new Policy.

Similarly, in the event of changes occurring during the insurance period, for higher sums and different insured benefits, the Exclusion Period shall commence at midnight on the day of effect of the change indicated in the Policy or at midnight on the day of payment of the Premium relating to the change, whichever is later.

If the Premium or subsequent instalments of Premium are paid more than 90 days late with respect to the due date stipulated in the contract, the aforementioned Exclusion Period shall begin again at midnight on the day of payment.

Art. 12.4 The Company's option not to renew the A Life Section

In the cases listed below, the Company may, in any case, exercise the right not to renew the Covers of the A Vita section, by notifying it in the manner indicated in the Terms and Conditions of Insurance of the Modulo Generale.

List of cases:

- Termination of the Policyholder if the latter is not a natural person;**
- Death of the Policyholder natural person. In this case, the Insureds of the same Policy, within 60 days following the annual expiry date, may request to continue their insurance coverage and the Company is required to make the relevant proposal;**



- c. **Exclusively for the Policyholder/Insured moving residence abroad;**
- d. **Request by the Policyholder not to renew A Vita Section for even only one of the insured persons⁽¹²⁾;**
- e. **The Company ceases to manage the Disease business unit.**



How can I cancel the Covers?

Art. 13.1 Extension of Activated Covers

The activated Covers, unless tacit renewal is expressly excluded, are extended for one year on the expiry date indicated in the Policy, and so on. Tacit extension, if any, may be avoided by sending notice of cancellation by the deadline and in the manner indicated in the Modulo Generale's Terms and Conditions of Insurance **in compliance with the constraints of interdependence between Covers.**

For **A Vita Section**, the Company undertakes to **renew the Covers on each contractual expiry date for** as long as **the Insured remains alive** and under the **conditions agreed** at the time of the activation of the Section, subject to the application of the article The Company's **option not to renew Section A Vita.**

The provisions of the following articles **Adjustment of the premium in relation to the age of the Insured, Indexation and Technical revision of the premium for the section A Vita: revision of the tariff.** remain unaffected.

Art. 13.2 Policyholder's option not to renew section A Vita in the event of a technical revision of the premium

In the event that the Company exercises the option provided for in the article Technical Revision of the premium for section A Vita: revision of the tariff, if the Policyholder does not wish to accept the new Premium, it may exercise the option not to renew the Covers of section A Vita.



PROVISIONS APPLICABLE IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 Event and determination of the insurance year to which the claim pertains

As to Covers:

- Permanent disability due to accident;
- Permanent disability due to accident: free coverage for the minor child;
- Additional allowance for fracture;
- Additional indemnity for fracture and dislocation.
- Accident life annuity;
- Medical expenses for accident;
- Medical expenses due to accident: coverage free of charge for minor child;
- Daily allowance for hospitalisation due to accident;
- Daily allowance for recovery from an accident;
- Daily indemnity for temporary incapacity due to accident;
- Daily indemnity for immobilisation from accident;
- Indemnity for prolonged incapacity due to accident;
- Death by Accident

the Claim is determined by the occurrence of the Accident and the Claim year is determined by the date of occurrence of the Accident.

For these Covers, an Accident Report with an Indemnity request must be submitted and the relevant medical documentation must be attached.

As to Covers:

- Permanent disability due to disease
- Life annuity from disease;
- Permanent disability from stroke or heart attack;
- Lump sum indemnity for serious events;
- Daily allowance for temporary incapacity due to disease;

the Claim is determined by the Diagnosis of the Disease and the year to which the Claim relates is determined by the date of Diagnosis of the Disease.

For these Covers, an Accident Report must be submitted with the Indemnity request and the relevant medical documentation must be attached.

As to Covers:

- Medical expenses for accident, disease or childbirth;
- Medical expenses for disease or childbirth;
- Pre- and post-hospitalisation medical expenses for accident or disease;
- Major surgeries,
- Oncological diseases;
- Lump sum indemnity for surgery;
- High diagnostics;
- Specialist visits;



- Dental care;
- Physiotherapy treatment for accident;
- Daily allowance for hospitalisation due to accident, disease or childbirth;
- Daily allowance for recovery from accident or disease;

the Claim is determined by the Hospitalisation/surgery or the performance of the covered medical service, and the year of the Claim is determined by the date of the Hospitalisation/surgery or the date of the documentation of the expense for the service performed.

For these Covers, the report of the Hospitalisation, Surgery and out-patient medical services must be submitted with the Indemnity request, attaching the relevant medical documentation.

Art. 1.2 Reporting an accident

The report of the Accident, with an indication of the place, day and time of the event and the causes that led to it, accompanied by a medical certificate, must be made in writing by the Policyholder, the Insured or another person on their behalf, **within 10 days of becoming aware of it or having the possibility to do so.**

The Accident Report must be filed with the Agency to which the contract is assigned.

The course of the Injuries must be documented by further medical certificates, until recovery.

If the Accident has caused the death of the Insured or if it occurs during the period of treatment, the Company must be notified immediately.

Failure to comply with the obligations relating to the reporting of the Claim may result in the loss of all or part of the right to Indemnity⁽¹³⁾.

Art. 1.3 Reporting a disease

The report of the Disease, accompanied by a **medical certificate**, must be made in writing by the Policyholder, the Insured or another person on their behalf, **within 15 days of becoming aware of it or being able to do so, or of the date of discharge, unless otherwise regulated by the individual Covers.**

The Disease Report must be filed with the Agency to which the contract is assigned.

If according to the **medical opinion**, the Sickness is likely to result in permanent disability or temporary incapacity, if not delivered at the time of the claim, the medical certificates, complete copies of the medical records and any other documents attesting to the course and consequences of the Disease and useful for assessing the disabling consequences, including the certificate attesting to the stabilisation of the reported Disease, must be sent to the Company as soon as possible.

In the event of Hospitalisation or Surgery, the necessary medical documentation including the complete Medical Records in a true copy of the original and the Hospital Discharge Form (H.D.S.) certifying the duration and reasons for the Hospitalisation or Surgery must be sent, if not delivered at the time of the complaint, as soon as available.

Art. 1.4 Reporting hospitalisation or surgery and out-patient medical services

Notification of a Hospitalisation or Surgery, a Diagnostic Assessment, Specialist Examination, Physiotherapy or Dental Treatment, must be made **in writing** by the Policyholder, the Insured, or by another person on their behalf, within 15 days of becoming aware of it or having the opportunity to do so, or of the discharge, unless otherwise stipulated in the individual Covers.

In the event of Hospitalisation, surgery, diagnostic test, specialist examination or physiotherapy services, the report must be accompanied by the relevant medical certificate.



In the event of Hospitalisation or Surgery, the necessary medical documentation including the complete Medical Records in a true copy of the original and the Hospital Discharge Form (H.D.S.) certifying the duration and reasons for the Hospitalisation or Surgery must be sent in any event, if not delivered at the time of the complaint, as soon as available.

Art. 1.5 Obligations of the Insured in the event of a claim

In the event of a Claim, the Insured (or his/her assignees) **must consent to the examination** by the doctors appointed by the Company (releasing the treating doctors from their professional secrecy for this purpose) and to the tests, assessments and verifications to be carried out in Italy necessary to determine the right to indemnity, and provide all the documentation (medical and otherwise) that the Company deems appropriate for the purposes of a correct and complete investigation of the Claim.

Art. 1.6 Payment of indemnity

Upon receipt of the documents necessary to establish the right to Indemnity and to quantify it in accordance with these Terms and Conditions of Insurance, the Company shall:

- proceed with the payment;
- send the communication of the reasons why the Indemnity cannot be paid.

The payment or communication will in any case be made **within thirty (30) days**:

- upon receipt of the complete documentation, or
- after the conclusion of the assessment procedure, if any, with a deed of payment or report of an expert's report, initiated in accordance with these Terms and Conditions of Insurance.

This is without prejudice to **any different terms and conditions provided for specific Covers**, to which the customer is referred for specific verification.

The Company will in any case carry out the payment of any undisputed sums.

Art. 1.7 Request for Reimbursement

For the Covers that provide for the reimbursement of expenses incurred by the Insured, the Indemnity is paid at the request of the Insured (or of his/her assignees).

All expenses shall be duly documented, by submitting supporting documentation for the expenses incurred. If the fiscally valid originals of the expense documents are submitted, the Company shall return them.

If the Insured has received or is due to receive reimbursement from another welfare organisation or another insurance company for the same benefit under this contract, he/she is required to provide the Company with evidence of the **amounts received or to be received**. The Company shall only pay the requested service for the portion of the cost actually incurred by the Insured, **net of the amount borne by the aforementioned third parties**, and in any case up to an amount that, when added to the amount already indemnified by another body or insurer, does not exceed the cost incurred for that service.

For expenses incurred abroad, reimbursements are made in Italy in legal tender.

Art. 1.8 Direct assistance - activation modalities

Direct assistance is provided for the following services performed at Affiliated Medical Institutions:

- health care programmes;
- medical services performed during the period of Hospitalisation or Day surgery;
- Outpatient surgeries;
- Post-hospitalisation physiotherapy and rehabilitation treatments provided for by the Covers medical expenses due to accident, disease or childbirth, Major surgeries and Oncological Diseases;



- non-surgical oncological treatments (including Day hospital or outpatient); and Diagnostic tests under the Extension of oncological care; Direct assistance does not operate if therapies and tests are carried out after the expiry of the validity of the Cover to which the extension refers;
- Physiotherapy and rehabilitation treatments under the Medical Expenses due to accident Cover;
- medical services under the High Diagnostic Cover;
- Physiotherapy treatments under the Physiotherapy treatments due to accident Cover.

In the event of non-payment of the premium on the due date, the Direct Assistance Service remains **suspended from midnight on the due date until midnight on the day of payment.**

In order to activate the Direct Payment procedure, without prejudice to the rules set out below for activation via telephone channel, the Insured may access the service by entering the Customer Area areaclienti.generali.it either via the web or via the MyGenerali generali.it/mygeneralis App.

To activate the Direct Payment procedure via telephone channel, the Insured must first contact the Operations Centre.

The Insured must call at least 5 working days before the date of the service, Monday to Friday from 08:00 to 22:00 and Saturdays from 08:00 to 14:00, excluding holidays from Italy on toll-free number 800 880 880 from abroad on +39 02 8295 1155

In the case of services to be provided less than 5 days after the first telephone contact, the direct assistance service cannot be provided, with the exception of hospitalisations and out-of-hospital services that are of a genuinely clinically and objectively documented urgent nature.

Upon positive verification of the agreement by the Operations Centre, the operator shall ask the Insured or Agency to send the following necessary documents, which may also be sent later if not immediately available:

- medical certificate with diagnosis and type of service provided;
- a detailed and dated proximate and remote pathological history, with specific date of first diagnosis of the pathology that is the subject of the service;
- Diagnostic tests and reports of instrumental tests performed;
- first-aid report for physiotherapy treatment following an Accident, as provided for under the Medical Expenses by Accident and Physiotherapy Treatment by for Accident Covers;
- cost estimate also for mixed payment services, on request if required.

The Insured completes the Letter of Commitment for acceptance at the Affiliated Medical Institution.

The Operations Centre then pays the guaranteed expenses directly to the Affiliated Medical Institution, **without prejudice to any Uncovered Amount/Deductible that remains the responsibility of the Insured.**

This method of Indemnity is only possible if the services are performed at Affiliated Medical Institutions with direct payment confirmation from the Operations Centre.

In all other cases, payment of what is due under the contract is made on a reimbursement basis. The list of Affiliated Medical Institutions is available at www.generali.it.

The non-authorisation of service in Direct Payment does not affect the Insured's right to claim reimbursement of the costs incurred.

For the Preventive Health Programme, **the Insured must call at least 30 days prior to the expiry date of the insurance year in which the benefit may be provided, from Monday to Friday from 08:00 to 22:00 and on Saturdays from 08:00 to 14:00, excluding public holidays from Italy on toll-free number 800 880 880 from abroad on +39 02 8295 1155**



The Operations Centre, having obtained the information necessary to verify the right to the service, identifies the Affiliated Medical Institution in agreement with the Insured and confirms to him/her that the reservation of the services envisaged in the chosen programme has been made and that Direct Payment is operative.

The list of Affiliated Medical Institutions is available at www.generali.it.

In the absence of Affiliated Medical Institutions in the Insured's province of residence, the Insured may perform the services envisaged in the chosen prevention programme on his/her own account and request reimbursement.

The Insured shall provide the Operations Centre with the following data:

- Policy number;
- name and surname of the Insured requesting the service;
- place or telephone number for further contact.

Art. 1.9 Mixed payment

In the event of Hospitalisation or Surgery in an Affiliated Medical Institution but with services provided by doctors not contracted with the Operations Centre, settlement is made in the form of a Mixed Payment:

- the Company reimburses the Insured for expenses advanced to non-contracted doctors; reimbursement must be requested in the manner stipulated in the Reimbursement Request article;
- payment of the costs of the Affiliated Medical Institution is managed under direct assistance in the manner set out in the article Direct Assistance - Activation Modalities.

Art. 1.10 Access to agreed tariffs

If the Insured does not activate direct Assistance but nevertheless refers to an Affiliated Medical Institution, with payment at his/her own expense, he/she is entitled to the application of the agreement rates **if he/she is recognised as an Insured by the Company**.

The application of agreed tariffs may also be requested for services that are not covered by the subscribed insurance coverage.

Art. 1.11 Dental Network

It is the leading health network for dentistry with a network of affiliated dental practices also through partner companies.

In order to activate the Direct Payment procedure, without prejudice to the rules set out below for activation via telephone channel, the Insured may access the service by entering the Customer Area areaclienti.generali.it either via the web or via the MyGenerali generali.it/mygenerali App.

To activate the Direct Payment procedure via telephone channel, the Insured must first contact the Operations Centre.

The Insured must call at least 5 working days before the date of the service, Monday to Friday from 08:00 to 22:00 and Saturdays from 08:00 to 14:00, excluding holidays
from Italy on toll-free number 800 880 880
from abroad on +39 02 8295 1155

Searching for an office in the network

The list of affiliated offices can be consulted via the MyGenerali App or by accessing <https://www.generali.it/strutture-convenzionate/studi-odontoiatrici>.



For services that are not covered by the specific policy section, the Insured may take advantage of reduced rates through the Dental network.

Art. 1.12 Advance Indemnity

The Company, at the request of the Insured, if the respective Covers are indicated in the Policy and if the relevant Premium has been paid, shall pay an advance of the Indemnity, which shall be deducted from the final settlement, in the cases and under the conditions that follow:

- For **Permanent Disability by Accident** Cover if the final determination of permanent disability is postponed by agreement of the parties for more than one year from the day of the Accident.
The advance is paid on condition that no dispute arises as to the indemnifiability of the Accident and up to 50% of the presumed final Indemnity, with a **maximum of EUR 50,000.00**.
- For **Permanent Disability by Disease and Permanent Disability due to Stroke** or Heart Attack Covers, if for the reported Disease, Stroke or Heart Attack:
 - a. no dispute arise as to the indemnifiability of the Claim;
 - b. at least 12 months have elapsed since the complaint, and the Disease itself has not stabilised;
 - c. the permanent disability that may result is, on the basis of the medical assessments carried out, in any case of a degree exceeding the Deductible stipulated in the contract.

The advance shall be determined by applying to the sum insured the liquidated percentage identified in the table of determination of the Indemnity corresponding to the minimum foreseeable permanent degree of disability for the Disease according to a medical assessment, and **may not exceed 50% of the Indemnity** corresponding to the maximum foreseeable permanent degree of disability according to a medical assessment for the same Disease.

- For **Daily allowance for hospitalisation due to accident**, upon submission of the documents certifying and justifying the hospitalisation itself; the limits provided for the Cover remain unchanged. If the hospital stay is prolonged, the request for an advance can be made monthly.
- For **Accident Medical Expense** Cover if the Insured has incurred documented expenses of not less than EUR 2,000.00 upon submission of supporting documents. The advance is paid within the limits provided for the Cover itself, subject to settlement after completion of the treatment.
- For **Medical Expense for accident, disease or childbirth, Medical Expense for disease or childbirth Major Surgery, Oncological Diseases** Covers, if the Insured decides to use non-affiliated medical institutions and/or doctors, he/she may request an advance on the total budgeted expenses for services that are indemnifiable under the insurance coverage.

The advance is paid within the limits provided for the Cover itself if:

- appropriate certification issued by the Institute for Health Care certifying the cost estimate for the services that are the subject of the Hospitalisation is submitted; the estimate must be at least EUR 15,000.00;
- there are no possible grounds for contesting the indemnifiability under the insurance coverage of the budgeted expenses;
- the presumed date of hospitalisation does not fall later than the 30th day from the date of the request for advance payment.

The advance is paid if the expenditure does not exceed the limit of 50% of the sum insured and in any case up to a maximum of EUR 50,000.00.

In the case of a "mixed" agreement, the advance can only be requested for amounts relating to the fees of non-contracted doctors.

In this case must be submitted:

- certification from the Institute for Health Care attesting to the booking of the hospitalisation/surgery;
- estimate for the amount for the medical-surgical team.



The advance cannot exceed the amount of the medical-surgical team's estimate.

- appropriate certification issued by the Institute for Health Care certifying the cost estimate for the services that are the subject of the Hospitalisation is submitted; the estimate must be at least EUR 15,000.00;

The Company is, however, entitled to demand repayment of the advance:

- in any case of subsequent verified non-indemnifiability under the insurance coverage of the budgeted expenses;
- in the event of non-performance of the Hospitalisation/surgery.

Art. 1.13 Disputes - Contractual expert procedure

In the event of disputes of a medical nature relating to the Covers

- Permanent Disability due to accident,
- Permanent Disability due to accident: free coverage for the minor child,
- Permanent Disability due to disease;
- Permanent Disability from stroke or heart attack;
- Additional allowance for fracture,
- Additional allowance for fracture and dislocation,
- Accident life annuity,
- Life annuity from disease,
- Daily allowance for hospitalisation due to accident,
- Daily allowance for recovery from an accident,
- Daily indemnity for immobilisation from accident,
- Daily allowance for temporary incapacity due to accident,
- Indemnity for prolonged incapacity due to accident,

the parties may refer the decision to a discussion between a doctor trusted by the Company and a doctor appointed by the Insured. The agreement is binding on the parties.

In the event of disagreement on disputed points, the two doctors may appoint a third doctor with the consent of the parties.

If the two doctors do not agree on the appointment of the third doctor, this appointment, even at the request of only one of the parties, is referred to the President of the Medical Association closest to the Insured's place of residence.

The third doctor intervenes only in the event of disagreement and decisions on disputed points are taken by majority vote and are binding on the parties.

Each doctor may be assisted and supported by other doctors and/or specialists, who may intervene in the expert procedure, but have no decisive vote.

Each party bears the costs of its own doctor and the professionals appointed by its own doctor who assisted in the expert procedure. The expenses and fees of the third doctor are shared equally between the Insured and the Company.

The results of the expert report are collected in a report drawn up in two copies, one for the Insured and one for the Company.



Art. 1.14 Waiver of recourse in favour of the Insured

The Company waives its right of subrogation⁽¹⁴⁾ against any persons responsible for the indemnified harmful event, in favour of the Insured and their assignees, leaving them free to assert any claims against the persons responsible; it thus leaves unaffected the rights of the Insured and their assignees against the persons responsible.



How can I cancel the Covers?

Art. 2.1 Withdrawal in the event of a claim

The Policyholder or the Company may withdraw, following the notification of any Claim relating to the Covers activated with this Module, within the limits and with the effects provided below.

1. If Covers for diseases not belonging to section A Vita have been activated, the right of withdrawal may not be exercised by either party in respect of claims relating to them.
2. If Covers for diseases belonging to section A Vita have been activated, the right of withdrawal may be exercised by either party only following the notification of a claim occurring on one of these Covers within the first two years of their activation. Withdrawal is effective for the Section A Vita Covers only.
3. If one or more of the Covers listed below have been activated, the right of withdrawal may be exercised by either party for the entire duration of the Covers following the Claim relating thereto.

List of Covers:

- Permanent Disability due to accident,
- Permanent Disability due to accident: free cover for the minor child,
- Additional allowance for fracture,
- Additional allowance for fracture and dislocation,
- Accident life annuity,
- Medical expenses for accident,
- Medical expenses due to accident: coverage free of charge for minor child,
- Daily allowance for hospitalisation due to accident,
- Daily allowance for recovery from an accident,
- Daily indemnity for immobilisation from accident,
- Daily allowance for temporary incapacity due to accident,
- Indemnity for prolonged incapacity due to accident,
- Death by accident,
- Optional Covers dependent on one of the Covers referred to in paragraphs above.

In this case:

- if it is the Policyholder who withdraws, the withdrawal takes effect for all the Covers set out in the Module but the Policyholder may request to keep the Covers of section A Vita, if activated;
- if the Company withdraws, if the Covers for disease are effective, the latter shall remain active for their residual duration; however, the Policyholder may also withdraw from these Covers, by notifying the Company by registered letter or Certified Electronic Mail sent within 15 days of receipt of the notice of withdrawal due to a Claim from the Company. In this case, all Covers in the Module shall cease 30 days after the date of receipt by the Policyholder of the notice of withdrawal sent by the Company.

Withdrawal may be exercised according to the terms and conditions indicated in the General Module's General Terms and Conditions of Insurance, therefore, the termination of the Covers of this Module following withdrawal shall also entail the simultaneous termination of the specific related Covers activated in the PREVENTION AND ASSISTANCE Module.



Withdrawal due to Claim may be exercised after each Claim reported under the terms of the contract and up to the sixtieth day after the payment or refusal of the Indemnity and:

- must be communicated in writing by registered letter with return receipt or by Certified E-Mail;
- if it is exercised by the Policyholder, it shall take effect from the date of receipt of the notice;
- if it is exercised by the Company, it takes effect 30 days after the date of receipt of the notice.

In all cases of withdrawal, by the fifteenth day following the effective date of withdrawal, the Company shall reimburse the Policyholder for the portion of the Premium relating to the period of time in which the risk was not incurred, if any, excluding taxes.

The payment or collection of premiums due after the notice of Claim or any other act of the parties may not

1 Art. 1 paragraph 20 Law no. 76/2016.

2 Proposal in terms of Articles 60 and 62 of the Civil Code.

3 Pursuant to Articles 2110 and 2118 of the Civil Code.

4 Article 1917 of the Italian Civil Code.

5 Pursuant to Article 1898 of the Italian Civil Code.

6 Articles 1892, 1893 and 1894 of the Italian Civil Code.

7 Articles 1897 and 1898 of the Italian Civil Code.

8 Article 1898 of the Italian Civil Code.

9 As classified by Article 47 of the Highway Code (Legislative Decree No. 285 of 30 April 1992 as amended)..

10 As referred to in Article 47 (n) of the Highway Code.

11 Articles 1897 and 1898 of the Italian Civil Code.

12 If the Insured Person for whom the Policyholder has requested not to renew the insurance at the time of activation was included in his/her family status certificate and leaves, the Company shall not exercise this right.

13 Article 1913 of the Italian Civil Code.

14 Article 1916 of the Italian Civil Code.



MAJOR SURGERIES LIST

The following list applies to the **Major Surgeries Cover**.

The list of surgeries provides a grouping according to system, organ or apparatus, and within each, by type of surgery.

The code system used in the ICD9-CM classification consists of four numeric characters, with the first two generally identifying an organ/apparatus/system, while the third and fourth specify the site and type of surgery. In some cases, codes are limited to the third character to identify surgeries that do not require further specification, or to group by analogy those that differ only by the fourth character.

1. Surgeries of the nervous system (01-05)

2. Surgeries of the endocrine system (06-07)

3. Surgeries of the eye (08-16)

4. Ear surgery (18-20) combined with nose, mouth and pharynx surgery (21-29)

5. Surgeries of the respiratory system (30-34)

6. Surgeries of the cardiovascular system (35-39)

7. Surgeries of the blood and lymphatic system (40-41)

8. Surgeries of the digestive system (42-54)

9. Surgeries on the urinary apparatus (55-59) and Surgeries on the male genital organs (60-64)

10. Surgeries of the female genital organs (65-71)

11. Surgeries of the musculoskeletal system (76-84)

12. Tegument surgeries(85-86)



1. Surgeries of the nervous system (01-05)

Surgery type	ICD9	ICD9 Description
Craniotomy and craniectomy (decompressive and/or exploratory for epidural abscess, haematoma Thalamotomy and extradural globus pallidus surgery, foreign body, intracranial aneurysm)	01.2	Craniotomy and craniectomy
	01.21	Incision and drainage of cranial sinuses
	01.23	Reopening of previous craniotomy
	01.24	Other craniotomy
	01.25	Other craniotomy
Thalamotomy and surgeries on the globus pallidus	01.52	Hemispherectomy
	01.4	Thalamotomy and surgeries on the globus pallidus
	01.41	Thalamotomy
	01.42	Pallidotomy
Cerebral lobectomy	01.53	Brain lobectomy (for organic lesion)
Lobotomy and nerve surgery	01.32	Lobotomy and nerve surgery
Removal or demolition of deep brain lesion or tissue and/or removal of granulation tissue. Cerebral and cerebral meninges incision (for intracranial hygroma, cerebral abscess, subdural empyema, intracerebral haematoma, organic lesion, cerebral cyst, cortical adhesions, cerebral meninges lesion)	01.51	Removal of lesion or tissue of the cerebral meninges
Percutaneous cordotomy and myelotomy	03.21	Percutaneous cordotomy
	03.4	Removal or demolition of a lesion of the spinal cord or meninges
	03.5	Plastic surgery on spinal cord structures
	03.51	Repair of spinal meningocele
	03.52	Repair of spinal myelomeningocele
	03.53	Repair of vertebral fractures
	03.59	Other repair and plastic surgery of the spinal cord
03.6	Separation of spinal cord and nerve root adhesions	
Surgical rhizotomy and endocranial microdecompression of cranial nerves	04.42	Other cranial nerve decompression
Anastomoses and nerve transplants	04.74	Other cranial and peripheral nerve anastomoses

2. Surgeries of the endocrine system (06-07)

Surgery type	ICD9	ICD9 Description
Complete thyroidectomy	06.4	Complete thyroidectomy
Complete retrosternal thyroidectomy/ retrosternal crop with mediastinotomy	06.52	Complete retrosternal thyroidectomy
Partial adrenalectomy	07.2	Partial adrenalectomy
Unilateral suprarenectomy	07.22	Unilateral suprarenectomy
Pineal gland removal	07.54	Pineal gland removal



2. Surgeries of the endocrine system (06-07)

Surgery type	ICD9	ICD9 Description
Transsphenoidal pituitary surgery	07.62	Partial removal of the pituitary gland by transsphenoidal route
Pituitary gland surgery by unspecified route	07.69	Partial removal of the pituitary gland by an unspecified route
Thymectomy	07.80	Thymectomy, without further indications

3. Surgeries of the eye (08-16)

Surgery type	ICD9	ICD9 Description
Vitrectomy	14.72	Other vitreous body removal
Evisceration of the eyeball	16.3	Evisceration of the eyeball
Enucleation of the eyeball	16.4	Enucleation of the eyeball
Kroenlein's surgery or orbitotomy	16.49	Other eyeball enucleation
Extraction of an endobulbar non-calamitous foreign body	16.89	Other repair of injury to the eyeball or orbit

4. Ear surgeries (18-20) combined with Nose Mouth and Pharynx surgeries (21-29)

Surgery type	ICD9	ICD9 Description
Removal of maxillary sinus lesion according to Caldwell-Luc	22.61	Removal of maxillary sinus lesion according to Caldwell-Luc
Haemilaryngectomy	30.1	Haemilaryngectomy
Radical laryngectomy	304	Radical laryngectomy

5. Surgeries of the Respiratory system (30-34)

Surgery type	ICD9	ICD9 Description
Reconstruction of the trachea and construction of an artificial larynx	31.75	Reconstruction of the trachea and construction of an artificial larynx
Tracheal lesion removal/demolition	31.5	Local removal or demolition of lesion or tissue of the trachea
Closure of another fistula of the trachea	31.73	Closure of another fistula of the trachea
Pneumectomy with trachea resection and tracheo-bronchial anastomosis/Brain pulmonary anastomosis for Parkinson's disease and movement disorders surgery for implantation	31.79	Other repair and plastic surgery of the trachea
Bronchial resection with reimplantation	32.1	Other removal of bronchi
Lung lobectomy	32.4	Lung lobectomy
Thoracoplasty	33.34	Thoracoplasty
Lung transplantation	33.5	Lung transplantation
Heart-lung block transplantation	33.6	Heart-lung block transplantation
Surgeries for abscesses and tumours - mediastinum	34.3	Removal or demolition of mediastinal lesion or tissue



5. Surgeries of the Respiratory system (30-34)

Surgery type	ICD9	ICD9 Description
Thoracectomy	34.51	Decortication of the lung
	34.59	Other removal of the pleura
	34.73	Closure of other chest fistula
	34.82	Suture of diaphragm laceration

6. Surgeries of the Cardiovascular system (35-39)

Surgery type	ICD9	ICD9 Description
Open-heart valvotomy without replacement	35.1	Open-heart valvotomy without replacement
Open-heart valvuloplasty without replacement, valve not specified	3510	Open-heart valvuloplasty without replacement, valve not specified
Open-heart aortic valve valvuloplasty without replacement	35.11	Open-heart aortic valve valvuloplasty without replacement
Open-heart mitral valve valvuloplasty without replacement	35.12	Open-heart mitral valve valvuloplasty without replacement
Open-heart pulmonary valve valvuloplasty without replacement	35.13	Open-heart pulmonary valve valvuloplasty without replacement
Open-heart tricuspid valve valvuloplasty without replacement	35.14	Open-heart tricuspid valve valvuloplasty without replacement
Aortic valve replacement with bioprosthesis Other aortic valve replacement with prosthesis	35.21	Aortic valve replacement with bioprosthesis
	35.22	Other aortic valve replacement with prosthesis
Mitral valve replacement with prosthesis	35.24	Mitral valve replacement with prosthesis
Replacement of pulmonary valve with bioprosthesis	35.25	Replacement of pulmonary valve with bioprosthesis
Other pulmonary valve replacement with prosthesis	35.26	Other pulmonary valve replacement with prosthesis
Tricuspid valve replacement with bioprosthesis	35.27	Tricuspid valve replacement with bioprosthesis
Surgeries on other structures adjacent to the valves of the heart	35.39	Surgeries on other structures adjacent to the valves of the heart
Repair of septal defect in the heart	35.5	Repair with prosthesis of the interatrial and interventricular septa
Repair of interatrial and interventricular septa with tissue graft (synthetic or biological)	35.6	Repair of interatrial and interventricular septa with tissue graft (synthetic or biological)
Total correction of certain congenital heart anomalies	35.8	Total correction of certain congenital heart anomalies
Total correction of tetralogy of Fallot	35.81	Total correction of tetralogy of Fallot
Total correction of complete anomaly of the pulmonary venous connection	35.82	Total correction of complete anomaly of the pulmonary venous connection
Total truncus arteriosus correction	35.83	Total truncus arteriosus correction
Total correction of transposition of large vase not elsewhere classified	35.84	Total correction of transposition of large vase not elsewhere classified



6. Surgeries of the Cardiovascular system (35-39)

Surgery type	ICD9	ICD9 Description
Other surgeries on valves and septa of the heart	35.9	Other surgeries on valves and septa of the heart
Inter-atrial venous return transposition	35.91	Inter-atrial venous return transposition
Creation of conduit between right ventricle and pulmonary artery	35.92	Creation of conduit between right ventricle and pulmonary artery
Creation of conduit between the left ventricle and the aorta	35.93	Creation of conduit between the left ventricle and the aorta
Creation of conduit between atrium and pulmonary artery	35.94	Creation of conduit between atrium and pulmonary artery
Aortocoronary bypass of one or multiple coronary arteries	36.10	Aortocoronary bypass for cardiac revascularisation, without further indications
Coronary vessel aneurysm repair	36.91	Coronary vessel aneurysm repair
Pericardiectomy and excision of heart lesion	37.32	Heart aneurysm removal
Heart transplant	37.5	Heart transplant
Upper limb vessel resection with anastomosis	38.33	Upper limb vessel resection with anastomosis
Resection of lower limb arteries with anastomosis	38.38	Resection of lower limb arteries with anastomosis
Resection of other head and neck vessels with replacement	38.42	Resection of other head and neck vessels with replacement
Intracranial vessel resection with anastomosis	38.31	Intracranial vessel resection with anastomosis
Portocaval or splenic-renal or mesenteric caval anastomosis	38.37	Resection of abdominal veins with anastomosis
Intracranial vessel resection with replacement	38.41	Intracranial vessel resection with replacement
Resection of the aorta with anastomosis	38.34	Resection of the aorta with anastomosis
Resection of other thoracic vessels with anastomosis	38.35	Resection of other thoracic vessels with anastomosis
Surgery for portal hypertension/peripheral venous thrombectomy: iliac, caval/surgerys for vessel grafts/lower cava vein ligation	38.87	Other surgical occlusion of abdominal iliac, portal, renal, splenic, inferior cava vein
Aorto-renal/ortho-mesenteric/ortho-iliac or aorto-femoral bypass/peripheral artery obstruction relief and bypass/abdominal artery bypass and obstruction relief	39.26	Other intra-abdominal anastomoses or vascular bypasses
Extra-intracranial vascular bypass / intracranial or extracranial liquid leakage	39.28	Extracranial-intracranial vascular bypass (EC-IC)
Aorta dissection surgery	39.54	Aorta dissection surgery
Other aneurysm repair	39.52	Other aneurysm repair
Incidental (systemic) hypothermia for open-heart surgery	39.62	Incidental (systemic) hypothermia for open-heart surgery
Surgeries on the carotid glomus and other vascular glomas	39.8	Surgeries on the carotid glomus and other vascular glomas



7. Surgeries of the blood and lymphatic system (40-41)

Surgery type	ICD9	ICD9 Description
Bone marrow transplantation	41.00	Bone marrow transplantation Not Otherwise Specified
Total splenectomy	41.5	Total splenectomy

8. Surgeries of the digestive system (42-54)

Surgery type	ICD9	ICD9 Description
Local removal of oesophageal diverticulum	42.31	Local removal of oesophageal diverticulum
Total oesophagectomy	42.42	Total oesophagectomy
Intrathoracic oesophagus-gastrostomy	42.52	Intrathoracic oesophagus-gastrostomy
Repair of oesophageal fistula, not elsewhere classified	42.84	Repair of oesophageal fistula, not elsewhere classified
Oesophageal varices: transthoracic or abdominal surgery	42.91	Ligation of oesophageal varices
Gastro-duodenal resection	43.6	Partial gastrectomy with duodenal anastomosis
Total gastrectomy	43.9	Total gastrectomy
Pyloroplasty and/or pyloric dilatation	44.2	Pyloroplasty
Peptic ulcer suture or gastric bypass	44.40	Suturing of peptic ulcer, without further indications
Peptic ulcer suture or gastric bypass	44.41	Suturing a gastric ulcer
Peptic ulcer suture or gastric bypass	44.42	Suturing a duodenal ulcer
Esophagogastroplasty	44.65	Esophagogastroplasty
Right hemicolectomy	45.73	Right hemicolectomy
Transverse colon resection	45.74	Transverse colon resection
Left hemicolectomy	45.75	Left hemicolectomy
Total intra-abdominal colectomy	45.8	Total intra-abdominal colectomy
Total procto-colectomy with ileal pouch	48.0	Proctotomy
Abdominoperineal rectum resection	48.5	Abdominoperineal rectum resection
Anterior rectal resection with simultaneous colostomy	48.62	Anterior rectal resection with simultaneous colostomy
Incision or removal of anal fistula	49.1	Incision or removal of anal fistula
Removal of the anus	49.6	Removal of the anus
Liver lobectomy	50.3	Liver lobectomy
Liver transplant	50.5	Liver transplant
Cholecystotomy and cholecystostomy	51	Cholecyst and biliary tract surgeries
Anastomosis between gallbladder and hepatic ducts	51.31	Anastomosis between gallbladder and hepatic ducts
Choledocoenterostomy	51.36	Choledocoenterostomy
Removal of the ampulla of Vater with reimplantation of the common duct	51.62	Removal of the ampulla of Vater with reimplantation of the common duct



8. Surgeries of the digestive system (42-54)

Surgery type	ICD9	ICD9 Description
Marsupialisation of pancreatic cyst	52.3	Marsupialisation of pancreatic cyst
Partial or total pancreatectomy (including lymphadenectomy)	52.5	Partial pancreatectomy
Proximal pancreatectomy	52.51	Proximal pancreatectomy
Distal pancreatectomy	52.52	Distal pancreatectomy
Total pancreatectomy	52.6	Total pancreatectomy
Pancreas or Langerhans cell transplantation	52.8	Pancreas transplantation
Mega-oesophagus and reflux oesophagitis	53.011	Reflux oesophagitis
Surgery for diverticulum of the oesophagus	53.02	Surgery for diverticulum of the oesophagus

9. Urinary surgery (55-59) and Male Organ surgery (60-64)

Surgery type	ICD9	ICD9 Description
Polar nephrectomy/minephrectomy	55.4	Partial nephrectomy (without ureterectomy)
Nephroureterectomy	55.51	Nephroureterectomy
Bilateral nephrectomy	55.54	Bilateral nephrectomy
Renal transplantation	55.6	Renal transplantation
Plastic Pyeloureter for joint stenosis	55.87	Plastic Pyeloureter for joint stenosis
Uretero-intestinal anastomosis	56.71	Uretero-intestinal anastomosis
Nephrocistoanastomosis without further indications	56.73	Nephrocistoanastomosis without further indications
Ureteroenteroplasty with continent pockets (bilateral)	56.82	Ureteroenteroplasty with continent pockets (bilateral)
Radical cystectomy	57.71	Radical cystectomy
Vesico-intestinal fistula closure	57.83	Vesico-intestinal fistula closure
Vesicogenital or perineal fistula closure	57.84	Vesicogenital or perineal fistula closure
Bladderstrophy (complete treatment)	57.86	Ostrophic bladder reconstruction
Neo-bladder continent and bladder enlargement	57.87	Neo-bladder continent and bladder enlargement
Colpoplasty (Kelly) for urinary incontinence or colposuspension	59.3	Colpoplasty (Kelly) for urinary incontinence
Radical prostatectomy any technique	60.5	Radical prostatectomy
Perineal prostatectomy	60.62	Perineal prostatectomy

10. Surgeries of the Female Genital Organs (65-71)

Surgery type	ICD9	ICD9 Description
Unilateral adnexiectomy (any method)	65.3	Unilateral ovariectomy
Total abdominal hysterectomy	68.4	Total abdominal hysterectomy
Total hysterectomy (any method)	68.5	Vaginal hysterectomy



11. Surgeries of the Musculoskeletal system (76-84)

Surgery type	ICD9	ICD9 Description
Craniostenosis	75.40	Congenital malformations of the skull, face and jaw
Maxillary fracture: surgical therapy	76.74	Open reduction of maxillary fracture
Treatment of dysmetria and limb deviations with external implants	78.29	Shortening of other bones
Surgery reduction of hip dislocation	79.85	Surgery reduction of hip dislocation
Intervertebral disc removal including arthrodesis	80.50	Intervertebral disc removal or demolition, not specified if with anterior interbody arthrodesis
Intervertebral disc removal including cervical disc (discectomy, including laminectomy and decompression if necessary)	80.51	Intervertebral disc removal
	80.81	Other local removal or destruction of shoulder joint injury
Spinal arthrodesis (any site and method) except cervical	81.00	Spinal arthrodesis, without further indications
Dorsal and dorsolumbar arthrodesis, anterior approach	81.04	Dorsal and dorsolumbar arthrodesis, anterior approach
Dorsal and dorsolumbar arthrodesis, posterior approach	81.05	Dorsal and dorsolumbar arthrodesis, posterior approach
Arthrodesis of the lumbar and lumbosacral vertebrae, anterior approach	81.06	Arthrodesis of the lumbar and lumbosacral vertebrae, anterior approach
Lumbar and lumbosacral arthrodesis, transverse lateral process approach	81.07	Lumbar and lumbosacral arthrodesis, transverse lateral process approach
Lumbar and lumbosacral arthrodesis, posterior approach	81.08	Lumbar and lumbosacral arthrodesis, posterior approach
Column recasting at any level and with any approach	81.09	Column recasting at any level and with any approach
Cervical vertebral arthrodesis (any method)	81.01	Atlanto-epistrophe arthrodesis
Other cervical arthrodesis, with anterior approach	81.02	Other cervical arthrodesis, with anterior approach
Other cervical arthrodesis, with posterior approach	81.03	Other cervical arthrodesis, with posterior approach
Total elbow replacement	81.84	Total elbow replacement
Total hip replacement	81.85	Total hip replacement
Hip replacement revision	81.53	Hip replacement revision
Total knee replacement	81.54	Total knee replacement
Resection of vertebral bodies (somatectomy) and replacement with cement or grafts/Sacral resections	81.65	Vertebroplasty
Shoulder replacement (arthroplasty)	81.80	Total shoulder replacement (with synthetic prosthesis)
Partial shoulder replacement (arthroplasty)	81.81	Partial shoulder replacement (with synthetic prosthesis)
Reconstruction surgery of the thumb complete with nerves and blood vessels	82.61	Reconstruction surgery of the thumb complete with nerves and blood vessels
Transfer of fingers, except thumb	82.81	Transfer of fingers, except thumb



11. Surgeries of the Musculoskeletal system (76-84)

Surgery type	ICD9	ICD9 Description
Amputation at the level of the humerus	84.07	Amputation at the level of the humerus
	84.08	Sprain and distraction of other specified sites of the shoulder and arm
Disarticulations: large	84.18	Sprain and distraction of other specified elbow and forearm sites
	84.38	Sprain and distraction of other specified hip and thigh sites
Abdominopelvic amputation	84.19	Abdominopelvic amputation

12. Tegument surgeries(85-86)

Surgery type	ICD9	ICD9 Description
Unilateral radical mastectomy	85.45	Unilateral radical mastectomy

OTHER SURGERIES WITHIN THE SCOPE OF PAEDIATRIC SURGERY

Type of surgery/Diagnosis

Bifid skull: with meningocele or with meningoencephalocele
Craniostenosis
Hypersecretive hydrocephalus
Congenital myogenic torticollis with plaster appliance
Cystic lymphangioma of the neck
Brachial plexus neurolysis for obstetrical paralysis
Derotative osteotomy for obstetrical paralysis
Cystic and polycystic lung (lobectomy, pneumonectomy)
Typical child cysts and tumours of enterogenic bronchial and nervous origin (sympathoblastoma)
Congenital atresia of the oesophagus
Congenital fistula of the oesophagus
Funnel-shaped and keeled thorax
Congenital pyloric stenosis
Intestinal obstruction of the newborn: malrotation congenital bands, volvulus; atresias need for anastomosis; meconial simple ileus ileostomy, resection according to Mickulicz, resection with primitive anastomosis
Simple anus atresia: perineal abdominal lowering; perineal operation
Atresia of the anus with recto-urethral or recto-vulvar fistula: perineal abdominal lowering
Prolapse of the rectum: abdominal operation
Sacrococcygeal teratoma
Megaureter: resection with reimplantation; resection with intestinal loop replacement
Nephrectomy for Wilms' tumour
Spina bifida: meningocele; myelomeningocele
Megacolon: colostomy; anterior resection; Buhamel or Swenson abdominal perineal operation
Umbilical fistulas and cysts: of the omphalomesenteric canal with intestinal resection



SURGERY LIST

The list of Surgeries refers to the **Lump Sum Indemnity for Surgery Cover**.

To facilitate consultation of the list and identification of the class associated with each surgery, groupings were made according to system, organ or apparatus, and, within each, by type of surgery.

The code system used is the ICD9-CM classification recognised and published by the World Health Organisation.

Surgeries of the nervous system (01-05)

Surgeries of the endocrine system (06-07)

Surgeries of the eye (08-16)

Surgeries of the ear (18-20)

Surgeries of the nose, mouth and pharynx (21-29)

Surgeries of the respiratory system (30-34)

Surgeries of the cardiovascular system (35-39)

Surgeries of the blood and lymphatic system (40-41)

Surgeries of the digestive system (42-54)

Surgeries of the urinary system (55-59)

Surgeries of the male genital organs (60-64)

Surgeries of the female genital organs (65-71)

Surgeries of the musculoskeletal system (76-84)

Tegument surgeries(85-86)

The Indemnity depends on the sum insured and the surgery class:

CLASS OF SURGERY	Amount insured:	
	30,000.00	50,000.00
I	1,000.00	1,500.00
II	2,000.00	2,500.00
III	3,000.00	4,000.00
IV	5,000.00	6,000.00
V	7,000.00	10,000.00
VI	15,000.00	20,000.00
VII	20,000.00	30,000.00



Surgeries of the nervous system (01-05)

Surgery type	ICD9	Surgery name	CLASS
Transcranial puncture, ventricular drainage drilling	0101	Cisternal puncture	III
	0102	Ventricular puncture using an implanted catheter	
	0109	Other skull puncture	
Craniotomy and craniectomy (decompressive and/or exploratory for epidural abscess, haematoma)	0124	Other extradural craniotomy, foreign body, intracranial aneurysm)	IV
	0125	Other craniectomy	
Thalamotomy and surgeries on the globus pallidus	014	Thalamotomy and surgeries on the globus pallidus	V
Hemispherectomy	0152	Hemispherectomy	VII
Cerebral lobectomy	0153	Brain lobectomy (for organic lesion)	VI
Lobotomy and nerve surgery	0132	Lobotomy and nerve surgery	V
Removal or demolition of deep brain lesion or tissue and/or removal of granulation tissue. Incision of the brain and meninges	0131	Incision of the cerebral meninges	VI
	0139	Other brain incisions	
	0151	Removal of lesion or tissue of the cerebral meninges	
	021	Treatment of lesions of the cerebral meninges	
	029	Other surgeries of the skull, brain and meninges	
	0159	Other removal or destruction of brain lesion or tissue	
	016	Excision of skull lesions	
Ventriculostomy and ventricular shunt placement, replacement, removal or revision	022	Ventriculostomy	IV
	0231	Anastomosis between ventricle and head and neck structures	
	0232	Anastomosis between ventricle and circulatory system	
	0233	Anastomosis between ventricle and thoracic cavity	
	0234	Anastomosis between the ventricle, abdominal cavity and its organs	
	0235	Anastomosis between ventricle and urinary apparatus	
	0239	Other surgeries for ventricular drainage	
	0242	Replacement of ventricular anastomosis	
Implantation, replacement or removal of intracranial neurostimulator	0293	Intracranial neurostimulator implantation	III
	0122	Removal of intracranial neurostimulator	
Application, replacement or removal of transcranial traction or halo device	0294	Application or replacement of transcranial traction or halo device	I
	0295	Removal of transcranial traction or halo device	
Implantation or replacement of peripheral nerve neurostimulator	0492	Implantation or replacement of peripheral nerve neurostimulator	II
Removal of peripheral nerve neurostimulator	0493	Removal of peripheral nerve neurostimulator	I



Surgeries of the nervous system (01-05)

Surgery type	ICD9	Surgery name	CLASS
Exploration and decompression of spinal canal structures (root decompression laminectomy, laminotomy, foraminotome)	0302	Reopening of previous laminectomy	IV
	0309	Further exploration and decompression of the spinal canal	
Cordotomy and rhizotomy	0329	Other cordotomy	III
Percutaneous cordotomy (stereotactic)	0321	Percutaneous cordotomy	IV
Excision of spinal cord injury and plastic surgery of the spinal cord	034	Removal or demolition of a lesion of the spinal cord or meninges	V
	0359	Other repair and plastic surgery of the spinal cord	
	036	Separation of spinal cord and nerve root adhesions	
Rehabilitation of vertebral fractures	0353	Repair of vertebral fractures	IV
Creation, revision and removal of spinal shunts	0379	Other spinal anastomosis	II
	0397	Revision of spinal anastomosis	
	0398	Removal of spinal anastomosis	
Creation of a subarachnoid-peritoneal or subarachnoid-ureteral shunt	0371	Subarachnoid-peritoneal spinal anastomosis	IV
	0372	Subarachnoid ureteral spinal anastomosis	
Implantation, replacement or removal of spinal neurostimulator	0393	Placement or replacement of spinal neurostimulator	II
	0394	Removal of spinal neurostimulator	
Other surgeries of the spinal cord and vertebral canal	0399	Other surgeries on the spinal cord and spinal canal structures	IV
Section and removal of cranial and peripheral nerves (excluding opticociliary neurectomy, sympathetic gangliectomy, acoustic neurinoma and trigeminal neurotomy)	0404	Other incision of cranial and peripheral nerves	V
	0407	Other cranial and peripheral nerve resection or removal	
Acoustic neuroma removal by craniotomy	0401	Removal of acoustic neuroma	III
Trigeminal retrogasserian section; trigeminal root decompression	0402	Section of the trigeminal nerve	III
	0441	Trigeminal root decompression	
Gangliectomy of cranial or peripheral nerve	0405	Gangliectomy of Gasser's ganglion	V
	0406	Other cranial or peripheral nerve gangliectomies	
Section of sympathetic nerve or ganglion, sympathectomy	0529	Other sympathectomies and gangliectomies	V
Demolition of cranial or peripheral nerves	042	Demolition of cranial and peripheral nerves	V
Suturing of cranial and peripheral nerves (excluding sympathetic nerves) cranial or peripheral nerves	043	Cranial and peripheral nerve sutures	V



Surgeries of the nervous system (01-05)

Surgery type	ICD9	Surgery name	CLASS
Suturing of nerves or sympathetic ganglia	058	Other surgeries of nerves or sympathetic ganglia	V
Separation of adhesions and decompression of cranial and peripheral nerves (excluding trigeminal, carpal tunnel and tarsal)	0442	Other cranial nerve decompression	V
	0449	Other decompression of peripheral nerves and ganglia, or separation of adhesions	
Carpal or tarsal tunnel release	0443	Carpal tunnel release	II
	0444	Tarsal tunnel release	
Nerve graft or transplantation	045	Cranial or peripheral nerve grafting	III
	046	Transposition of cranial and peripheral nerves	
Cranial or peripheral neuroplasty	0499	Other cranial and peripheral nerve surgeries	IV

Surgeries of the endocrine system (06-07)

Surgery type	ICD9	Surgery name	CLASS
Exploration and drainage of the thyroid region, including foreign body removal	0601	Suction in the thyroid region	I
	0602	Reopening of wound in the thyroid region	
	0609	Another incision of the thyroid region	
Partial thyroidectomy and/or parathyroidectomy and other thyroid and/or parathyroid Surgeries	062	Unilateral thyroid lobectomy	III
	0631	Removal of thyroid lesion	
	0639	Other partial thyroidectomy	
	067	Removal of the thyroglossal tract or duct	
	0689	Other parathyroidectomy	
Complete thyroidectomy	0698	Other thyroid surgeries	V
	064	Complete thyroidectomy	
Complete parathyroidectomy	0681	Complete parathyroidectomy	IV
Retrosternal thyroidectomy (complete or partial)	0651	Partial retrosternal thyroidectomy	V
	0652	Complete retrosternal thyroidectomy	
Unilateral or partial adrenalectomy and other surgeries of the adrenal gland	0722	Unilateral suprarenectomy	V
	0729	Other partial adrenalectomy	
	0741	Incision of the adrenal glands	
	0742	Section of nerves afferent to the adrenal glands	
	0743	Ligation of adrenal gland vessels	
Bilateral adrenalectomy	0744	Repairing the adrenal glands	V
	0745	Reimplantation of the adrenal glands	
	0749	Other Surgeries on nerves, vessels and adrenal glands	
	073	Bilateral adrenalectomy	V



Surgeries of the endocrine system (06-07)

Surgery type	ICD9	Surgery name	CLASS
Removal (complete or partial) and other Surgeries on the pineal gland and pituitary gland	0754	Pineal gland removal	
	0761	Partial removal of the pituitary gland, trans-frontally	V
	0762	Partial removal of the pituitary gland by transsphenoidal route	
Removal (complete or partial) and other Surgeries on the pineal gland and pituitary gland	0763	Partial removal of the pituitary gland by an unspecified route	
	0764	Total removal of the pituitary gland via the trans-frontal route	
	0765	Total removal of the pituitary gland by transsphenoidal route	V
	0768	Total removal of the pituitary gland by another specified route	
	0769	Total removal of the pituitary gland by an unspecified route	
Removal (complete or partial) and other Surgeries on the thymus	0782	Total removal of the thymus	
	0793	Thymus repair	IV

Surgeries of the eye (08-16)

Surgery type	ICD9	Surgery name	CLASS
Eyelid surgery, correction and removal of lesions	0820		
	0822	Removal of other small lesion of the eyelid	I
	0823	Excision of extensive lesion of the non-full-thickness eyelid	
Chalazion and blepharorrhaphy removal	0821	Chalazion removal	I
Excision of lesion, full-thickness, entropion/ectropion, blepharoptosis	0824	Removal of extensive lesion of the eyelid, full-thickness	
	0833	Correction of blepharoptosis with resection or advancement of the elevator muscle or its aponeurosis	
	0836	Correction of blepharoptosis with other techniques	II
	0843	Repair of entropion or ectropion with wedge resection	
	0849	Other repair of entropion or ectropion	
Specillation of tear ducts	0943	Instillation of the nasolacrimal duct	I
	0942	Instillation of the lacrimal canaliculi	
Tear duct surgeries	0923	Total dacryoadenectomy	
	0944	Nasolacrimal duct intubation	
	0959	Other tear duct incision	
	096	Removal of the lacrimal sac and ducts	II
	0981	Dacryocystorhinostomy	
Surgeries of the conjunctiva	0999	Other surgeries of the lacrimal apparatus	
	1031	Removal of lesion or tissue of the conjunctiva	
	1049	Other plastic subjunctive	
Corneal surgery and foreign body removal	1149	Other removal or destruction of corneal injury	I



Surgeries of the eye (08-16)

Surgery type	ICD9	Surgery name	CLASS
Pterygium removal or transposition, corneal repair	1131	Transposition of pterygium	I
	1139	Other removal of pterygium	
	1151	Suture of corneal wound	
	1159	Other corneal repair	
Corneal transplantation and keratoplasty	1160	Cornea transplant, not otherwise specified	III
	1164	Other homologous perforating keratoplasty	
Anterior foreign body removal, iridotomy, iridectomy	1200	Intraocular foreign body removal from the anterior segment of the eye, without further indications	II
	1212	Another iridotomy	
	1214	Other iridectomy	
Iridoplasty, goniotomy, trabeculectomy, sclera fistulisation	1239	Other iridoplasty	I
	1259	Other surgeries to facilitate intraocular circulation	
	1264	Trabeculectomy ab externo	
	1169	Other sclera fistulisation Surgeries	
Cyclodiathermy and cyclocryotherapy	1271	Cyclodiathermy	I
	1272	Cyclocryotherapy	
Other sclera surgeries	1273	Cyclophotocoagulation	II
	1279	Other Glaucoma Surgeries	
	1289	Other sclera surgeries	
	1441	Scleral sealing with implant	
	1449	Other scleral indentations	
Other Surgeries on the iris, ciliary body and anterior chamber	129	Other Surgeries on the iris, ciliary body and anterior chamber	III
Surgery of the lens, including removal of foreign body with lens implant, capsulotomy, removal of implanted lens	1300	Removal of foreign body from lens, without further indications	III
	1319	Other intracapsular lens extraction	
	132	Extracapsular cataract extraction with linear extraction technique	
	133	Extracapsular lens extraction with simple aspiration technique (and irrigation)	
	1341	Phacoemulsification and cataract aspiration	
	1342	Phacofragmentation and aspiration of cataracts via pars plana	
	1343	Mechanical phacofragmentation and cataract aspiration	
	1351	Extracapsular lens extraction	
	1359	Other extracapsular lens extraction	
	1370	Artificial lens insertion, without further indications	
	139	Other lens surgeries	
	1364	Capsulotomy with YAG-laser after cataract extraction	
	1371	Insertion of intraocular artificial lens at the time of cataract extraction, performed simultaneously	
1372	Secondary artificial lens implant		
138	Removal of implanted lens		



Surgeries of the eye (08-16)

Surgery type	ICD9	Surgery name	CLASS
Retinal photocoagulation	1424	Photocoagulation of chorioretinal lesion with laser	I
	1434	Retinal tear repair by argon (laser) photocoagulation	
Surgeries on the retina and its anatomical components including Surgeries on the posterior chamber	1429	Other treatment of chorioretinal lesions	II
	1454	Retinal detachment repair by laser photocoagulation	
	1459	Other retinal detachment repair	
	146	Removal of surgically implanted material from the posterior segment of the eye	
Other surgeries on the vitreous body, retina and posterior chamber	1471	Anterior (limbal) vitrectomy	III
	1472	Other vitreous body removal	
	1474	Other mechanical vitrectomy	
	1479	Other surgeries of the vitreous body	
Other surgeries on the retina, choroid and posterior chamber	149	Other Surgeries on the retina, choroid and posterior chamber	II
Surgeries of the muscular-tendinous structures of the eye	1511	Retraction of an extraocular muscle	II
	1513	Resection of an extraocular muscle	
	153	Surgeries on two or more extraocular muscles requiring temporary detachment from the bulb, one or both eyes	
Orbitotomy	1601	Orbitotomy with bone flap	IV
Evisceration and removal of eyeball contents	163	Evisceration of the eyeball	II
Enucleation and other surgeries related to bulb enucleation	1659	Further evisceration of orbit contents	III
Surgeries related to previous eyeball surgery	1669	Other secondary Surgeries after eyeball removal	II
Repair of eyeball and orbit injuries	1689	Other repair of injury to the eyeball or orbit	II
Other surgeries of the orbit	1698	Other surgeries of the orbit	II

Surgeries of the ear (18-20)

Surgery type	ICD9	Surgery name	CLASS
External ear lesion removal, incision and other minor Surgeries on the external ear	1829	Removal or demolition of other lesion of the outer ear	I
Ear canal and auricle reconstruction	1871	Reconstruction of an auricle	IV
Stapedectomy, myringoplasty, tympanoplasty	1911	Stapedectomy with anvil replacement	IV
	1919	Other stapedectomy	
	194	Myringoplasty	
Stapedectomy, myringoplasty, tympanoplasty	1952	Type II tympanoplasty	IV
	1953	Type III tympanoplasty	
	1954	Type IV tympanoplasty	
	196	Tympanoplasty revision	



Surgeries of the ear (18-20)

Surgery type	ICD9	Surgery name	CLASS
Myringotomy and stirrup mobilisation	2001	Myringotomy with tube insertion	I
	2009	Other myringotomy	
Mastoidectomy, other middle ear surgery	193	Other surgeries of the ossicle chain	III
	2021	Mastoid incision	
	2041	Simple mastoidectomy	
	2042	Radical mastoidectomy	
	2049	Other mastoidectomy	
	2091	Timpanosimpatectomia	
Inner ear surgery	207	Incision, excision and demolition of the inner ear	IV
	2098	Implantation or replacement of cochlear prosthetic device, multiple channel	III

Surgeries of the nose, mouth and pharynx (21-29)

Surgery type	ICD9	Surgery name	CLASS
Nose surgery \ nasal fracture reduction	2130	Excision or demolition of nose lesion, without further indications	II
	2171	Closed reduction of non-open nasal fracture	
	2172	Open reduction of nasal fracture	
Other nose Surgeries	2161	Turbinectomy by diathermy or cryosurgery	I
	2162	Fracture of the turbinates	
	2169	Other turbinectomy	
Sinus and maxillary surgeries	222	Intranasal antrotomy	III
	2231	Radical maxillary antrotomy	
	2261	Removal of maxillary sinus lesion according to Caldwell-Luc	
	2262	Removal of sinus lesion by other approach	
	2263	Ethmoidectomy	
Glossectomy \ glossoplasty	251	Removal or destruction of lesion or tissue of the tongue	II
	252	Partial glossectomy	
	2559	Other repair and plastic surgery of the tongue	
	259	Other tongue surgeries	
Salivary gland surgery	2629	Other removal of salivary gland lesion	II
	2630	Scialoadenectomia, without further indications	
	2631	Partial syndenectomy	
	2632	Complete sialoadenectomy	
	2699	Other Surgeries on salivary glands or ducts	



Surgeries of the nose, mouth and pharynx (21-29)

Surgery type	ICD9	Surgery name	CLASS
Drainage of the face and floor of the mouth	270	Drainage of the face and floor of the mouth	I
Suturing or incision procedures on structures of the oral cavity	2761	Suture of palatal laceration	I
	2791	Labial phrenulotomy	
Palate surgery/other mouth surgery	2731	Local removal or destruction of a lesion or tissue of the bony palate	II
	2742	Extensive excision of lip lesion	
	2743	Other removal of lesion or tissue of the lip	
	2749	Other removal of the mouth	
	2759	Other plastic repair of the mouth	
Uvula surgeries	2779	Other surgeries of the uvula	I
Other Surgeries on tonsils and adenoids	280	Incision and drainage of tonsillar and peritonsillar structures	I
Tonsillectomies and adenoidectomies	282	Tonsillectomy without adenoidectomy	II
	283	Tonsillectomy with adenoidectomy	
	286	Adenoidectomy without tonsillectomy	
Pharyngeal surgery	292	Removal of cysts or vestiges of the branchial fissure	IV
	2939	Removal or destruction of lesion or tissue of the pharynx	

Surgeries of the respiratory system (30-34)

Surgery type	ICD9	Surgery name	CLASS
Excisions of laryngeal lesions, parietal laryngectomies	3009	Other removal or destruction of lesion or tissue of the larynx	III
	3029	Other partial laryngectomy	
Excision of laryngeal cysts / adhesions of the trachea or larynx	3001	Marsupialisation of laryngeal cyst	III
	3192	Lysis of adhesions of the trachea or larynx	
Cordectomies, epiglottidectomies	3021	Epiglottidectomy	III
	3022	Cordectomy	
Total laryngectomy	303	Complete laryngectomy	V
	304	Radical laryngectomy	
Tracheostomy	311	Temporary tracheostomy	II
	3121	Mediastinal tracheostomy	
	3129	Other permanent tracheostomy	
Tracheal lesion removal/demolition	315	Local removal or demolition of lesion or tissue of the trachea	V
Laryngorrhaphy	3161	Laceration suture of the larynx	II
	3169	Other larynx repair	



Surgeries of the respiratory system (30-34)

Surgery type	ICD9	Surgery name	CLASS
Tracheorrhaphy / tracheostoma closure / tracheal plastics	3171	Suturing a tear in the trachea	II
	3172	Closure of external trachea fistula	
	3173	Closure of another fistula of the trachea	
	3179	Other repair and plastic surgery of the trachea	
Laryngeal nerve resection, tracheoesophageal fistulisation, other larynx Surgeries	3199	Other surgeries of the trachea	III
	3191	Laryngeal nerve resection	
	3195	Tracheoesophageal fistulisation	
	3198	Other larynx surgeries	
Laryngeal or tracheal stent replacement	3193	Laryngeal or tracheal stent replacement	III
Plication of emphysematous bubbles	3221	Plication of emphysematous bubbles	III
Lung resections and removal of bronchial or lung lesions	3209	Other local removal or demolition of lesion or tissue of the bronchi	V
	3229	Other local excision or demolition of lung lesion or tissue	
	323	Segmental resection of the lung	
Lung Lobectomy	324	Lung lobectomy	V
Pneumonectomy	325	Complete pneumonectomy	V
	329	Other lung removal	
Endoscopic bronchial or pulmonary excision and demolition	3201	Endoscopic removal or demolition of bronchial lesion or tissue	I
	3228	Endoscopic removal or destruction of lung lesion or tissue	
Surgical collapse of the lung	3339	Other surgical collapse of the lung	I
Thoracoplasty	3334	Thoracoplasty	III
Bronchial repair and plastic surgery	3348	Other repair and plastic surgery of the bronchi	IV
	3398	Other bronchial surgeries	
Lung transplantation	335	Lung transplantation	VII
Heart-lung block transplantation	336	Combined heart-lung transplantation	VII
Thoracotomy	3402	Exploratory thoracotomy	III
	3409	Another incision of the pleura	
Mediastinal incision/excision	343	Removal or demolition of mediastinal lesion and tissue	V
Thoracectomy	344	Excision or demolition of chest wall lesion	III
Lung and pleural decortication	3451	Decortication of the lung	III
	3459	Other removal of the pleura	
Chest wall repair or plastic surgery	3471	Thoracic wall tear suture	III
	3473	Closure of other chest fistula	
	3479	Other chest wall repair	
	3499	Other chest Surgeries	



Surgeries of the respiratory system (30-34)

Surgery type	ICD9	Surgery name	CLASS
Repairing the diaphragm	3481	Removal of lesion or tissue of the diaphragm	V
	3483	Closure of diaphragm fistula	
	3485	Pace-maker implantation in the diaphragm	
	3489	Other diaphragm surgeries	
Thoracentesis	3491	Thoracentesis	I

Surgeries of the cardiovascular system (35-39)

Surgery type	ICD9	Surgery name	CLASS
Closed-heart valvulotomy	350	Closed-heart valvulotomy	V
Open-heart valvuloplasty, heart valve replacement	3510	Open-heart valvuloplasty without replacement, valve not specified	IV
	3512	Open-heart mitral valve valvuloplasty without replacement	
	3520	Unspecified heart valve replacement	
	3521	Aortic valve replacement with bioprosthesis	
	3522	Other aortic valve replacement with prosthesis	
	3523	Mitral valve replacement with bioprosthesis	
	3524	Mitral valve replacement with prosthesis	
	353	Surgeries of structures adjacent to heart valves	
Other surgeries on valves and septa of the heart	3596	Percutaneous valvuloplasty	IV
Coronary angioplasty and/or single and/or multiple coronary atherectomy with or without stents	3602	Percutaneous transluminal single vessel coronary angioplasty [PTCA] or coronary arterectomy with mention of thrombolytic agent	III
	3605	Percutaneous transluminal coronary angioplasty on multiple vessels [PTCA] or coronary atherectomy performed during the same operation, with or without mention of thrombolytic agent	
	3606	Stent insertion in the coronary artery	
Aortocoronary bypass of a coronary artery, cardiac revascularisation, other heart vessel Surgeries	3610	Aortocoronary bypass for cardiac revascularisation, without further indications	V
	3611	Aortocoronary bypass of a coronary artery	
	3619	Other bypass for cardiac revascularisation	
	369	Other surgeries of the vessels of the heart	
Aortocoronary bypass of multiple coronary arteries	3612	Aortocoronary bypass of two coronary arteries	VI
	3613	Aortocoronary bypass of three coronary arteries	
	3614	Aortocoronary bypass of four or more coronary arteries	
	3615	Single internal mammary bypass - coronary artery	
	3616	Double internal mammary bypass - coronary artery	
Pericardiocentesis	370	Pericardiocentesis	I



Surgeries of the cardiovascular system (35-39)			
Surgery type	ICD9	Surgery name	CLASS
Cardiotomy and pericardiotomy	3711	Cardiotomy	II
	3712	Pericardiotomy	
Pericardiectomy and excision of heart lesion	3731	Pericardiectomy	V
	3734	Catheter removal of a lesion or tissue of the heart	
	374	Heart and pericardium repair	
Heart transplant	375	Heart transplant	VII
Implantation / replacement of assisted circulation systems	3762	Implantation of other assisted circulation systems	V
	3763	Replacement and repair of assisted circulation systems	
Temporary and/or permanent, initial or replacement pace-maker insertion	3771	Initial transvenous electrode insertion in the ventricle	III
	3772	Initial insertion of transvenous electrodes in the atrium or ventricle	
	3778	Temporary transvenous pacemaker insertion	
	3779	Revision or repositioning of pace-maker pocket	
	3780	Permanent pace-maker insertion, initial or replacement, instrument type not specified	
	3781	Initial insertion of single-chamber device, not specified as a response frequency	
	3782	Initial insertion of single-chamber device, response frequency	
	3783	Initial insertion of double chamber, atrio-ventricle sequential device	
	3785	Replacement of any pace-maker with a single-chamber device not specified as a response frequency	
	3786	Replacement of any pace-maker with single-chamber device, response frequency	
Implantation or replacement of defibrillator	3787	Replacement of any pace-maker with a dual chamber	III
	3794	Implantation or replacement of automatic defibrillator, total system [AICD].	
Incision or resection of vessels of the limbs and head and neck	3798	Replacement of automatic defibrillator pulse generator only	V
	3802	Engraving of other vessels of the head and neck	
	3803	Incision of other vessels of the upper limb	
	3808	Incision of arteries of the lower limb	
	3809	Incision of veins of the lower limb	
Incision or resection of vessels of the limbs and head and neck	3832	Resection of other vessels of the head and neck with anastomosis	V
	3833	Upper limb vessel resection with anastomosis	
	3838	Resection of lower limb arteries with anastomosis	
	3842	Resection of other head and neck vessels with replacement	
	3843	Upper limb vessel resection with replacement	
	3848	Lower limb artery resection with replacement	



Surgeries of the cardiovascular system (35-39)

Surgery type	ICD9	Surgery name	CLASS
Intracranial vessel incision/ resection	3801	Incision of intracranial vessels	VI
	3831	Intracranial vessel resection with anastomosis	
	3841	Intracranial vessel resection with replacement	
Incision of aorta or thoracic and abdominal vessels	3804	Incision of the aorta	VI
	3805	Incision of other thoracic vessels	
	3806	Incision of abdominal arteries	
	3807	Incision of abdominal veins	
	3844	Resection of the aorta, abdominal with replacement	
	3845	Resection of other thoracic vessels with replacement	
Endoarteriectomy	3812	Endoarteriectomy of other vessels of the head and neck	IV
	3818	Endoarteriectomy of lower limb arteries	
Ligation and stripping of varicose veins	3850	Ligation and stripping of varicose veins, location not specified	II
	3859	Ligation and stripping of varicose veins of the lower limb	
Intracranial varicose vein ligation	3851	Ligation of intracranial varicose veins	III
Ligation of thoracic and abdominal varicose veins	3855	Ligation of thoracic varicose veins	III
	3857	Ligation of abdominal varicose veins	
Removal of arteries and/or veins on the neck or limbs	3862	Other removal of other vessels of the head and neck	III
	3869	Other removal of veins of the lower limb	
Excision of arteries and/or veins on the thoracic and abdominal sides	3864	Other removal of the aorta, abdominal	VI
	3865	Other thoracic vessel removal	
Surgical occlusion of intracranial arteries and/or veins or of the neck or chest or abdomen or limbs	387	Interruption of the vena cava	III
	388	Other surgical occlusion of vessels	
Non-coronary vascular anastomoses or bypasses	390	Systemic pulmonary arterial anastomosis	IV
	391	Intra-abdominal venous anastomosis	
	3925	Aorto-iliac-femoral bypass	
	3929	Other (peripheral) anastomoses or vascular bypasses	
Extra-intracranial vascular bypass	3928	Extracranial-intracranial vascular bypass (EC-IC)	V
Suturing of vessels and/or arteries, removal or revision of arteriovenous anastomoses	3927	Arteriovenostomy for renal dialysis	I
	3931	Artery suture	
	3932	Vein suture	
	3942	Revision of arteriovenous anastomosis for renal dialysis	
	3943	Removal of arteriovenous anastomosis for renal dialysis	
	3949	Another review of vascular surgeries	



Surgeries of the cardiovascular system (35-39)

Surgery type	ICD9	Surgery name	CLASS
Angioplasty or atherectomy of non-coronary vessel	3950	Angioplasty or atherectomy of non-coronary vessel	IV
Aorta dissection surgery	3954	Aorta dissection surgery	VI
Repairing blood vessels with patches of any kind	3951	Clipping of aneurysms	II
	3952	Other aneurysm repair	
	3953	Arteriovenous fistula repair	
	3957	Blood vessel repair with synthetic patch	
Percutaneous cardiopulmonary bypass and ECMO	3959	Other vessel repair	V
	3965	Extracorporeal membrane oxygenation [ECMO].	
	3966	Percutaneous cardiopulmonary bypass	
Surgeries on the carotid glomus and other vascular glomas	398	Surgeries on the carotid glomus and other vascular glomas	III
Stent insertion on non-coronary artery	3990	Stent insertion on non-coronary artery	III
Insertion and/or replacement of intervascular cannulae or debridement of vessels	3991	Potty debridement	I
Other surgeries of vessels	3999	Other surgeries of vessels	I

Surgeries of the digestive system (42-54)

Surgery type	ICD9	Surgery name	CLASS
Esophagostomy	420	Esophagotomy	VI
	421	Esophagostomy	
Local excision of lesion or tissue of the oesophagus (excluding endoscopic)	423	Local excision or demolition of lesion or tissue of the oesophagus	IV
Endoscopic removal or demolition of oesophageal lesion or tissue	4233	Endoscopic removal or demolition of oesophageal lesion or tissue	I
Total oesophagectomy	4242	Total oesophagectomy	VII
	4240	Esofagectomia, without further indications	
	4241	Partial oesophagectomy	
	425	Intrathoracic anastomosis of the oesophagus	
Total oesophagectomy	426	Presternal anastomosis of the oesophagus	VII
	427	Esophagomiotomy	
	428	Other oesophageal repair	
Ligation of oesophageal varices and/or oesophageal dilatation	4291	Ligation of oesophageal varices	I
	4292	Dilatation of the oesophagus	



Surgeries of the digestive system (42-54)

Surgery type	ICD9	Surgery name	CLASS
Gastrotomy and Percutaneous Gastrostomy	430	Gastrotomy	II
	4311	Percutaneous [endoscopic] gastrostomy [PEG]	
Removal/demolition of stomach tissue	434	Local removal or demolition of stomach lesion or tissue	V
	437	Partial gastrectomy with digiunal anastomosis	
Partial gastrectomy	4381	Partial gastrectomy with digiunal transposition	VI
	4389	Other partial gastrectomy	
Total gastrectomy	4391	Total gastrectomy with intestinal interposition	VI
	4399	Other total gastrectomy	
Vagotomy (any method)	440	Vagotomy	IV
Pyloroplasty and/or pyloric dilatation	442	Pyloroplasty	IV
	4439	Other gastroenterostomy without gastrectomy	
	4441	Suturing a gastric ulcer	
Peptic ulcer suture or gastric bypass	4442	Suturing a duodenal ulcer	IV
	4443	Endoscopic control of gastric or duodenal bleeding	
Endoscopic control of gastric or duodenal bleeding	4443	Endoscopic control of gastric or duodenal bleeding	I
	4465	Esophagogastroplasty	
Gastroplasty	4465	Esophagogastroplasty	V
	4466	Other Surgeries for the creation of oesophagogastric sphincter	
Insertion/removal of gastric bubble (balloon)	4493	Insertion of gastric bubble (balloon)	III
	4494	Removal of gastric bubble (balloon)	
Incision of the intestine	4500	Incision of the intestine, without further indications	I
Endoscopic removal or demolition of the small or large intestine	4542	Endoscopic polypectomy of the large intestine	I
	4543	Endoscopic demolition of other lesion or tissue of the large intestine	
Local removal or demolition of the small intestine	4531	Local removal of a duodenal lesion	IV
	4562	Other partial resection of the small intestine	
Local removal or destruction of the large intestine\ isolation of intestinal segment	454	Local removal or destruction of a lesion or tissue of the large intestine	V
	455	Isolation of intestinal segment	
Multiple segmental resection of the small intestine and total removal of the small intestine	4561	Multiple segmental resection of the small intestine	IV
	4563	Total removal of the small intestine	
Haemicolectomy/ colectomy or segmental colectomies	4572	Resection of the blind	VI
	4573	Right hemicolectomy	
	4574	Transverse colon resection	
	4576	Sigmoidectomy	
	4579	Other partial removal of the large intestine	
	458	Total intra-abdominal colectomy	



Surgeries of the digestive system (42-54)

Surgery type	ICD9	Surgery name	CLASS
Intestinal anastomoses and/or exteriorizations	4591	Small intestinal anastomosis	III
	4593	Other small intestinal anastomosis	
	4594	Large intestinal anastomosis	
	460	Externalisation of the intestine	
Colostomy and/or ileostomy	4610	Colostomy, without further indications	III
	4611	Temporary colostomy	
	4613	Permanent colostomy	
	462	Ileostomia	
	463	Other enterostomy	
Revision of artificial intestinal orifice, fixation of intestine to abdominal wall, other intestinal surgeries	464	Revision of artificial intestinal orifice	IV
	4651	Artificial small intestine orifice closure	
	4652	Artificial large intestine orifice closure	
	466	Fixation of the intestine	
	467	Other bowel repair	
	4685	Bowel dilatation	
Appendectomy and/or appendix surgery	4701	Laparoscopic appendectomy	III
	4709	Other appendectomy	
	4799	Other surgeries of the appendix	
Proctotomy	480	Proctotomy	I
Local removal of rectal lesion or tissue, endoscopic polypectomy	4835	Local removal of lesion or tissue of the rectum	I
	4836	[Endoscopic] polypectomy of the rectum	
Rectum resections	484	Rectum resection with pull-through	VI
	485	Abdominoperineal rectum resection	
	4862	Anterior rectal resection with simultaneous colostomy	
	4863	Other anterior resection of the rectum	
	4869	Other rectum resection	
Rectum repair and/or proctoplex	4874	Recto-rectostomy	III
	4876	Other proctopesses	
	4879	Other rectum repair	
	488	Incision and removal of perirectal lesion or tissue	
Incision of abscess, perianal fistula	489	Other surgeries of the rectum and perirectal tissues	II
	4901	Incision of perianal abscess	
	4904	Other removal of perianal tissue	
	4911	Anal fistulotomy	
	4912	Anal fistulectomy	



Surgeries of the digestive system (42-54)

Surgery type	ICD9	Surgery name	CLASS
Endoscopic removal or demolition of lesion or tissue of the anus	4939	Other local removal or demolition of lesion or tissue of the anus	I
Surgeries on haemorrhoids	4945	Hemorrhoid ligation	II
	4946	Removal of haemorrhoids	
	4947	Removal of thrombosed haemorrhoids	
	4949	Other haemorrhoid Surgeries	
Anal sphincterotomy, anus repair, anal prolapse reduction	495	Sphincterotomy	II
	496	Removal of the anus	
	497	Anus repair	
	4994	Reduction of anal prolapse	
Partial hepatectomy and/or lobectomy of the liver	5022	Partial hepatectomy	IV
	5029	Other demolition of liver injury	
	503	Liver lobectomy	
Liver transplantation	5059	Another liver transplant	VII
Liver repair	506	Liver repair	IV
	5091	Percutaneous aspiration of the liver	
	5099	Other liver Surgeries	
Cholecystotomy and cholecystostomy	510	Cholecystotomy and cholecystostomy	IV
Cholecystectomy (including intraoperative cholangiography)	5122	Cholecystectomy	III
	5123	Laparoscopic cholecystectomy	
Cholecyst or bile duct anastomosis	5131	Anastomosis between gallbladder and hepatic ducts	V
	5137	Anastomosis between hepatic duct and intestine	
	5139	Other bile duct anastomosis	
Incision of the bile duct and biliary tract	514	Bile duct incision for removal of occlusion	II
	515	Other bile duct incision	
	516	Local removal or demolition of lesion or tissue of the bile duct and sphincter of Oddi	
	517	Bile duct repairs	
	5185	Endoscopic sphincterotomy and papillotomy	
	5188	Endoscopic removal of stones from the biliary tract	
	5198	Other percutaneous surgeries of the biliary tract	
5199	Other biliary tract surgeries		



Surgeries of the digestive system (42-54)

Surgery type	ICD9	Surgery name	CLASS
Sphincterotomy and pancreatic sphincteroplasty	5182	Pancreatic sphincterotomy Incision of the pancreatic sphincter	III
Pancreatic cyst and other pancreas Surgeries	522	Local removal or demolition of the pancreas and pancreatic duct	IV
	523	Marsupialisation of pancreatic cyst	
	524	Internal drainage of pancreatic cysts	
	529	Other pancreas Surgeries	
Partial or total pancreatectomy (including lymphadenectomy)	5251	Proximal pancreatectomy	VI
	5252	Distal pancreatectomy	
	527	Radical pancreaticoduodenectomy	
Pancreas transplantation	5280	Pancreas transplantation, without further indications	VII
	5282	Homologous pancreas transplantation	
	5283	Heterologous pancreas transplantation	
Unilateral abdominal wall hernia (inguinal, crural, etc.)	5300	Unilateral inguinal hernia repair, without further indications	III
	5301	Unilateral direct inguinal hernia repair	
	5302	Unilateral indirect inguinal hernia repair	
	5303	Unilateral direct inguinal hernia repair with graft or prosthesis	
	5304	Unilateral indirect inguinal hernia repair with graft or prosthesis	
Unilateral abdominal wall hernia (inguinal, crural, etc.)	5305	Unilateral inguinal hernia repair with graft or prosthesis, without further indications	III
	5321	Unilateral crural hernia repair with graft or prosthesis	
	5329	Other unilateral crural herniorrhaphy	
	5341	Umbilical hernia repair with prosthesis	
	5349	Other umbilical herniorrhaphy	
	5359	Repair of other anterior abdominal wall hernia	
	5369	Repair of other anterior abdominal wall hernia with prosthesis	
Abdominal wall hernia (inguinal, crural, etc.) bilateral	5310	Bilateral inguinal hernia repair, without further indications	IV
	5312	Bilateral indirect inguinal hernia repair	
	5314	Bilateral direct inguinal hernia repair with graft or prosthesis	
	5315	Bilateral indirect inguinal hernia repair with graft or prosthesis	
	5316	Bilateral one direct and one indirect inguinal hernia repair with graft or prosthesis	
	5317	Bilateral inguinal hernia repair with graft or prosthesis, without further indications	
	533	Bilateral crural hernia repair	
Incision hernia repair (laparocoele)	5351	Incision hernia repair	III
	5361	Incision hernia repair with prosthesis	



Surgeries of the digestive system (42-54)

Surgery type	ICD9	Surgery name	CLASS
Diaphragmatic hernia repair, other hernia repair, abdominal wall incision	537	Abdominal diaphragmatic hernia repair	IV
	538	Thoracic diaphragmatic hernia repair	
	539	Other hernia repair	
Laparotomy	5411	Exploratory laparotomy	II
	5412	Reopening of recent laparotomy	
	5419	Other laparotomy	
Lysis of peritoneal adhesions, abdominal wall repair, peritoneal dialysis	540	Abdominal wall incision	II
	543	Excision or demolition of abdominal wall or navel lesion or tissue	
	544	Removal or demolition of peritoneal tissue	
	5451	Laparoscopic lysis of peritoneal adhesions	
	5459	Other lysis of peritoneal adhesions	
	5461	Resuture of postoperative abdominal wall diastasis	
	5472	Other abdominal wall repair	
	5493	Creation of cutaneoperitoneal fistula	
5498	Peritoneal dialysis		

Surgeries of the blood and lymphatic system (40-41)

Surgery type	ICD9	Surgery name	CLASS
Lymphadenectomy site not described	400	Incision of lymphatic structures	I
	4029	Simple removal of other lymph structures	
	403	Removal of regional lymph nodes	
	4059	Radical removal of other lymph nodes	
	409	Other surgeries of lymphatic structures	
Unilateral, latero-cervical or supraclavicular lymphadenectomy	4021	Removal of deep cervical lymph nodes	III
	4041	Radical neck dissection, unilateral	
Bilateral supraclavicular lymphadenectomy	4042	Radical neck dissection, bilateral	II
Internal mammary lymphadenectomy	4022	Removal of internal mammary lymph nodes	III
Axillary lymphadenectomy	4023	Removal of axillary lymph nodes	III
	4051	Radical removal of axillary lymph nodes	
Inguinal lymphadenectomy	4024	Removal of inguinal lymph nodes	II
	4054	Radical dissection of the inguinal region	
Lumbar aortic pelvic lymphadenectomy	4052	Radical removal of periaortic lymph nodes	III
	4053	Radical removal of iliac lymph nodes	



Surgeries of the blood and lymphatic system (40-41)

Surgery type	ICD9	Surgery name	CLASS
Thoracic duct surgery	4069	Other thoracic duct surgeries	III
Bone marrow transplantation	4101	Autologous bone marrow transplantation	III
	4103	Allogeneic bone marrow transplantation without purging	
	4104	Autologous haematopoietic stem cell transplantation	
Spleen surgery	412	Splenectomy	IV
		Partial splenectomy	
	415	Total splenectomy	
		Other spleen Surgeries	

Surgeries of the urinary system (55-59)

Surgery type	ICD9	Surgery name	CLASS
Nephrotomies and/or nephrostomy	5501	Nephrotomy	III
	5502	Surgical nephrostomy	
Percutaneous nephrostomy	5503	Percutaneous nephrostomy without fragmentation	II
	5504	Percutaneous nephrostomy with fragmentation	
Pyelectomy or pyelolithotomy	5511	Pyelectomy or pyelolithotomy	III
Partial nephrectomy	5539	Other removal of renal parenchyma lesion	V
	554	Partial nephrectomy (without ureterectomy)	
Total nephrectomy	5551	Nephroureterectomy	VI
Renal transplantation	5569	Heterotransplantation (regardless of cadaver or living person)	VII
Repair and/or closure of renal fistula/stomy	557	Nefropessia	IV
	5587	Pyeloplastics	
	5591	Renal decapsulation	
Renal aspiration, replacement of nephrostomy drainage	5592	Percutaneous renal aspiration	I
	5593	Replacement of nephrostomy drainage	
Endoscopic ureter and renal pelvis papillotomy or meatotomy, endoscopic ureterotomy	560	Endoscopic extraction from the ureter and renal pelvis of: blood clot, stone, foreign body	I
	561	Ureteral papillotomy or meatotomy (endoscopic and non-endoscopic)	
	5681	Endoscopic ureterotomy	
Ureterectomy	564	Ureterectomy	IV
Ureterostomy	565	Cutaneous uretero-ileostomy	V
	566	Other urinary shunts	
	5674	Direct uretero-neocystostomy, with antireflux plastic or with bladder flap	
	5679	Other anastomosis or ureter bypass	



Surgeries of the urinary system (55-59)

Surgery type	ICD9	Surgery name	CLASS
Ureterotomy, repair of ureteral lesions	562	Ureterotomy	II
	5689	Other ureter repair	
Ureteral stimulator implantation or replacement, other ureteral surgery	5692	Ureteral stimulator implantation	II
	5699	Other ureter surgeries	
Cystotomy, cystostomy, vesicostomy	5717	Percutaneous cystostomy	I
	5719	Another cystotomy	
	572	Vescicostomia	
Trans urethral bladder resection	574	Transurethral removal or demolition of bladder tissue	III
Partial or radical cystectomy	576	Partial cystectomy	VI
	5771	Radical cystectomy	
Vesicogenital or perineal fistula closure	5784	Vesicogenital or perineal fistula closure	V
Bladder reconstructions and plastics	5788	Other bladder reconstructions	IV
	5789	Other bladder plastic surgery Bladder suspension	
Bladder sphincterotomy and other bladder Surgeries	5791	Bladder sphincterotomy.	II
	5799	Other bladder Surgeries	
Implantation and removal of bladder stimulator	5796	Electric bladder stimulator implant	III
Urethrotomy, meatotomy, endoscopic urethrotomy	580	Urethrotomy	I
	581	Urethral meatotomy	
	585	Endoscopic urethrotomy	
Removal or demolition of lesion or tissue of the urethra	5831	Endoscopic removal or demolition of urethral lesion or tissue	I
	5839	Other local removal or demolition of lesion or tissue of the urethra	
Repair of urethral tissue of the urethra	5846	Other urethral reconstructions	IV
	5847	Urethral meatoplasty	
	5849	Other urethral repair	
	586	Urethral dilatation	
Implantation or repositioning of sphincter prostheses	5893	Implantation or repositioning of sphincter prostheses	III
Surgeries on the retroperitoneum and/or lysis of perivisceral adhesions	590	Surgeries of the retroperitoneum	III
	591	Surgeries of perivesical tissue	
Colpoplasty (Kelly) for urinary incontinence or colposuspension	593	Colpoplasty (Kelly) for urinary incontinence	III
	594	Suprapubic urethral suspension with sling	
	595	Retropubic urethral suspension (Marshall)	
	596	Paraurethral colposuspension	
	5972	Implant for injection into the urethra and/or bladder neck	
	5979	Other repair for stress urinary incontinence	



Surgeries of the urinary system (55-59)

Surgery type	ICD9	Surgery name	CLASS
Surgical repositioning of ureterostomy drainage, pig-tail	5993	Surgical repositioning of ureterostomy drainage, pig-tail	I
Lithotripsy	5995	Ultrasonic or electro-hydraulic lithotripsy	IV

Surgeries of the male genital organs (60-64)

Surgery type	ICD9	Surgery name	CLASS
Transurethral prostatectomy	6021	Laser-guided transurethral prostatectomy (with ultrasound) (TULIP)	IV
	6029	Other transurethral prostatectomy	
Prostate adenomectomy, (except endoscopic)	603	Transvesical adenomectomy	IV
	604	Retropubic adenomectomy	
Radical prostatectomy	605	Radical prostatectomy	VI
Seminal vesicle surgery	607	Seminal vesicle surgery	II
Other prostate surgery Prostate abscess drainage or prostate repair	609	Other prostate surgeries	III
Surgeries of the scrotum and vaginal tunic, removal of hydrocele	612	Removal of hydrocele (of the vaginal tunic)	II
	613	Removal or demolition of part of the scrotal tissue	
	614	Repair of the scrotum and vaginal tunic	
	6199	Other surgeries of the scrotum and vaginal tunic	
Monobilateral orchidectomy	622	Removal or demolition of testicular lesion	II
	623	Unilateral orchidectomy	
	624	Bilateral orchidectomy	
Testicular fixation	625	Orchiopessi	II
Suture testicle laceration	6261	Suture of testicle laceration	II
Testicular prosthesis insertion	627	Testicular prosthesis insertion	I
Other surgeries of the testicle	6291	Testicle aspiration	I
Surgeries on the spermatic cord, epididymis and vas deferens and/or removal of epididymis cysts hydrocele	631	Removal of varicocele and hydrocele of the spermatic cord	III
	632	Removal of epididymis cyst or spermatocele	
	633	Removal of other lesion or tissue of the spermatic cord and epididymis	
	634	Epididymectomy	
	6352	Derotation of the funiculus and testicle	
	638	Repair of the vas deferens and epididymis	
Vasotomy and vasostomy or vasectomy	636	Vasotomy and vasostomy	II
	637	Vasectomy and ligation of the vas deferens	
Circumcision	640	Circumcision	II
Penile demolition surgery	642	Removal or demolition of penile injury	III



Surgeries of the female genital organs (65-71)

Surgery type	ICD9	Surgery name	CLASS
Tubal insufflation and dilation	668	Tubal insufflation	II
	6696	Tubal dilatation	
Local removal or demolition of ovarian lesion or tissue, including ovariectomy and other Surgeries on the ovary	650	Ovariectomy	IV
	6522	Wedge-shaped resection of the ovary	
	6523	Laparoscopic marsupialisation of ovarian cysts	
	6524	Laparoscopic wedge-shaped ovarian cyst resection	
	6525	Other local laparoscopic removal or destruction of the ovary	
	6529	Other local removal or demolition of the ovary	
	657	Ovary repair	
	6591	Ovary aspiration	
Unilateral adnexectomy	6531	Unilateral laparoscopic ovariectomy	III
	6539	Other unilateral ovariectomy	
Unilateral salpingo annexectomy	6541	Unilateral laparoscopic salpingo-oophorectomy	III
	6549	Other unilateral salpingo-oophorectomy	
Bilateral adnexectomy	655	Bilateral ovariectomy	III
Bilateral salpingo-annexectomy	6561	Other removal of both ovaries and tubes in the same surgery	IV
	6563	Laparoscopic removal of both ovaries and tubes in the same surgery	
Lysis of salpingo-tubal adhesions\ Salpingotomy and salpingostomy	6581	Laparoscopic lysis of ovarian and tubal adhesions	III
	660	Salpingotomy and salpingostomy	
Bilateral tubal demolition or occlusion, including endoscopically	6621	Bilateral endoscopic tubal ligation and clamping	III
	6622	Bilateral endoscopic tubal ligation and sectioning	
	6629	Other bilateral endoscopic tubal demolition or occlusion	
Salpingectomy and other tubal Surgeries	664	Unilateral total salpingectomy	III
	665	Total bilateral salpingectomy	
	669	Other tube surgeries	
Salpingectomy with removal of ectopic pregnancy	6662	Salpingectomy with removal of ectopic pregnancy	II
Salpingoplasty	6576	Laparoscopic salpingo-oophorectomy	III
Cervical canal dilatation	670	Dilatation of the cervical canal	I
Cervical conization	672	Conization of cervix	II
	6739	Other removal or demolition of lesion or tissue of the cervix	
	6761	Suturing of laceration of the cervix	
	6762	Repair of fistula of the cervix	
	6732	Destruction of cervical lesion by cautery	
Repair and/or demolition of cervical tissue, removal of the cervix	674	Removal of the cervix	II



Surgeries of the female genital organs (65-71)			
Surgery type	ICD9	Surgery name	CLASS
Cervical cerclage	675	Repair of internal cervical ostium	I
Removal or destruction of uterine lesion or tissue	6821	Division of endometrial synechiae	II
	6823	Endometrial ablation	
	6829	Other removal or destruction of uterine lesion	
	6999	Other surgeries of the cervix and uterus	
Subtotal abdominal hysterectomy	683	Subtotal abdominal hysterectomy	III
Total hysterectomy	684	Total abdominal hysterectomy	IV
	6851	Laparoscopically assisted vaginal hysterectomy (LAVH)	
	6859	Other vaginal hysterectomy	
	689	Other and unspecified hysterectomy	
Radical hysterectomy	686	Radical abdominal hysterectomy	V
	687	Radical vaginal hysterectomy	
Pelvic exenteration	688	Pelvic exenteration	VI
Uterine dilatation/curettage	6909	Uterine dilatation or curettage	II
	691	Removal or destruction of lesion or tissue of the uterus and supporting structures	
	6959	Other uterine curettage by aspiration	
Repair of the uterus and/or uterine support structures	692	Repair of uterine support structures	III
	693	Paracervical uterine denervation	
	694	Uterine repair	
Removal of foreign bodies from the cervix	6997	Removal of foreign bodies from the cervix	II
Vagina and cul-de-sac incision	700	Culdocentesis	II
	701	Vagina and cul-de-sac incision	
Local removal or destruction of the vagina and cul-de-sac	7032	Removal or destruction of cul de sac lesion	V
	7033	Removal or destruction of a vaginal lesion	
Obliteration and total removal of the vagina	704	Obliteration and total removal of the vagina	VI
Repair of cystocele and rectocele	7050	Repair of cystocele and rectocele	II
	7051	Repair of cystocele	
	7052	Rectocele repair	
Reconstruction and repair of the vagina and cul-de-sac	7062	Vaginal reconstruction	IV
	7071	Vagina tear sutures	
	7077	Vagina suspension and fixation	
	7079	Other vagina repair	



Surgeries of the female genital organs (65-71)

Surgery type	ICD9	Surgery name	CLASS
Removal or other destruction of the Bartholin gland	7122	Bartolin gland cyst incision	II
	7123	Marsupialisation of Bartholin gland cysts	
	7124	Removal or other destruction of cysts of the Bartholin's gland	
Vulvectomy	715	Radical vulvectomy	III
	7161	Unilateral vulvectomy	
	7162	Bilateral vulvectomy	

Surgeries of the musculoskeletal system (76-84)

Surgery type	ICD9	Surgery name	CLASS
Mandiblectomies, facial bone grafts	7631	Partial mandiblectomy	VI
	7641	Total mandiblectomy with simultaneous reconstruction	
	7691	Bone grafting on facial bones	
Other surgeries on the bones and joints of the face	7609	Another facial bone incision	II
	762	Local removal or demolition of facial bone lesions	
Other surgeries on the bones and joints of the face	7639	Partial osteotomy of other bones of the face	II
	7662	Open osteoplasty [osteotomy] of the ascending ramus of the mandible	
	7665	Segmental osteoplasty [osteotomy] of the jaw	
	7666	Total osteoplasty [osteotomy] of the jaw	
	7672	Open reduction of zygomatic and malar fracture	
	7676	Open reduction of mandibular fracture	
	7679	Other open reduction of facial fracture	
Other bone incisions, wedge-shaped bone resections, local bone removals	7699	Other Surgeries on facial bones and joints	III
	771	Other bone incision, osteotomy	
	7721	Cuneiform resection of the scapula, clavicle and thorax (ribs and sternum)	
	7723	Cuneiform resection of radius and ulna	
	7727	Cuneiform resection of the tibia and fibula	
	7728	Cuneiform resection of the tarsus and metatarsus	
	7737	Other section of the tibia and fibula	
	7738	Other section of the tarsus and metatarsus	
	7760	Local removal of lesion or bone tissue, location not specified	
	7761	Local removal of injury or tissue of the scapula, clavicle and thorax (ribs and sternum)	
7764	Local removal of lesion or tissue on carpus and metacarpus		
7765	Local removal of lesion or tissue of the femur		



Surgeries of the musculoskeletal system (76-84)			
Surgery type	ICD9	Surgery name	CLASS
Other bone incisions, wedge-shaped bone resections, local bone removals	7767	Local removal of lesion or tissue of tibia and fibula	III
	7768	Local removal of lesion or tissue of tarsus and metatarsus	
	7769	Local removal of lesion or tissue of other bones, excluding facial bones	
	7779	Taking other bones for grafting	
	778	Other partial osteotomy	
Sequestrectomies, ostectomies	770	Sequestrectomy	IV
	779	Total ostectomy	
Excision of bursitis with soft tissue correction and osteotomy of the first metatarsal (hallux valgus)	7751	Excision of bursitis with soft tissue correction and osteotomy of the first metatarsal	III
	7753	Other bursitis removal with soft tissue correction	
	7754	Removal or correction of bursitis	
	7759	Other removal of bursitis	
Bone grafting (any site)	7800	Bone graft, site not specified	II
	7802	Bone graft of the humerus	
	7805	Femur bone graft	
	7807	Bone graft of the tibia and fibula	
	7809	Bone grafting of other bones	
Application of external fixer	7812	Application of external fixator of the humerus	I
	7815	Application of external femur fixator	
	7817	Application of external fixator of tibia and fibula	
	7813	Application of external fixator of radius and ulna	
	7814	Application of external carpal and metacarpal fixator	
	7819	Application of external fixator of other bone	
Other repair or plastic surgery of bone	7841	Other repair or plastic surgery of scapula, clavicle and thorax (ribs and sternum)	V
	7845	Other repair or plastic surgery of the femur	
	7848	Other repair or plastic surgery of tarsus and metatarsus	
	7849	Other repair or plastic surgery of other bones	
Internal fixation without fracture reduction	7858	Internal fixation of tarsus and metatarsus without fracture reduction	IV
	7859	Internal fixation of other bone, without fracture reduction	
Fracture reduction with internal fixator without surgery being required	7911	Humerus fracture reduction with internal fixation without surgery being required	III
	7912	Fracture reduction of radius and ulna, with internal fixation without surgery being required	
	7913	Fracture reduction of carpus and metacarpus, with internal fixation without surgery being required	



Surgeries of the musculoskeletal system (76-84)			
Surgery type	ICD9	Surgery name	CLASS
Fracture reduction with internal fixator without surgery being required	7914	Fracture reduction of the phalanges of the hand, with internal fixation without surgery being required	III
	7915	Femur fracture reduction with internal fixation without surgery being required	
	7916	Fracture reduction of the tibia and fibula, with internal fixation without surgery being required	
	7917	Fracture reduction of the tarsus and metatarsus, with internal fixation without surgery being required	
	7918	Fracture reduction of the phalanges of the foot, with internal fixation without surgery being required	
Surgery fracture reduction and/or internal fixation of large segments	7926	Surgery fracture reduction of the tibia and fibula without internal fixation	IV
	7931	Surgery reduction of humerus fracture with internal fixation	
	7934	Surgery fracture reduction of the phalanges of the hand, with internal fixation	
	7935	Surgery reduction of femur fracture with internal fixation	
	7936	Surgery fracture reduction of tibia and fibula, with internal fixation	
	7937	Surgery fracture reduction of tarsus and metatarsus, with internal fixation	
	7938	Surgery reduction of fractured phalanges of the foot, with internal fixation	
Surgery fracture reduction and/or mid-segment internal fixation	7930	Surgery fracture reduction with internal fixation in an unspecified location	III
	7932	Surgery fracture reduction of radius and ulna, with internal fixation	
	7933	Surgery fracture reduction of the carpus and metacarpus with internal fixation	
Surgery fracture reduction and/or internal fixation small segments	7959	Surgery reduction of epiphysiolysis of other specified bone	II
Exposed fracture debridement, unspecified surgery of injury of tibia, fibula, tarsus, metatarsus	7996	Unspecified surgeries of tibia and fibula injury	I
	7981	Surgery reduction of shoulder dislocation	
	7982	Surgery reduction of elbow dislocation	
	7983	Surgery reduction of wrist dislocation	
	7987	Surgery reduction of ankle dislocation	
Surgery reduction of dislocation	7988	Surgery reduction of foot and toe dislocation	V
	8016	Other knee arthrotomy	
Arthrotomy also for removal of prostheses	8016	Other knee arthrotomy	II



Surgeries of the musculoskeletal system (76-84)			
Surgery type	ICD9	Surgery name	CLASS
Arthroscopy	8021	Shoulder arthroscopy	III
	8023	Wrist arthroscopy	
	8026	Knee arthroscopy	
	8027	Ankle arthroscopy	
Incision of joint capsule, ligaments or cartilage, including correction of metatarsus varus	8044	Incision of joint capsule, ligaments or cartilage of the hand and fingers	I
	8046	Incision of joint capsule, ligaments or cartilage of the knee	
Intervertebral disc removal	8050	Intervertebral disc removal or demolition, not specified if with anterior interbody arthrodesis	V
	8051	Intervertebral disc removal	
Chemionucleolysis	8052	Intervertebral chemionucleolysis	III
Other intervertebral disc destruction	8059	Other intervertebral disc destruction	II
Removal of semilunar cartilage of the knee, synovectomies of the knee, shoulder, elbow, wrist, ankle, hand	806	Removal of semilunar cartilage of the knee	III
	8076	Knee synovectomy	
	8073	Wrist synovectomy	
	8074	Synovectomy of the hand and fingers	
	8077	Ankle synovectomy	
Other local removal or destruction of joint injuries	8081	Other local removal or destruction of shoulder joint injury	IV
	8082	Other local removal or destruction of elbow joint injury	
	8083	Other local excision or destruction of wrist joint injury	
	8086	Other local removal or destruction of knee joint injury	
	8096	Other knee joint removal	
Dorsal, lumbar and sacral arthrodeses with anterior approach	8104	Dorsal and dorsolumbar arthrodesis, anterior approach	VII
	8106	Arthrodesis of the lumbar and lumbosacral vertebrae, anterior approach	
Other vertebral arthrodeses	8100	Spinal arthrodesis, without further indications	VI
	8105	Dorsal and dorsolumbar arthrodesis, posterior approach	
	8107	Lumbar and lumbosacral arthrodesis, transverse lateral process approach	
	8108	Lumbar and lumbosacral arthrodesis, posterior approach	
	8109	Column recasting at any level and with any approach	
	8101	Atlanto-epistrophic arthrodesis	
	8102	Other cervical arthrodesis, with anterior approach	
	8103	Other cervical arthrodesis, with posterior approach	



Surgeries of the musculoskeletal system (76-84)

Surgery type	ICD9	Surgery name	CLASS
Arthrodesis (hand, elbow, shoulder, hip, knee, ankle and foot)	811	Foot and ankle arthrodesis	III
	812	Arthrodesis of other joint	
	8144	Patella stabilisation	
	8149	Other ankle repair	
Knee ligament repair/reconstruction	8142	Five-in-One Knee Repair	IV
	8143	Knee triad repair	
Other knee ligament repair	8145	Another cruciate ligament repair	III
	8146	Other collateral ligament repairs	
	8147	Other knee repair	
Joint replacement and/or revision (except hip and shoulder)	8154	Total knee replacement	V
	8155	Knee replacement revision	
	8157	Foot and big toe joint replacement	
	8159	Revision of lower extremity joint replacement, not elsewhere classified	
	8171	Metacarpophalangeal and interphalangeal joint arthroplasty with implant	
	8172	Metacarpophalangeal and interphalangeal joint arthroplasty without implant	
	8174	Arthroplasty of the carpocarpal or carpometacarpal joint with implant	
	8175	Arthroplasty of the carpocarpal or carpometacarpal joint without implant	
Other surgeries of joint structures	8179	Other hand, finger and wrist repairs	III
	8193	Suture of the capsule or ligaments of the upper limb	
	8194	Suture of the capsule or ligament of the ankle and foot	
	8196	Other joint repair	
Total and revision hip replacement	8151	Total hip replacement	VI
	8153	Hip replacement revision	
Partial hip replacement	8152	Partial hip replacement	IV
Shoulder replacement (arthroplasty)	8180	Total shoulder replacement (with synthetic prosthesis)	V
Partial shoulder replacement (arthroplasty)	8181	Partial shoulder replacement (with synthetic prosthesis)	IV
Arthroplasty	8188	Arthroplasty and shoulder repair	V
Shoulder dislocation repair including acromioplasty	8182	Repair of recurrent shoulder dislocation	IV
Other shoulder repair	8183	Other shoulder repair	III
Rotator cuff repair	8363	Rotator cuff repair	IV



Surgeries of the musculoskeletal system (76-84)			
Surgery type	ICD9	Surgery name	CLASS
Incision of the tendon strips and soft tissues of the hand	8201	Exploration of the tendon fascia of the hand	II
	8209	Other soft tissue incision of the hand	
Section of band or soft tissue of the hand	8212	Fasciotomy of the hand Band section of the hand	II
	8219	Another section of soft tissue of the hand	
Tenotomy, hammer toe repair, tenoplasty, lysis of hand adhesions, fasciotomy	8286	Other hand tenoplasty	II
	8291	Lysis of adhesions of the hand Release of adhesions of fascia, muscle, tendon of the hand	
	8301	Exploration of the tendon fascia	
	8309	Other soft tissue incision	
	8311	Achilles tenotomy	
Excision of soft tissue or excision/separation of injury to muscles, tendons and fasciae of the hand	8313	Another tenotomy	II
	8314	Fasciotomy	
	8221	Excision of tendon fascia injury of the hand	
	8229	Excision of other soft tissue lesions of the hand	
	8231	Hand bursectomy	
Suturing of muscles, tendons and bands of the hand	8233	Other hand tendinectomy	I
	8235	Other hand fascectomy	
	8239	Other soft tissue removal of the hand	
	8242	Deferred suturing of hand flexor tendons	
	8243	Deferred suturing of other tendons of the hand	
Transplantation of hand muscles and tendons, thumb reconstruction surgery complete with nerves and blood vessels, or plastic surgery of the hand with grafting or implantation of muscle or muscle fascia. Transfer of fingers, except thumb	8244	Other suture of the hand flexor tendons	IV
	8245	Suturing of other tendons of the hand	
	8256	Other hand tendon transfer or transplantation	
	8257	Other transposition of hand tendons	
	8261	Reconstruction surgery of the thumb complete with nerves and blood vessels	
More plastic surgery of the hand	8272	Plastic surgery of the hand with muscle or muscle band grafting	II
	8281	Transfer of fingers, except thumb	
Excision of injury to muscles, tendons, fascia and bursae or suturing of muscles, tendons, fascia or reconstruction and/or grafting of muscles and tendons (excluding hand)	8279	Plastic surgery of the hand with another graft or implant	III
	8331	Excision of lesion of tendon strips	
	8332	Excision of muscle injury	
	8339	Removal of other soft tissue lesions	
	8342	Other tendinectomy	
8349	Other soft tissue removal		
	835	Borsectomia	



Surgeries of the musculoskeletal system (76-84)

Surgery type	ICD9	Surgery name	CLASS
Excision of injury to muscles, tendons, fascia and bursae or suturing of muscles, tendons, fascia or reconstruction and/or grafting of muscles and tendons (excluding hand)	8362	Deferred tendon suturing	III
	8363	Rotator cuff repair	
	8364	Other tendon sutures	
	8365	Other suturing of muscles or fascia Repair of diastasis of the rectus	
	8373	Reinsertion of tendons	
	8375	Tendon transplantation or transplantation	
	8385	Other changes in muscle and tendon length	
	8386	Quadriceps plastics	
	8388	Other plastic surgeries of tendons	
	8391	Lysis of adhesions of muscles, tendons, fascia and bursae	
8399	Other Surgeries on muscles, tendons, fascia and bags		
Amputations and/or disarticulations of the upper or lower limbs at various levels and stump revision	8402	Amputation and disarticulation of the thumb	V
	8410	Lower limb amputation, without further indications	
	8411	Toe amputation	
	8412	Foot amputation	
	8415	Another amputation below the knee	
	8417	Amputation above the knee	
	843	Amputation stump revision	
8499	Other Surgeries on the musculoskeletal system		
Amputations and/or disarticulations of fingers	8401	Amputation and disarticulation of fingers of the hand	II
Hand amputation	8403	Hand amputation	IV
Wrist disarticulation	8404	Wrist disarticulation	IV
Reimplantation of limb or parts thereof	8422	Reimplantation of fingers	VI

Tegument Surgeries (85-86)

Surgery type	ICD9	Surgery name	CLASS
Local removal of breast lesion, quadrantectomy, subtotal mastectomy	8520	Removal or demolition of breast tissue, without further indications	IV
	8521	Local removal of breast lesion	
	8522	Quadrantectomy of the breast	
	8523	Subtotal mastectomy	
Mono/bilateral mammectomy/ reduction mammoplasty	8531	Unilateral reduction mammoplasty	III
	8532	Bilateral reduction mammoplasty	
	8533	Unilateral subcutaneous mammectomy with simultaneous implantation of prosthesis	
	8534	Other unilateral subcutaneous mammectomy	
	8536	Other bilateral subcutaneous mammectomy	

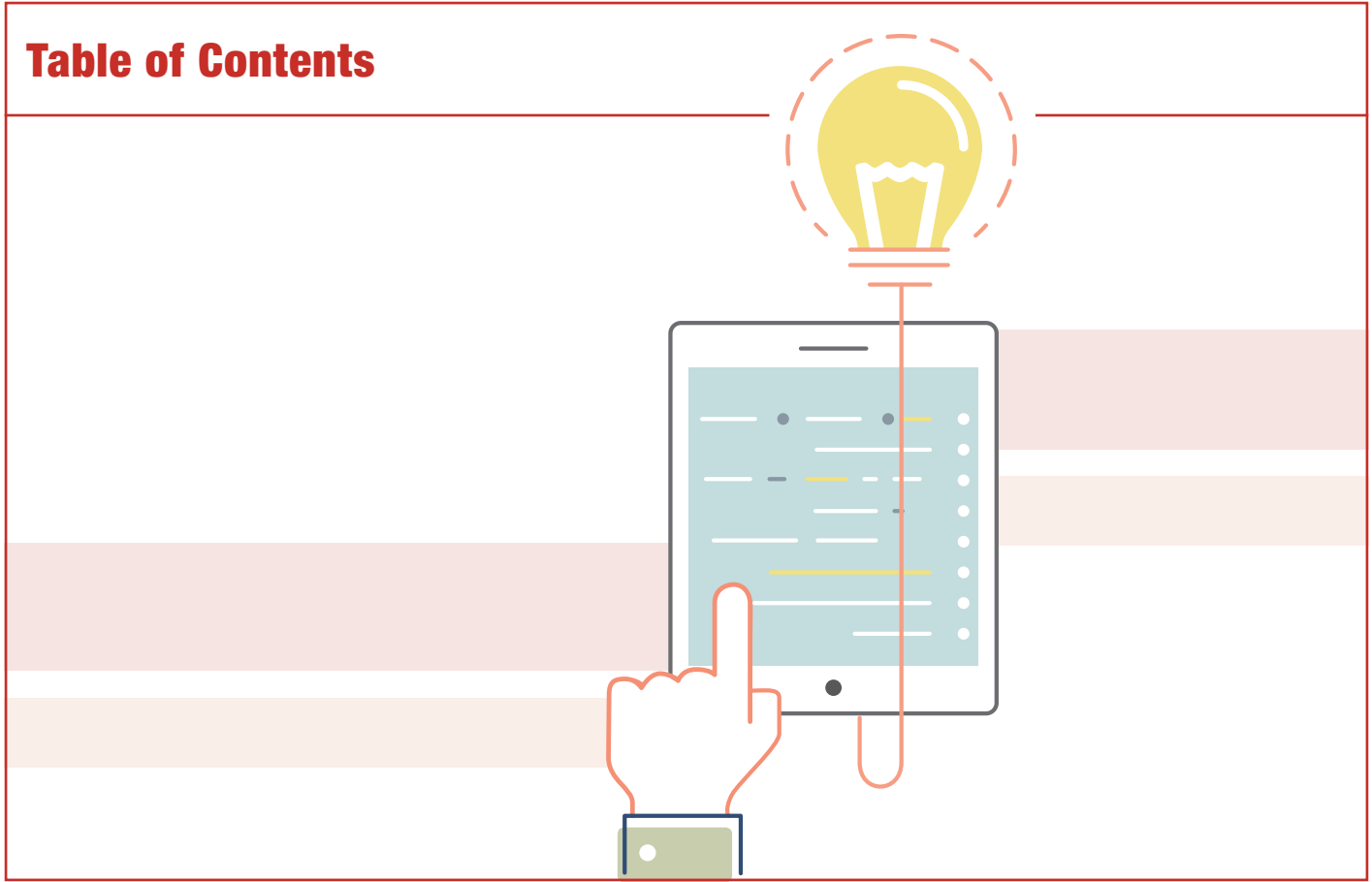


Tegument Surgeries (85-86)

Surgery type	ICD9	Surgery name	CLASS
Simple/radical mono/bilateral mastectomy (including lymphadenectomy), including extended procedure	854	Mastectomy	V
Single/bilateral prosthesis implant, (including tissue expander removal), total breast reconstruction	8553	Unilateral prosthesis implantation	IV
	8554	Bilateral prosthesis implantation	
	856	Mastopexy	
	857	Total breast reconstruction	
	8587	Other nipple repair or reconstruction	
Other breast Surgeries	8591	Breast suction	III
	8593	Revision of breast implants	
Other breast Surgeries	8594	Removal of breast implants	III
	8595	Tissue expander insertion in the breast	
Incision and/or removal of skin and subcutis	8596	Removal of tissue expander from the breast	I
	8604	Other incision with drainage of skin and subcutaneous tissue	
	8605	Incision with removal of foreign body from skin and subcutaneous tissue	
	8609	Other incision of the skin and subcutaneous tissue	
	862	Removal or destruction of skin and subcutaneous lesion or tissue	
	8699	Other surgeries of the skin and subcutaneous tissue	
	863	Other local removal or destruction of skin and subcutaneous lesion or tissue	
	864	Radical excision of skin lesion	
	865	Suturing of skin and subcutaneous tissue	
	8689	Other repair or reconstruction of skin and subcutaneous tissue	
Insertion of pump or vascular access device	8601	Aspiration of skin and subcutaneous tissue	II
	8606	Insertion of totally implantable infusion pump	
	8607	Insertion of totally implantable vascular access device	
Removal, incision of cyst or pilonidal sinus	8603	Incision of cyst or pilonidal sinus	I
Nail surgery	8686	Onychoplasty	I
Scalp grafts / Reimplantation	8660	Free skin graft, without further indications	V
	8663	Full-thickness skin grafting elsewhere	
	8669	Other skin grafting on other sites	
Flap transfer	867	Implantation of pedicled flaps	II
Tissue expander insertion	8693	Tissue expander insertion	II
Facial tegument surgery	8684	Correction of a scar or retractable bridle of the skin	II





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Insurance for the coverage of accident and/or disease risks

DIP - Pre-contractual Information Document for damage insurance products

Insurance Company: GENERALI ITALIA S.p.A.

Product: Immagina Adesso - Modulo SALUTE E BENESSERE - Starbene Su misura



Generali Italia S.p.A. - Tax code and registration with the Companies Register of Treviso - Belluno No. 00409920584 - VAT No. 01333550323 - Share Capital: EUR 1,618,628,450.00 fully paid-up - Certified e-mail (PEC): generalialitalia@pec.generaligroup.com. Company registered in Italy with the IVASS Companies Register No. 1.00021, subject to the management and coordination of the sole Shareholder Assicurazioni Generali S.p.A. and belongs to the Generali Group, which is registered under No. 026 in the Register of Insurance Groups.

Full pre-contractual and contractual information on this insurance is provided in other documents.

What type of insurance is this?

This insurance covers the risks of Diseases and/or Accidents suffered both in the performance of the professional activity indicated in the Policy and in the context of family and private life.



What is covered by the Insurance?

The Covers - indicated below per Section - are provided.

IN AUTONOMIA

- ✓ Permanent disability due to accident;
- ✓ Life annuity in case of accident.

IN ATTIVITÀ

- ✓ Daily allowance for hospitalisation due to accident;
- ✓ Reimbursement of medical expenses due to accident;
- ✓ Indemnity for prolonged incapacity due to accident;
- ✓ Lump sum indemnity for surgery;
- ✓ Daily allowance for hospitalisation without surgery.

IN CONTINUITÀ

- ✓ Death by accident.

Additional covers are also available to extend and customise coverage, as indicated in the Additional DIP.



What is not covered by the Insurance?

The following accidents are not insured:

- ✗ Accidents caused by driving any motor vehicle or watercraft if the Insured is not licensed according to current regulations;
- ✗ Accidents occurring while driving or as a crew member on aircrafts in general and/or as a passenger on aircrafts;
- ✗ Accidents occurring in connection with sky diving or scuba diving activities in any capacity;
- ✗ Accidents caused by the use of underwater vehicles;
- ✗ Accidents caused by intoxication while driving, abuse of mental health medication, use of narcotics or hallucinogenic substances;
- ✗ Accidents caused by surgery, examinations or medical treatment that are not necessary for the treatment of Injuries resulting from Accidents indemnifiable under the insurance coverage;
- ✗ Accidents resulting from wilful offences committed or attempted by the Insured, including in conspiracy with others;
- ✗ Accidents caused by war and insurrection, unless the Insured is taken by surprise by the outbreak of such events abroad, Accidents suffered during voluntary enlistment, call-up for mobilisation or for exceptional reasons;
- ✗ Accidents direct or indirect consequences of transmutation of the nucleus of the atom and/or radiation caused by the artificial acceleration of atomic particles, direct or indirect consequences of chemical or biological contamination resulting from Terrorist activity or war;
- ✗ Accidents resulting from the use and driving of motor vehicles on motor sports circuits;
- ✗ Accidents resulting from participation in races and competitions (and related trials and training) involving the use of motorised watercraft;
- ✗ Accidents resulting from the practice of any professional sport activity. Professional sport activity means a sport activity performed for consideration;
- ✗ Accidents resulting from the practice of the following sports activities in any capacity: boxing, heavy athletics, martial arts, wrestling in its various forms, mountaineering with rock or ice climbing above grade 3, free climbing, descending - with any means - river stretches with difficulty above grade 3 of the WW scale, caving, ski jumping with skis or water skis, backcountry skiing, kite-surfing, snow-kiting, acrobatic skiing, extreme skiing or snowboarding, bobsledding, rugby, American football, air sports in general, motor sports, extreme sports;
- ✗ Accidents resulting from participation in competitions organised by Sports Federations or Sports Bodies recognised by the Italian National Olympic Committee (C. O.N.I.) in football, five-a-side football (and the like), non-extreme skiing and snowboarding, cycling, equestrian sports, hockey;

Lump sum Indemnity Covers for surgery and daily allowance for hospitalisation without surgery are also excluded for the following types of surgery and hospitalisation:

- ✗ Surgeries and Hospitalisations that are a direct consequence of Accidents, Diseases, Pathological states, Malformations, known, treated and/or diagnosed Physical anomalies prior to the activation of the Cover;
- ✗ physiological childbirth and non-therapeutic voluntary abortion;
- ✗ Surgeries and Hospitalisations for the elimination or correction of Physical anomalies;
- ✗ Surgery for the elimination or correction of defects of vision;
- ✗ Surgeries and Hospitalisations related to Mental illnesses and mental disorders in general, including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;
- ✗ intoxications resulting from alcohol abuse, use of hallucinogens and non-therapeutic use of psychotropic drugs and narcotics; surgeries and Hospitalisations aimed at the treatment of infertility, sterility and impotence, and in any case those related to assisted and artificial insemination;
- ✗ medical services exclusively for dietary and aesthetic purposes;
- ✗ except for reconstructive plastic surgery being necessary as a result of an Accident or oncological Disease;
- ✗ Surgery and Hospitalisations for the elimination or correction of Physical anomalies pre-existing at the time of activation of the Cover;
- ✗ stays in retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phytotherapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, wellness centres in general and beauty farms or similar establishments;
- ✗ services that are not recognised by International Authorities or not related to the treatment of the pathology or Accident which caused them; Hospitalisations and Day hospital during which only diagnostic tests or physical therapies are performed physical examinations or therapies that, due to their nature, may also be performed in outpatient clinics;
- ✗ Hospitalisations for vegetative states and long-stay Hospitalisations;
- ✗ Surgery for the removal of implanted devices for internal fixation;
- ✗ Surgeries and Hospitalisations related to direct and indirect consequences of transmutation of the nucleus of the atom, as well as radiation caused by artificial acceleration of atomic particles;
- ✗ Surgeries and Hospitalisations related to consequences resulting from war, insurrection, earthquakes, volcanic eruptions;
- ✗ dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implantology procedures.

The exclusions are included in the Terms and Conditions of Insurance and are in bold.



Are there limitations of coverage?

Limitations of Indemnity, Deductibles and Uncovered Amounts are provided for the Accident and Diseases Covers, which are summarised per Insured in the Policy, as well as exclusion periods that are contained in the Terms and Conditions of Insurance marked in bold type.

- ! Deductible means the portion of the damage - expressed as percentage points for disability; in days for indemnities and as a fixed amount for reimbursement of expenses - which shall be paid by the Insured in case of Claim.
- ! Uncovered Amount shall mean the percentage of indemnifiable damage for which the Insured remains liable.
- ! Exclusion Period means the time period, following the date of activation of the Covers, during which the Covers, in whole or in part, are not effective.



Where does the coverage apply?

Covers are valid worldwide.



What are my obligations?

When taking out the Policy containing these Covers or when activating them on an existing Policy, true, correct and complete representations regarding the risk to be insured (Articles 1892, 1893 and 1894 of the Italian Civil Code) must be made.

Furthermore, during the period of validity of the Covers, written notice shall be given to the Company of any change that entails an increase or decrease in the insured risk (Articles 1897 and 1898 of the Italian Civil Code).

The Policyholder, the Insured, or another person on their behalf, must report the Accident to the Company within ten days from the day on which the Accident occurred or became known or they had the possibility to do so.

Notification of the Hospitalisation or Surgery must be made in writing by the Insured within 15 days of discharge.

Failure to comply with even one of the aforementioned obligations may result in the total or partial loss of the Indemnity as well as the termination of the Covers.



When and how do I pay?

Information on payment of the Premium is included in the DIP of the Modulo Generale.



When does the coverage begin and when does it end?

The Covers take effect at 12:00 a.m. on the day of activation for each one indicated in the Policy, if the Premium or the first Premium instalment has been paid; otherwise they take effect at 12:00 a.m. on the day of payment. If the Policyholder fails to pay the Premiums or subsequent Premium instalments, the insurance is suspended from 12:00 a.m. on the thirtieth day after the due date and resumes at 12:00 a.m. of the day of payment.

The term of the Covers are indicated in the Policy for each and, if tacit renewal is provided for, in the absence of cancellation, on expiration they are extended for a duration of one year and so on.

In general, the Covers apply to Claims occurring during their term, until their expiration.

Certain Covers are subject to a period of time, following the pertaining effective date, during which all or part of the Covers is ineffective.



How can I cancel the policy?

All notices shall be made in writing to the Agency to which the Policy including these Covers is assigned or to the Company by registered letter or by certified email.

In order to prevent the automatic extension of the Covers, if any, the Policyholder or the Company shall send the written notice of cancellation at least 30 days before the expiry date indicated in the Policy or the expiry of the year for which the insurance has been extended. The right of cancellation may be exercised in accordance with the rules of interdependence between Covers.

In case Covers providing a term longer than five years are entered into against the reduction in the Premium that is in any case envisaged for all Covers with a multi-year term, the Policyholder may exercise their right of withdrawal after five years, by sending an at least 30 days' written notice and with effect from the end of the year in which the right of withdrawal was exercised.

The Policyholder is also entitled to withdraw due to Claim from the activated Covers of the Modulo SALUTE E BENESSERE - Starbene Su Misura formula after each report of an Insured Event occurred with respect to one of the Covers that do not provide disease coverage, with effect for all the Covers of the Module.

The Company has the same right of withdrawal per Claim as the Policyholder, with the additional limitation that withdrawal does not affect the Lump Sum Indemnity for Surgery and Daily Allowance for hospitalization without Surgery Covers. In this case, the Policyholder may also exercise withdrawal from these Covers by notifying the Company within 15 days of receipt of the notice.

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Insurance for the coverage of accident and disease risks

Additional pre-contractual information document for damage insurance products (Non-life Additional DIP)

Insurance Company: GENERALI ITALIA S.p.A.

Product: Immagina Adesso -
Modulo SALUTE E BENESSERE - Starbene Tutti compresi

Edition: 22.10.2022 - The Additional Non-life DIP is the latest available.



This document contains additional and complementary information to that contained in the pre-contractual information document for damage insurance products (Non-life DIP), to help the potential Policyholder understand in more detail the characteristics of the product, the contractual obligations and the Company's financial situation.

The Policyholder shall read the Terms and Conditions of Insurance before executing the contract.

GENERALI ITALIA S.p.A. is a company belonging to the Generali Group; registered office is at Via Marocchessa, 14 - 31021 Mogliano Veneto (TV) - ITALY; telephone number: 041.5492111; website: www.generali.it; e-mail address: info.it@generali.com; certified email address: generalitalia@pec.generaligroup.com.

The Company is authorised by the Italian Ministry of Industry, Trade and Crafts Decree No. 289 of 2 December 1927, and is registered under number 1.00021 with the Insurance Companies Register.

Shareholders' equity as at 31 December 2021: EUR 9,050,863,796 of which EUR 1,618,628,450 related to share capital and EUR 7,130,519,742 to total equity reserves. The figures refer to the latest approved financial statements. The Solvency and Financial Condition Report (SFCR) is available at <https://www.generali.it/note-legali>.

Solvency Capital Requirement: EUR 7,827,344,769.68

Minimum capital requirement: EUR 3,359,474,146.09

Eligible equity: EUR 19,238,700,398.43

Solvency ratio: 246% (this ratio represents the ratio between the amount of basic own funds and the amount of the Solvency Capital Requirement required by the Solvency 2 regulations in force since 1 January 2016).

The contract is governed by Italian law.

The Starbene Su misura formula of the Modulo SALUTE E BENESSERE is an accident and disease insurance plan that allows the Insured to choose the most appropriate coverage in the event of an Accident, suffered in the performance of his or her professional activity declared in the Policy and any other activity related to private life, and in the event of Disease. Insurance coverage can be extended free of charge to children under the age of 10.

The Covers are effective, within the limits of the insured sums/coverage limits for each indicated in the Policy or in the Terms and Conditions of Insurance, if stated in the Policy and if the corresponding Premium has been paid.

What is covered by the Insurance?

There is no additional information to that provided in the Non-life DIP.

OPTIONS WITH PREMIUM REDUCTION

There are no options with reduced Premium.

**OPTIONS WITH PAYMENT OF AN ADDITIONAL PREMIUM
PIÙ GENERALI**

allowance for home mortgage repayment	allowance for the repayment of a mortgage/loan for the purchase of a residential home, in the event of an Accident that results in the inability to work.
Reimbursement of expenses for home adaptation	It works in the event of permanent total Disability due to an Accident for home adaptation (e.g. removal of architectural barriers).
Safeguarding investment plans	It guarantees the continuation of the insurance relationship in the event of total and definitive inability to attend to one's professional and/or employment activities declared in the Policy. It is valid only for clients holding life insurance policies with the Company with recurring premiums and/or Individual Pension Plans. The Indemnity is paid by taking out a single premium life insurance contract in favour of the Insured.

 **What is NOT covered by the Insurance?**

There is no additional information to that provided in the Non-life DIP.

 **Are there limitations of coverage?**

IN AUTONOMIA SECTION

The following specific limits apply.

Permanent disability due to accident	Deductible agreed and indicated in the Policy.
Accident life annuity	Additional allowance for a life annuity for severe disability paid if the permanent disability is at least 66%.


IN ATTIVITÀ SECTION

The following specific limits apply.

Daily allowance for hospitalisation due to accident	Daily allowance for a maximum of 300 days, even non-consecutive. In the case of Day hospital, the allowance is reduced to 50%.
Reimbursement of medical expenses due to accident	10% Uncovered Amount, with a minimum of EUR 200.00 to be borne by the Insured per each claim. Furthermore, without prejudice to the above: <ul style="list-style-type: none"> - physiotherapy and rehabilitation treatments incurred in the 180 days after hospitalisation are reimbursed up to a limit of 30% of the sum insured, with a maximum of EUR 1,000.00; - physiotherapy and rehabilitation treatments, incurred in the 120 days following the Accident, are reimbursed up to a limit of 20% of the sum insured, with a maximum of EUR 1,000.00.
Indemnity for prolonged incapacity due to accident	For each period of temporary Incapacity of 90 consecutive days, Indemnity equal to 25% of the sum insured up to a maximum of 4 periods of 90 days each.
Lump sum indemnity for surgery	The lump sum indemnity, in the event of several Surgeries incurred during the same operating theatre session, shall be paid for a single surgery, and the class of surgery attributed to determine the amount to be indemnified shall be the one corresponding to the higher of the amounts provided for the various Surgeries performed. In addition, if more than one surgery for the same pathology is carried out on the same anatomical district or organ during the same insurance year, the second surgery is indemnifiable up to a limit of 50% of the stipulated amount.

Daily allowance for hospitalisation without surgery	Maximum 180 days, excluding day of discharge.
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PIÙ GENERALI The following specific limits apply.	
allowance for home mortgage repayment	EUR 30,000.00
Reimbursement of expenses for home adaptation	EUR 30,000.00
Safeguarding investment plans:	EUR 30,000.00

 **What are my obligations? What are the company's obligations?**

What to do in case of claim?	<p>Reporting a claim: Claims must be reported in writing to the Agency to which the contract is assigned.</p> <p>The report of the Accident must be made by the Policyholder, the Insured or another person on their behalf, indicating the place, day and time of the event and the causes that led to it, accompanied by a medical certificate, within <u>10 days</u> of the Insured becoming aware of it or having the possibility to do so, and the course of the Injuries must be documented by further medical certificates until the recovery is complete. The Company must be notified immediately of the death of the Insured caused by the Accident or occurring during the period of treatment.</p> <p>The report of the surgery, Hospitalisation or medical service performed must be made by the Policyholder, the Insured, or another party on their behalf <u>within 15 days</u> of their knowledge or possibility to do so or from the day of discharge, and must be accompanied by the relative receipts for expenses and medical documentation, including, in the event of Hospitalisation or surgery, the complete Medical records in a true copy, including the hospital discharge form (H.D.F.).</p> <p>The Insured or his assignees must allow the medical examination by the doctors sent by the Company and the necessary investigations, analyses and assessments to determine the right to Indemnity, as well as provide all necessary medical documentation.</p> <p>Direct assistance/assistance under agreement: no direct assistance/assistance under agreement is provided for the handling of Claims.</p> <p>Handling by other companies: Claims handling by other companies is not provided.</p> <p>Statute of limitations: rights arising from the contract other than the right to payment of Premium instalments (which is time-barred in one year from the individual due dates), are time-barred within two years from the day on which the event on which the right is based occurred, pursuant to Article 2952 of the Italian Civil Code.</p>
Incorrect statements or reticence	There is no additional information to that provided in the Non-life DIP.
Obligations of the company	<p>After verifying the effectiveness of the Cover, assessing the damage and receiving the necessary documentation, the Company shall pay the Indemnity within 30 days, provided that no objection has been made.</p> <p>The exercise of the right of withdrawal on the ground of reconsideration renders any Claim made ineffective.</p>



When and how do I pay?

Premium	There is no additional information to that provided in the Non-life DIP.
Refund	<p>If the contract has been sold entirely by means of distance communication techniques, in case the Policyholder exercises their right of withdrawal, the Company shall, within 30 days of receipt of the notice of withdrawal, refund the Premium paid, net of tax.</p> <p>In case of withdrawal by the Policyholder or the Company due to a Claim, the Policyholder is entitled, within 15 days of the effective date of the withdrawal, to reimbursement of any Premium paid and not used, net of tax.</p>



When does the coverage begin and when does it end?

Term	<p>Certain Covers are subject to a period of time, following the pertaining effective date, during which all or part of the Covers is ineffective.</p> <p>The Lump Sum Indemnity for Surgery and Daily Allowance for hospitalization without Surgery Covers operate in relation to the coverages provided under each:</p> <ul style="list-style-type: none"> - <u>for Accidents</u>: from 12.00 a.m. on the day of activation indicated in the Policy, if the Premium has been paid on that date (otherwise from 12:00 a.m. on the day of payment of the relevant Premium or the first Premium instalment); - <u>for Diseases</u>: from 12:00 a.m. on the 30th day following the date of activation indicated in the Policy, if the Premium has been paid on that date (otherwise, from 12:00 a.m. on the 30th day following the date of payment of the relevant Premium or the first Premium instalment); - <u>for Diseases that are the expression or direct consequence of pathological situations and Malformations that arose prior to the activation of the Cover, that were unknown and/or undiagnosed at the time of its activation or known and declared to the Company</u>: from 12:00 a.m. on the 180th day following the date of activation indicated in the Policy, if the Premium has been paid on that date (otherwise, from 12:00 a.m. on the 180th day following the day of payment of the relative Premium or the first instalment of the Premium).
Suspension	It is not possible to suspend the insurance coverage during the contract.



How can I cancel the policy?

Cooling-off period	If the contract has been sold entirely through distance communication techniques, the Policyholder may withdraw within 14 days from entering into the contract by written request to be sent to the Agency to which the Policy is assigned or to the Company by registered letter with acknowledgement of receipt or certified email
Termination	There is no additional information to that provided in the Non-life DIP.



Who is this product aimed at?

Immagina Adesso - Modulo SALUTE E BENESSERE - Starbene Su misura is targeted at individuals and families. The Module is addressed to the customer who has expressed the needs Personal care and Assistance and help.



What costs do I incur?

Brokers for the sale of this insurance receive on average 22.30% of the taxable Premium paid by the Policyholder for commission-type remuneration.

HOW CAN I LODGE COMPLAINTS AND RESOLVE DISPUTES?

To the Insurance Company	The provisions of the Additional DIP of the Modulo Generale apply.
To IVASS	The provisions of the Additional DIP of the Modulo Generale apply.

BEFORE RESORTING TO THE JUDICIAL AUTHORITIES, alternative dispute resolution systems can be used such as:

Mediation	The provisions of the Additional DIP of the Modulo Generale apply.
Assisted Negotiation	The provisions of the Additional DIP of the Modulo Generale apply.
Other alternative dispute resolution systems	<p>In the event of a dispute of a medical nature with respect to the Covers listed below, the contractual procedure for the expert report provided for in the Terms and Conditions of insurance for such disputes may be used. The application for the activation of the contractual expert report should be addressed to: Generali Italia S.p.A. - Via Marocchesa,14 – 31021 – Mogliano Veneto (TV) - e-mail: generaliiitalia@pec.generaligroup.com</p> <p>For the settlement of cross-border disputes, the provisions of the Additional DIP of the Modulo Generale shall apply.</p>

NOTE: FOR THIS CONTRACT, THE COMPANY HAS AN INTERNET AREA RESERVED FOR THE POLICY-HOLDER ("HOME INSURANCE"), THEREFORE AFTER EXECUTING IT YOU WILL BE ABLE TO CONSULT THIS AREA AND USE IT TO TELEMATICALLY MANAGE THE CONTRACT ITSELF.

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Module Structure

The **Modulo SALUTE E BENESSERE - Starbene Su Misura** is an integral part of the IMMAGINA ADESSO Insurance contract:

The Insured may choose to purchase one of the following formulas to activate the Covers that are part of it:

BASIC

- Permanent disability due to accident
- Accident life annuity
- Daily allowance for hospitalisation due to accident
- Death by accident

COMFORT

- Permanent disability due to accident
- Accident life annuity
- Daily allowance for hospitalisation due to accident
- Death by accident
- Reimbursement of medical expenses due to accident

TOP

- Permanent disability due to accident
- Accident life annuity
- Daily allowance for hospitalisation due to accident
- Death by accident
- Reimbursement of medical expenses due to accident
- Indemnity for prolonged incapacity due to accident;

As an alternative or in addition, the Insured may also activate the Covers of the Health formula:

SALUTE

- Lump sum Indemnity for surgery
- Daily allowance for hospitalisation without surgery

All the Covers are effective if they are stated in the Policy in the specific section and the relevant Premium has been paid.

The Specific Terms and Conditions are made up of:

- the Definitions;
- the rules specific to the individual Covers activated, which contain the specific discipline of those Covers;
- the Common Provisions, which contain the discipline common to all activated Covers.

SPECIFIC TERMS AND CONDITIONS - DEFINITIONS

In the Specific Terms and Conditions of this Module, the following terms are given the meanings specified herein:

Accident	Any event due to a fortuitous, violent and external cause that produces objectively ascertainable bodily Injury resulting in death, permanent disability or temporary Incapacity.
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Beneficiary	The natural or legal person specified in the Policy to whom the Company pays Indemnity in case of a fatal Accident to the Insured.
Coverage Limit	Maximum amount payable by the Company for the individual Cover in respect of each Insured per Claim and per insurance year.
Day hospital	Inpatient stay without surgery in a day-care Institute for Health Care, documented by Medical records.
Day surgery	Surgery performed in an Institute for Health Care, with a daytime stay in the ward, not involving an overnight stay, documented by Medical records.
Deductible	Part of the damage that remains borne by the Insured, expressed in percentage points for Disability, in days for indemnities or in a fixed amount for reimbursement of expenses.
Disease	Any altered state of health not resulting from an accident.
Fracture	Bone Injury consisting of a complete or incomplete break in continuity with or without displacement of fragments. Detachment of a bony fragment and breaks are not included.
Hospitalisation	Inpatient stay in a Institute for Health Care's ward involving at least one overnight stay, documented by Medical records.
Indemnity	Sum due by the Company in the event of a Claim, including in the form of reimbursement of expenses.
Injury	Any impairing change to an organ or tissue, with alteration of continuity of form, structure and function caused by physical (traumatic agents), chemical (intoxication) or biological (microorganisms) causes.
Institute for Health Care	A public hospital, clinic or nursing home (affiliated with the NHS or private) in Italy or abroad, duly authorised in accordance with legal requirements and by the competent authorities, to admit patients and provide them with health care, including day hospitalisation, and equipped for the overnight stay of patients and the treatment of pathological conditions by qualified medical and paramedical staff. Retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phytotherapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, Wellness Centres in general and Beauty Farms or similar establishments are not considered to be Institutes for Health Care.
Malformation	Any physical and/or psychic alteration (genetic or otherwise) developed during intra-uterine life.
Medical records	Official document and public deed drawn up during Hospitalisation or Day hospital, containing the Insured's personal details, diagnosis, present and past medical history, treatments carried out, surgeries performed, examinations and clinical diary, as well as the hospital discharge form (H.D.F.).
Oncological disease	Any disease determined by the presence of a benign or malignant neoplasm; this includes leukaemias, lymphomas, Hodgkin's disease, cancer in situ, tumours with direct invasion of neighbouring organs in a metastatic phase.
Outpatient surgery	Surgery performed without an in-patient stay by a surgeon in an Institute for Health Care, medical centre or surgical practice and which, due to the nature of the activity, does not require a postoperative stay for observation. It may also involve biopsy, diathermocoagulation, cryotherapy, endoscopy with biopsy, operative laser therapy, joint infiltration, needle aspiration, ozone therapy.



Permanent disability (PD)	Permanent, definitive and irreparable partial or total loss of the Insured's general capacity to carry out any gainful work, regardless of their profession.
Physical anomaly	Deficiency or imperfection (genetic or otherwise) not present at birth, of an organ and/or apparatus and/or function even if not known or not diagnosed at the time of activation of the Covers in this Module. For example, the following are considered Physical anomalies: hallux valgus, hammer toe, flat foot, refractive defects, deviation of the nasal septum, varus and/or valgus knees, keratoconus, scoliosis.
Risk	Probability of the occurrence of the Claim.
Surgery	Medical treatment, for therapeutic or diagnostic purposes, performed by any cut, whether manual or by using tools, on the skin or other tissues of the body, including with the use of mechanical, light or thermal energy sources. Stitches are not considered Surgery.
Temporary Incapacity	Temporary partial or total loss of the Insured's ability to devote themselves to their professional activities.
Terrorist activity	An act (including the use or threat of use of force or violence) committed by any person or group of persons acting alone or on behalf of or in connection with any organisation, for political, religious, ideological or similar purposes, including the intention to influence any government or to frighten the population or any part of it.
Uncovered Amount	Amount to be borne by the Insured, expressed as a percentage of the amount of the Indemnity.



SPECIFIC TERMS AND CONDITIONS ACTIVATED COVERS



What is covered by the Insurance?

Art. 1.1 Insured

The persons named in the Policy for the selected Covers and the corresponding insured amounts are insured.

Art. 1.2 Insured risks

The insurance coverage applies to Accidents suffered by the Insured in the course of his or her professional activity indicated in the Policy, or in the context of family and private life, except for those expressly excluded under these rules.

Insurance coverage - for the specific Covers that provide for it - also applies to Diseases.

The individual Covers, as described below, shall operate for the insured sums and/or the Coverage Limits and within the Limitations of Indemnity and with the application of the Uncovered Amounts and Deductibles indicated in the Policy and in the following articles.

Art. 1.3 Additional indemnifiable events

Within the scope of the Covers the following events are also insured:

- a. the consequences of sunstroke, heatstroke and cold, and electrocution;
- b. frostbite and freezing;
- c. the consequences of ingestion or absorption of substances due to a fortuitous event;
- d. asphyxia of non-morbid origin;
- e. drowning;
- f. the consequences of infections due to an Accident indemnifiable under the insurance coverage, excluding in all cases Diseases;
- g. burns caused by animals or plants, poisonings caused by animal bites and insect stings excluding, however, malaria;
- h. the physical consequences of surgeries or treatments required for Accidents indemnifiable under the insurance coverage;
- i. hernias, limited only to abdominal hernias due to fortuitous, violent and external causes that are technical-lyinoperable, for which the Company may recognise a degree of permanent Disability of no more than 10% for the purposes of Permanent Disability due to Accident Cover only;
- j. Accidents occurring as a result of inexperience, imprudence and gross negligence on the part of the Insured;
- k. bodily Injury resulting from civil commotion, provided that the Insured did not actively participate in it;
- l. Accidents sustained in a state of sickness, unconsciousness or dizziness;
- m. muscle Injuries, however excluding hearth attacks and subcutaneous ruptures of tendons;
- n. Accidents that the Insured suffers, as a passenger, during air travel for tourism, transfer and public transport on aircraft or helicopters operated by anyone;
- o. Accidents caused by earthquake, volcanic eruption and flooding, **unless the Insured suffered the Accident as a result of such events within the Municipality of residence.**





What is covered by the Insurance? Basic Covers

IN AUTONOMIA

Art. 2.1 Permanent disability due to accident

What is covered by the Insurance

In the event of permanent disability, as a result of an Accident, the Cover provides that the Insured shall receive an Indemnity.

Assessment of the degree

The degree of permanent disability is assessed on the basis of the percentages expressed in the following table in the following paragraph "Determination table", according to the following criteria:

- the total and irreparable loss of the functional use of an organ or limb is considered as an anatomical loss of the same; in the event of a limitation of functionality, the percentages referred to in the table are reduced in proportion to the functionality lost;
- in the event of partial removal of a terminal phalanx of the fingers, the Company shall recognise a percentage of Disability equal to 50% of that attributed to the same phalanx in the event of total removal;
- in the event of anatomical loss or functional reduction of an organ or limb already disabled, the percentages in the table are reduced taking into account the degree of pre-existing disability;
- in the case of left-handedness, the percentages referring to the right upper limb are understood to apply to the left limb and vice versa;
- visual impairment must be assessed as it results with tolerated correction. If a residual visual impairment remains, a surcharge of 3 percentage points is paid for the use of glasses or permanent contact lenses.

If a single Accident affects more than one limb or function, the total Disability shall be the sum of the individual Disabilities, up to a maximum degree of 100%.

Determination table

The degree of permanent disability shall be assessed according to the following percentages:

Total, anatomical or functional loss of:	RIGHT	LEFT
- an upper limb:	70%	60%
- a hand or forearm	60%	50%
- one thumb	18%	16%
- an index finger	14%	12%
- a middle finger	8%	6%
- a ring finger	8%	6%
- a little finger	12%	10%
- the nail phalanx of the thumb	9%	8%
- a phalanx of another finger of the hand	1/3 of finger	
Ankylosis:		
- of the scapulohumeral joint with the limb in a favourable position, but with immobility of the scapula	25%	20%
- of the elbow at an angle between 120° and 70° with free pronosupination	20%	15%
- of the wrist in straight extension with free pronosupination	10%	8%
Complete paralysis:		
- of the radial nerve	35%	30%
- of the ulnar nerve	20%	17%



Total, anatomical or functional loss of a lower limb:

- above mid-thigh	70%
- below mid-thigh, but above the knee	60%
- below the knee, but above the middle third of the leg	50%
- one foot	40%
- both feet	100%
- a big toe	5%
- another toe	1%
- the nail phalanx of the big toe	2.5%

Ankylosis:

- of the hip in a favourable position	35%
- of the knee in extension	25%
- right-angled tibiotarsal joint with ankylosis of the subtalar joint	15%

Complete paralysis of the external popliteal sciatic nerve: 15%

Total, anatomical or functional loss of:

- an eye	25%
- both eyes	100%

Complete deafness of:

- an ear	10%
- both ears	40%

Total loss of voice 30%

Nasal stenosis:

- unilateral	4%
- bilateral	10%

Displaced Fracture of a rib 1%

Somatic amyelic fracture with wedge deformation of:

- a cervical vertebra	12%
- a dorsal vertebra	5%
- 12 th dorsal vertebra	10%
- a lumbar vertebra	10%

Complication of a Previous Fracture of:

- a sacral metamer	3%
- a coccygeal metamer with a deformed callus	5%

Aftermath of cervical sprain trauma with muscle contracture and limitation of head and neck movements 2%

Anatomical loss:

- of a kidney	15%
- of the spleen without significant impairment of the blood crisis	8%



In cases of permanent disability not specified in the table, the assessment of permanent disability takes into account the overall decrease in general working capacity, regardless of the Insured's profession.

Determination of the Indemnity

The Indemnity in favour of the Insured shall be determined by multiplying the sum insured for Permanent Disability, by the percentage of indemnifiable Permanent Disability indicated in the "Indemnifiable %" column, in correspondence of the "assessed PD %" of the following table.

assessed PD %	indemnifiable %	assessed PD %	indemnifiable %
1	0	27	34
2	0	28	36
3	0	29	38
4	0	30	40
5	0	31	43
6	1	32	46
7	2	33	49
8	3	34	52
9	4	35	55
10	5	36	58
11	6	37	61
12	7	38	64
13	8	39	67
14	9	40	70
15	10	41	73
16	12	42	76
17	14	43	79
18	16	44	82
19	18	45	85
20	20	46	88
21	22	47	91
22	24	48	94
23	26	49	97
24	28	50-99	100
25	30	100	200
26	32		

✓ How is the Indemnity calculated?

EXAMPLE No. 1: If the sum insured for Permanent Disability due to Accident Cover is EUR 70,000 and the degree of assessed PD is 5%, no Indemnity is paid.

EXAMPLE No. 2: If the sum insured for Permanent Disability due to Accident Cover is EUR 70,000 and the degree of assessed PD is 25%, an Indemnity of EUR 21,000 is paid as calculated below: $70,000 * 30\% =$ (indemnified PD% indicated in the table in correspondence with the assessed PD at 25%) $= 21,000.00$.

EXAMPLE No. 3: If the sum insured for Permanent Disability due to Accident Cover is EUR 70,000 and the degree of assessed PD is 60%, an Indemnity of EUR 70,000 is paid as calculated below: $70,000 * 100\%$ (indemnified PD% indicated in the table in correspondence with the assessed PD at 60%) $= 70,000$.



Art. 2.2 Accident life annuity

What is covered by the Insurance

In the event of Permanent Disability of an assessed degree equal to or greater than 66%, resulting from an Accident that is indemnifiable under the insurance coverage, the Company - in addition to all that is due under the contract - shall issue a life insurance policy in favour of the Insured, guaranteeing him/her a life annuity re-valuable in an annual amount equal to the sum indicated in the Policy in the specific section.



IN ATTIVITÀ

Art. 2.3 Daily allowance for hospitalisation due to accident

What is covered by the Insurance

In the event of Hospitalisation made necessary by an Accident indemnifiable under the insurance coverage, the Company shall pay the Insured the daily allowance indicated in the Policy for each day of Hospitalisation.

The days in and out of the Institute for Health Care are considered a single day, regardless of the time of Hospitalisation and discharge. This Cover also applies if the stay takes place in Day hospital or Day surgery.

The Indemnity is paid upon completion of the hospitalisation, after presenting the Company with the final certificate, in original, indicating the day of entry and exit from the Institute for Health Care.

In the event of Hospitalisation abroad, the Indemnity is paid upon the Insured's return to Italy.

Limitations of coverage apply

The maximum number of days of Hospitalisation for which daily allowance is paid is 300 per insurance year and per Claim.

In the case of Day hospital, the allowance is paid at 50%.

Art. 2.4 Reimbursement of medical expenses due to accident What is covered by the Insurance

The Policy provides for the reimbursement to the Insured of the following medical expenses incurred as a direct consequence of an Accident that is indemnifiable under the insurance coverage, up to the **annual Coverage Limit indicated in the Policy in the specific section:**

- a. during Hospitalisation (or in the event of surgery, including outpatient or day surgery) for:
 - surgeons' and surgical team's fees
 - operating room fees, operating material, therapeutic equipment and endoprotheses applied during surgery
 - hospitalisation fees
 - medical care, treatment, physiotherapy and rehabilitation treatments, medicines, examinations and diagnostic tests
 - NHS co-payments (ticket) for previous medical services
 - transport of the Insured to an Institute for Health Care and the return to home, carried out by any means
- b. after Hospitalisation (or in case of Surgery, including outpatient or day surgery) for:
 - examinations and diagnostic tests, purchase of medicines, outpatient medical and nursing services occurring in the 180 days following the date of discharge from the first Hospitalisation; however, in relation to dental services, **expenses incurred for dental protheses are excluded;**
 - physiotherapy and rehabilitation treatments completed within 180 days after the date of discharge from the first Hospitalisation.

Limitations of coverage apply

For physiotherapy and rehabilitation treatments, expenses are reimbursed up to a limit of 30% of the sum insured with a maximum of EUR 1,000.00.

The above services must be prescribed by the attending physician.

- c) in the absence of Hospitalisation for:
 - examinations and diagnostic tests, purchase of medicines, outpatient medical and nursing services in the 120 days following the date of the Accident; however, in relation to dental services, **expenses incurred for dental protheses are excluded;**
 - physiotherapy and rehabilitation treatments carried out within 120 days after the date of the Accident.



Limitations of coverage apply

For physiotherapy and rehabilitation treatments, expenses are reimbursed up to a limit of 20% of the sum insured with a maximum of EUR 1,000.00.

The above services must be prescribed by the attending physician.

The following expenses incurred as a direct consequence of the Accident are included:

- first purchase of any type of orthopaedic prosthesis made necessary by the Accident and for the purchase or lease (**for a maximum period of 1 year**) of orthopaedic wheelchairs
- treatments and applications (including reconstructive plastic surgery, but excluding dental prostheses) carried out **within 2 years of the Accident**, with the aim of reducing or eliminating the consequences of aesthetic damage caused by the Accident.

Limitations of coverage apply

This Cover is provided with a 10% Uncovered Amount and a minimum of EUR 200.00 payable by the Insured for each Claim, coinciding with the entire course of treatment, relating to the same Accident, without prejudice to the specific limits indicated in letters b. and c. above.

Art. 2.5 Indemnity for prolonged incapacity due to accident

What is covered by the Insurance

In the event of the total physical incapacity of the Insured to carry out the professional activity indicated in the Policy in the specific section, deriving directly and exclusively from an Accident indemnifiable under the insurance coverage, the Company shall pay for each period of temporary incapacity of 90 consecutive days, an indemnity equal to 25% of the sum insured up to a maximum of 4 periods of 90 days each.

The Indemnity due is paid under the following conditions:

- once the period of 90 consecutive days has elapsed,
- after submitting documentation proving the accident and incapacity.

✓ How is the Indemnity calculated?

EXAMPLE: if the sum insured for the Indemnity for prolonged incapacity due to accident Cover is EUR 16,000, an indemnity of EUR 4,000 is paid for the first 90 consecutive days of temporary incapacity, calculated as follows:

$$16,000 \times 25 / 100 = 4,000$$

for the next 90 consecutive days of Temporary Incapacity, an Indemnity of EUR 4,000 is paid, calculated as follows:

$$16,000 \times 25 / 100 = 4,000$$

And so on up to a maximum of EUR 4,000 for four 90-day periods:

$$\text{EUR } 4,000 \times 4 \text{ periods} = \text{EUR } 16,000.$$

Art. 2.6 Lump sum indemnity for surgery

What is covered by the Insurance

This Cover provides a fixed lump sum Indemnity for the listed Surgeries - **whether in Hospitalisation or Day surgery** - required as a result of a Disease or Accident occurring during the period of validity of the Cover.

A "class of Surgery" is assigned to each Surgery, as shown in the **SURGERIES LIST**. The Indemnity due to the Insured corresponds to the amount associated with the class in which the Surgery falls as per the table below:



Indemnities in Euro for Surgery		
Class of Surgery	Amount insured: EUR 25,000.00	Amount insured: EUR 50,000.00
I	750,00	1,000.00
II	1,250.00	1,750.00
III	2,000.00	3,000.00
IV	3,000.00	4,500.00
V	5,000.00	8,000.00
VI	10,000.00	15,000.00
VII	20,000.00	30,000.00

In the event of a Surgery not specifically provided for in the **SURGERY LIST** the relevant class of Surgery is established according to the principle of analogy and equivalence with the Surgery on the list that is more similar to the type of therapy and surgical technique performed.

In order to identify the insurance year to which the Claim relates, reference is made to the date on which the Insured undergoes the Surgery.

Without prejudice to the recognition of the amounts provided for each individual Surgery, the sum insured indicated in the Policy for this Cover shall be considered as a single availability per insurance year and per insured person.

The total amount of the Indemnities paid during the insurance year shall therefore not exceed per person the sum insured indicated in the specific section of the Policy.

Limitations of coverage apply

In the event of several Surgeries incurred during the same operating theatre session, only one Surgery corresponding to the class of Surgery with the higher amount will be reimbursed.

In the event of more than one surgery for the same pathology, on the same anatomical district or organ, carried out during the same insurance year, only the first and second surgeries shall be indemnified, but the latter within the limit of 50% of the amount provided for in the table.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.

Art. 2.7 Daily allowance for hospitalisation without surgery

What is covered by the Insurance

In the event of Hospitalisation without surgery made necessary by Disease or Accident, the Company shall pay the daily allowance indicated in the Policy for each day of Hospitalisation.

The allowance is increased by 50% in the following cases:

- starting on the twentieth day after the day of Hospitalisation,
- if the Institute for Health Care is located outside the Insured's region of residence.

The two surcharges cannot be cumulated with each other.



Limitations of coverage apply

The maximum number of days of Hospitalisation for which daily allowance is paid, excluding the day of discharge, is 180 per insurance year and per Claim.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

The Cover is subject to the Exclusion Period set out in the section When does the coverage begin and when does it end?, article Exclusion Period, where some examples are also provided.



IN CONTINUITÀ

Art. 3.1 Death by accident

What is covered by the Insurance

In the event of the Insured's death as a result of an accident that is indemnifiable under the insurance coverage, the Company shall pay the sum insured for Death by Accident Cover in equal parts to the intestate heirs or heirs by will of the Insured, or alternatively to the Beneficiaries indicated in the Policy.

Indemnities for death and permanent Disability are not cumulative; however, if after the payment of an Indemnity for permanent Disability the Insured dies as a result of the same Accident, the Company shall pay the beneficiaries the difference between the Indemnity already paid and the sum insured indicated in the Policy for Death by Accident Cover, if this is higher, and shall not seek reimbursement otherwise.

If the Insured disappears or is not found death is presumed to have occurred as a result of an Accident that is indemnifiable under the insurance coverage, the Company shall pay the sum provided for Death by Accident Cover.

Payment is due once 180 days have elapsed since the submission of the petition for the declaration of presumed death proposed pursuant to Articles 60 and 62 of the Italian Civil Code.

Payment will not be made if elements have arisen in the meantime that render the event non-indemnifiable.

If, after payment, it turns out that the death did not occur or was in any case not caused by an indemnifiable Accident, the Company is entitled to reimbursement of the full amount paid. Once the full amount paid has been repaid, the Insured may exercise their rights for any permanent Disability suffered.





What is covered by the Insurance? Optional Covers

DEDICATO A TE

PIÙ GENERALI PACKAGE

Art. 4.1 Allowance for repayment of mortgage or loan for the purchase of residential home

What is covered by the Insurance

This Cover shall apply in the event of an Accident, indemnifiable under the insurance coverage, suffered by the Insured whose home or its contents are insured against the "fire" risk under an insurance policy taken out by the Insured with the Company prior to the date of the Accident. In the event of the total and definitive inability of the Insured to carry out the professional activity indicated in the Policy, deriving from an accident indemnifiable under the insurance coverage, in addition to the amount due under the activated Covers, the Company shall pay the Insured an additional allowance equal to the total amount of the instalments of any loan or mortgage executed by the Insured for the purchase of the residential home, falling due within 60 (sixty) months following the date of the accident.

Upon the occurrence of the event, the Cover ceases with respect to the Insured.

Limitations of coverage apply

The additional allowance operates with a maximum of EUR 30,000.00 per Accident.

Art. 4.2 Reimbursement of expenses for home/car adaptation due to serious accident

What is covered by the Insurance

In the event of permanent total Disability, following an Accident that is indemnifiable under the insurance coverage, the Company reimburses the expenses advanced by the Insured:

- for the adaptation of the home where they have their domicile with a maximum of EUR 30,000.00:
 - to eliminate architectural barriers in it (widening doors, lowering handles, etc.),
 - for technological and computer equipment to control the home environment and the performance of daily activities (e.g. electric shutters, visual sensors),
 - for customised aids, equipment and furniture to improve usability in the home (e.g. reclining bed),
 - for technological equipment to carry out work, study and rehabilitation activities at home when it is not possible to carry them out outside of it, and for everything necessary to solve communication, mobility and autonomy problems (including home automation solutions) of the Insured, who has become disabled;
- to make the owned car suitable for driving or transporting disabled persons with a maximum of EUR 5,000.00.

Permanent disability must be determined according to the assessment criteria set out in the Article Permanent disability due to accident.

Expenses are reimbursed after the Insured submits a request for reimbursement, accompanied by supporting documents such as an architect's plan and estimates and/or invoices for the work carried out.

The Company shall only reimburse the expenses that remain borne by the Insured, net of any amounts reimbursed by public bodies or as a result of other compensation from liable third parties.

In the case of expenses incurred for a jointly owned building, the Company reimburses only the expenses incurred by the Insured.



Art. 4.3 Safeguarding Investment Plans

What is covered by the Insurance

This Cover is effective in the event of an Accident, indemnifiable under the insurance coverage, suffered by the Insured who is already a holder at the time of the event of Life insurance policies with annual or single recurring premium and individual pension plans (piani individuali di previdenza, P.I.P.) taken out with the Company.

In the event of the total and definitive inability of the Insured to carry out the professional activity indicated in the Policy, the Company shall issue - in addition to anything else is due under the activated Covers - a special single-premium life insurance policy in favour of the Insured, in order to facilitate the continuation of the aforementioned insurance relationship.

The premium for the above policy, in any case with a maximum of EUR 30,000.00, shall be determined by the sum of the following items:

- the amount of the last premium instalment paid under current life insurance policies multiplied by the number of premium instalments remaining to complete the premium payment plan,
- the amount of premiums paid (excluding transfers) into the individual pension plan (P.I.P.) in the 12 (twelve) months preceding the date of the Accident itself multiplied by 5 (five).

FAMILY PACKAGE

Art. 4.4 Special coverage for children up to the age of 10: Permanent disability due to accident

What is covered by the Insurance

The Company activates, free of charge, Permanent Disability due to Accident Cover in the amount of EUR25,000.00 for each child under 10 years of age listed among the persons insured under the Policy.

This Cover is valid on condition that at least one parent or, alternatively, the cohabiting partner, if any, as per the family status certificate, is insured under this Policy.

The Indemnity is payable provided that the percentage degree of permanent Disability ascertained under the insurance coverage is greater than 25% and is calculated by multiplying the sum insured under this Cover by the percentage degree of Disability ascertained.

Limitations of coverage apply

In the event of permanent disability ascertained in accordance with the criteria of the insurance coverage of 25% or less, no Indemnity is paid.

Art. 4.5 Special coverage for children up to the age of 10: Reimbursement of medical expenses due to accident

What is covered by the Insurance

If both parents or, alternatively, one of the parents and the cohabiting partner, if any, are insured under the Policy, as per the family status certificate, the Company shall guarantee free reimbursement of the following expenses made necessary by an Accident that is indemnifiable under the insurance coverage, for the benefit of children under the age of 10 years who are indicated among the persons insured under the Policy, up to the insured sum of EUR 5,000.00 (per year and per person):

- surgeons' and surgical team's fees;
- operating room fees, operating material, therapeutic equipment and endoprostheses applied during surgery;
- hospitalisation fees;
- medical care, treatment, physiotherapy and rehabilitation treatments, medicines, examinations and diagnostic tests, relating to the period of Hospitalisation or incurred during the Day hospital or outpatient stay for the surgery;



- NHS co-payments (ticket) for previous medical services;
- transport of the Insured to an Institute for Health Care and the return to home, carried out by any means;
- examinations and diagnostic tests, purchase of medicines, outpatient medical and nursing services occurring in the 90 days preceding and the 180 days following the date of discharge from the first Hospitalisation or surgery if carried out through outpatient stay; however, in relation to dental services, expenses incurred for dental prostheses are excluded;
- first purchase of orthopaedic prostheses, including replacement of anatomical parts, made necessary by the Accident as well as for the purchase or lease (for a maximum period of 1 year) of orthopaedic wheelchairs;
- physiotherapy and rehabilitation treatments completed within 180 days after the date of the Surgery, if carried out through outpatient stay, or discharge from the first Hospitalisation.

Limitations of coverage apply

For physiotherapy and rehabilitation treatments, the limit of 20% of the sum insured with a maximum of EUR 750.00 applies.

Expenses must be incurred as a direct consequence of an Accident for which Hospitalisation or Surgery, including Day hospital or outpatient surgery, was necessary.

Art. 4.6 Termination of the Covers under Articles 4.4 and 4.5 above

The above Covers automatically cease on the annual expiry date following the tenth birthday. In any event, the above insured sums are not subject to adjustment.



SPECIFIC TERMS AND CONDITIONS - COMMON PROVISIONS



What is NOT covered by the Insurance?

Art. 5.1 Uninsurable persons

Persons residing abroad (with the exception of residents of the Republic of San Marino and the Vatican City State) and persons who, at the time of the activation of the Covers of this Module, are suffering from alcoholism, drug addiction, AIDS, are not insurable.

For the purposes of the Permanent Disability due to Accident, Death by Accident, Indemnity for prolonged incapacity due to accident, Life Annuity due to accident, Reimbursement of medical expenses due to accident, Daily allowance for hospitalisation due to accident Covers, persons suffering from epilepsy and/or one of the following mental illnesses at the time of activation are also not insurable: organic brain syndromes, schizophrenic disorders, paranoid disorders, manic-depressive disorders.

Therefore:

- if the Company had been informed of the existence of any of the above circumstances prior to the activation of the Covers in this Module, it would not have consented to the activation itself;
- in the event of the occurrence during the validity of the Cover of any of the circumstances indicated above, the Policyholder and/or Insured must notify the Company, which may withdraw with immediate effect due to increase of the Risk¹, by notifying the other party in writing within one month from the day on which it received the notice or otherwise became aware of the cause of uninsurability.

In any event, there is no obligation for the Company to pay any Indemnity.

In addition, insurance coverage is not provided to persons who, at the time of the activation of the Covers in this Module, suffer or have suffered from one of the following serious illnesses: stroke, heart attack, diabetes undergoing insulin therapy, recognised Disability due to progressive illnesses, illnesses treated with cardiovascular surgery, oncological Diseases, osteoporosis, arthrosis, paresis, plaque sclerosis, bone cancer.

It is understood that if the Company had been aware of the existence of any of the aforementioned circumstances prior to the activation of the Covers in this Module, it would not have consented to such activation and consequently no Indemnity is due. In the event of a diagnosis while the Covers are in force, the insurance coverage remains in force until the expiry of the Covers.

Art. 5.2 Exclusions

The following are excluded from the insurance coverage of the Basic, Comfort and Top formulae Covers:

- a. Accidents caused by driving any motor vehicle or watercraft if the Insured is not licensed in accordance with the regulations in force; however, Accidents suffered by the Insured are included in the Cover, even if the licence has expired, on condition that the Insured renews the document within 6 months or if the non-renewal is the exclusive and direct consequence of the consequences of the Claim itself;
- b. accidents occurring while driving or as a crew member on aircrafts in general and/or as a passenger on aircrafts of airline companies/operators for flights other than public passenger transport, on aircraft of aero clubs, on recreational or sport flying equipment (such as, for example, hang-gliders, microlights, paragliders);
- c. Accidents occurring in connection with sky diving or scuba diving activities in any capacity;
- d. accidents caused by the use of underwater vehicles;
- e. Accidents caused by intoxication while driving, abuse of mental health medication, use of narcotics or hallucinogenic substances. Intoxication is defined as an altered condition caused by the presence of a blood alcohol level in excess of 0.8 grams/litre;



- f. **Accidents caused by surgery, examinations or medical treatment that are not necessary for the treatment of Injuries resulting from Accidents indemnifiable under the insurance coverage;**
- g. **Accidents resulting from wilful offences committed or attempted by the Insured, including in conspiracy with others;**
- h. **Accidents caused by war and insurrection, unless the Insured is taken by surprise by the outbreak of such events abroad. In this case, coverage operates up to a maximum period of 14 days from the start of hostilities;**
- i. **Accidents suffered during voluntary enlistment, call-up for mobilisation or for exceptional reasons; however, Accidents occurring in Italy in peacetime are included in the Cover;**
- j. **Accidents that are direct or indirect consequences of transmutation of the nucleus of the atom and/or radiation caused by artificial acceleration of atomic particles;**
- k. **direct or indirect consequences of chemical or biological contamination resulting from Terrorist activity or war;**
- l. **Accidents resulting from the use and driving of motor vehicles on circuits used for motor sports, except in the case of motorbike or car rallies;**
- m. **Accidents resulting from participation in races and competitions (and related trials and training) involving the use of motorised watercraft;**
- n. **Accidents caused by the practice of any professional sport activity. Professional sport activity means a sport activity performed for consideration;**
- o. **Accidents resulting from the practice of the following sports activities in any capacity: boxing, heavy athletics, martial arts, wrestling in its various forms, mountaineering with rock or ice climbing above grade 3, free climbing, descending - with any means - river stretches with difficulty above grade 3 of the WW scale, caving, ski jumping with skis or water skis, backcountry skiing, kite-surfing, snow-kiting, acrobatic skiing, extreme skiing or snowboarding, bobsledding, rugby, American football, air sports in general, motor sports, extreme sports;**
- p. **Accidents resulting from participation in competitions organised by Sports Federations or Sports Bodies recognised by the Italian National Olympic Committee (C. O.N.I.) in football, five-a-side football (and the like), non-extreme skiing and snowboarding, cycling, equestrian sports, hockey.**

The following are also excluded from the insurance coverage of the Health formula Covers:

- q. **Surgeries and Hospitalisations after the expiry or early termination date for any reason of the Cover, even if the Disease has emerged, or the Accident has occurred, during the validity of the Cover;**
- r. **Surgeries and Hospitalisations that are a direct consequence of Accidents, Diseases, pathological conditions, Malformations, Physical anomalies known, treated and/or diagnosed prior to the activation of the Covers of this Module;**
- s. **physiological childbirth and non-therapeutic voluntary abortion;**
- t. **Surgeries and Hospitalisations for the elimination or correction of Physical anomalies;**
- u. **Surgeries for the elimination or correction of defects of vision due to refractive defects (e.g. correction of myopia and astigmatism);**
- v. **Surgeries and Hospitalisations related to Mental illnesses and mental disorders in general, including neurotic behaviour, manic-depressive forms, psychosis, schizophrenia, anxiety and/or depressive syndromes, as well as those related to nervous breakdown, psychological development disorders;**
- w. **intoxications resulting from alcohol abuse, use of hallucinogens and non-therapeutic use of psychotropic drugs and narcotics;**
- x. **surgeries and Hospitalisations aimed at treating infertility, sterility and impotence, and in any case those related to assisted and artificial insemination;**
- y. **medical services for exclusively dietary or aesthetic purposes, except for reconstructive plastic surgery made necessary by an Accident or oncological Disease. With regard to the application of breast endoprostheses, only those related to the anatomical site of the Injury are included;**



- z. Surgeries and Hospitalisations for the elimination or correction of Physical anomalies that existed prior to the activation of the Covers of this Module; deviation of the septum or the nasal pyramid are included in the Cover only if they were made necessary by an Accident, upon presentation of a certificate issued by the emergency medical centre and/or X-ray examination attesting to the fracture of the nasal bones;**
- aa. stays in retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phytotherapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, wellness centres in general and beauty farms or similar establishments;**
- bb. medical services that are not recognised by the International Authorities or that are not related to the treatment of the disease or accident that caused them;**
- cc. Hospitalisations and Day hospital during which only diagnostic tests or physical therapies are carried out, which, due to their nature, can also be performed on an outpatient basis;**
- dd. Hospitalisations for vegetative states, long-stay Hospitalisations, meaning those caused by the Insured's physical condition that no longer permits recovery with medical treatment and that result in the Insured having to stay in an Institute for Health Care for care or physiotherapeutic maintenance treatment;**
- ee. Surgery for the removal of implanted devices for internal fixation;**
- ff. outpatient surgical operations - meaning those performed other than in the course of Hospitalisation or Day surgery - even if performed in Institutes for Health Care;**
- gg. Surgeries and Hospitalisations related to direct and indirect consequences of transmutations of the nucleus of the atom, of radiation caused by artificial acceleration of atomic particles, unless caused by radiation used for medical therapies necessary for the treatment of Diseases of the Insured;**
- hh. Surgeries and hospitalisations related to consequences of war, insurrection, earthquakes, volcanic eruptions;**
- ii. dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implantology procedures.**



 **Are there limitations of coverage?**

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Permanent disability due to accident	5% up to 15 percentage points	-	-
Special coverage for children up to the age of 10: Permanent disability due to accident	25%	-	-
Special coverage for children up to the age of 10: Reimbursement of medical expenses due to accident	-	-	For physiotherapy and rehabilitation treatments 20% of the sum insured with a maximum of EUR 750.00.
Accident life annuity	65%	-	-
Daily allowance for hospitalisation due to accident	-	-	300 days per year and per Claim.
Reimbursement of medical expenses due to accident	-	10% with a minimum of EUR 200.00 per Claim	<ul style="list-style-type: none"> - Post-hospitalisation physiotherapy treatment reimbursement is limited to 30% of the sum insured indicated in the Policy with a maximum of EUR 1,000.00. - In the absence of Hospitalisation, for physiotherapy treatments reimbursement shall be limited to 20% of the sum insured indicated in the Policy with a maximum of EUR 1,000.00.
Indemnity for prolonged incapacity due to accident	-	-	90 consecutive days per period of incapacity.
Lump sum indemnity for surgery	-	-	-
Daily allowance for hospitalisation without surgery	-	-	180 days per year and per Claim.
Death by accident	-	-	-





Where does the coverage apply?

Art. 6.1 Where the Covers operate

The Covers operate worldwide.

Under what operating conditions do we insure?

OPERATING CONDITIONS FOR ACCIDENTS

The following operating conditions apply to the Covers of the formulae Basic, Comfort and Top

Art. 7.1 Indemnifiability Criteria

The Company shall pay the agreed Indemnity only for the direct and exclusive consequences of the Accident eligible for indemnification under the insurance coverage.

Therefore, the influence that the Accident may have had on the pre-existing physical or pathological conditions or conditions that have arisen after it, as well as the harm that they may cause to the Injuries produced by the Accident, are indirect consequences and therefore non indemnifiable.

In the case of pre-existing mutilations or physical anomalies, Indemnity for permanent Disability shall be paid only for the direct consequences of the Accident as if the Accident had affected the physically intact person, irrespective of the greater impairment resulting from the pre-existing condition.

Art. 7.2 List of Professional Activities under the Cover

The Covers of the Basic, Comfort and Top formulae are provided on condition that the Insured engages in one of the professional activities indicated in the following list.

It is not possible to activate the Covers of the formulae Basic, Comfort and Top if the activity exercised is not even by analogy among those listed:

Lumberjack/woodcutter

Cleaner

Shop assistant without loading and unloading and without use of machines

Agent and intermediary operating in the insurance, credit, trade, industry and various services sectors

Farmer using and driving agricultural machinery and driving trucks with a gross laden weight exceeding 3.5 t

Farmer not using and driving agricultural machinery and trucks with a gross laden weight exceeding 3.5 t

Hotelier/hotel service employee

Non-player sports coach

Breeder of animals with use of machinery, using and driving agricultural machinery and driving trucks with a gross laden weight of more than 3.5 t

Breeder of animals without using machinery and without using or driving agricultural machinery with a gross laden weight exceeding 3.5 t

Asset manager

Chemical analyst/biologist/medical analysis centre worker

Antenna technician

Antiquarian



Belonging to the clergy

Architect

Gunsmith with sales activity only

Craftsman for whom there is no other specific designation, with use of machinery but without access to building sites, roofs, scaffolding and scaffolding and not in contact with high-voltage currents, explosives or acids

Craftsman for whom there is no other specific designation, with use of machinery, with access to building sites, roofs, scaffolding or in contact with high-voltage currents, explosives or acids

Craftsman for whom there is no other specific designation, without use of machinery, without access to building sites, roofs, scaffolding and scaffolding and not in contact with high-voltage currents, explosives or acids

Performer (presenter, musician, conductor, director, singer, actor - excluding extras and stunt-men)

Variety show artist/dancer

Social worker

Driver (excluding taxi drivers) of vehicles in general/boat driver

Lawyer

Child/student

Barber/Hairdresser

Boatman/gondolier

Wealthy with no other professional activity

Petrol station manager, excluding car maintenance and washing activities

Petrol station manager, including car maintenance and washing activities

School Janitor

Shoemaker

Carabinieri (including former Forestry Corps)

Carpenter

Housewife with no other professional activity

Mine-free quarrying

Family helper/baby-sitter

Accountant and labour consultants

Trader (excluding hawker): without loading/unloading goods, without driving trucks with a gross laden weight exceeding 3.5 t.

Trader (incl. attendant) in furniture, household appliances and Hi-Fi, sanitary ware with installation/ itinerant trader

Travelling salesperson with transport and goods delivery

Travelling salesman without transport and delivery of goods

Tanner



Garment maker/knitter/textile industry worker: with use of motor-driven machines
Garment maker/knitter/textile industry worker: without use of motor-driven machines
Cook
Diplomat/ambassador
Executive/employee/manager
Artistic illustrator/graphic/painter
Electrician without access to roofs or scaffolding and not in contact with high-voltage currents
Army, Air Force, Navy (excluding flight)
Beautician/makeup artist/manicurist/pedicurist
Blacksmith
Woodworker
Pharmacist
Photographer/photojournalist/cameraman
Geologist
Surveyor with access to construction sites, roofs, scaffolding
Surveyor without access to building sites, roofs, scaffolding
Managers (including employees and waiters) of restaurants, trattorias, pizzerias, rotisseries, bars, cafés, ice cream parlours, pubs: excluding cooks and pizza makers
Gardener/florist with pruning and planting of tall trees and/or use of agricultural machinery
Gardener/nurseryman: excluding pruning of tall trees, without using and driving agricultural machinery and trucks with a gross laden weight exceeding 3.5 t
Journalist
Italian Tax Police
Night watchman/guard
Gamekeeper/fisheries/forest ranger
Tourist guide
Plumber
Painter without access to roofs, scaffolding
Entrepreneurs without manual labour and without access to construction sites, roofs, scaffolding
Contractor providing manual labour, with access to construction sites, roofs, scaffolding
Wearer and model
Nurse/paramedic/obstetrician
Engineer
Teacher with practice
Teacher without practice



Driving school instructor

Butcher

Warehouseman

Judge

Marble worker

Masseur/physiotherapist

Mechanic/bodyworker/tyre shop/electrician and the like

Physician (excluding radiologists)

Radiologist

Bricklayer

Notary

Dental technician

Worker (excluding bricklayer), also with use of machinery, but without access to building sites, roofs, scaffolding and not in contact with high-voltage currents, explosives or acids

Worker (excluding bricklayers, including electricians and painters) with use of machinery, with access to building sites, roofs, scaffolding or in contact with high-voltage currents, explosives or acids

Data processing centre operator/operator

Goldsmith/engraver

Watchmaker/jeweller

Frogman/diver

Baker/baker with production

Baker/baker without production

Leatherworker

Retired

Expert

Fisherman/sailer

Pizza maker

Politician/unionist

State Police and Prison Police

Doorman/keeper in general

Postman

Restorer with access to roofs, scaffolding

Restorer without access to roofs, scaffolding

Repairer of general household appliances (including radios and TVs without antenna intervention)

Tailor



Sculptor

Upholsterer

Taxi driver

Typographer/lithographer

Veterinary

Glazier

Window dresser

Fire brigade

Traffic police



What are my obligations? What are the company's obligations?

Art. 8.1 Change of residence

The Policyholder and the Insured must give immediate notice of any changes in the municipality of residence that occur during the validity of the Cover.

In the event of transfer of residence abroad, the Company may withdraw with immediate effect due to increase of the Risk². by notifying the Policyholder in writing within one month of the day on which it received the notice or otherwise became aware of the change.



When and how do I pay?

Art. 9.1 Adjustment of premium and sums insured

Without prejudice to the provisions of the Modulo Generale with reference to the payment of the Premium, the commencement of the Covers and the means of payment of the Premium, if expressly provided for in the Policy, at each yearly expiry for all activated Covers, excluding the Lump Sum Indemnity for Surgery and Daily Allowance for hospitalization without Surgery Covers, an adjustment of **1.5%** of the insured sums and the Premium shall be applied.

However, the following items are not subject to adjustment:

- **Absolute Deductibles,**
- **sums determining Deductible brackets**
- **minimum and maximum Uncovered Amounts;**
- **all values expressed as percentages;**
- **limitations of Indemnity.**

Art. 9.2 Premium adjustment according to the age of the Insured

On each annual expiry date for the Lump Sum Indemnity for Surgery and Daily Allowance for hospitalization without Surgery Covers - if provided for in the Policy - the Premium shall be updated according to the age progression of each Insured , with a lump-sum increase of 1.5% with respect to the previous year.

The adjustment does not operate in the case of the non-operation of the disease adjustment.





When does the coverage begin and when does it end?

Art. 10.1 Duration of Activated Covers

The Covers activated have the duration specified in the Policy for each of them

Art. 10.2 Activation and Deactivation of Optional Covers

This Module provides Basic Covers and Optional Covers. Optional Covers can only be activated if the corresponding Basic Covers are active. Optional Covers may be independently deactivated from the corresponding Basic Covers.

Art. 10.3 Exclusion Period

The Lump Sum Indemnity for Surgery and Daily Allowance for hospitalization without Surgery Covers are subject to the commencement of Exclusion Period, i.e., a period of time - subsequent to the date of activation of the Covers - during which the Covers, in whole or in part, are not effective.

The aforementioned Covers shall take effect as from midnight:

- a. of the day of payment of the relevant Accident Premium;
- b. of the 30th day following the day of payment of the relevant Diseases Premium;
- c. the one hundred and eightieth day following the day of payment of the relevant Diseases Premium that are the expression or direct consequence of pathological situations and Malformations that arose prior to the activation of the Cover, but that were unknown and/or undiagnosed at the time of activation.

If the Premium or Premium instalment is paid prior to the date of activation of the Cover indicated in the Policy, the Exclusion Period starts at midnight on the day of activation.

If this contract replaces another contract, without interruption and concerning the same Insureds, in which the Lump Sum Indemnity for Surgery and Daily Allowance for hospitalization without Surgery Covers are already provided, the aforementioned Exclusion Period shall apply:

- from the day on which the replaced contract took effect for the benefits and maximums provided for by the latter;
- from the day on which this contract takes effect, limited to the higher sums insured and the different benefits provided for thereunder.

Similarly, in the event of changes occurring during the insurance period, for higher sums and different insured benefits, the Exclusion Period shall commence at midnight on the day of effect of the change indicated in the Policy or at midnight on the day of payment of the Premium relating to the change, whichever is later.

If the Premium or subsequent instalments of Premium are paid more than 90 days late with respect to the due date stipulated in the contract, the aforementioned Exclusion Period shall begin again at midnight on the day of payment.



How can I cancel the Covers?

Art. 11.1 Cancellation and extension of activated Covers

Unless otherwise stated in the Policy, upon expiry, the duration of the activated Covers is extended for one year and so on. In this case, the Policyholder or the Company may prevent the tacit extension by giving notice of cancellation within the terms and according to the procedures indicated in the General Terms and Conditions of Insurance set out in the Modulo Generale in **compliance with the interdependence constraints between the Covers.**



PROVISIONS APPLICABLE IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 Accident report

The report of the Accident, indicating the place, day and hour of the event and the relevant causes, accompanied by a medical certificate, shall be made in writing by the Policyholder, the Insured or another person on their behalf, within 10 days of becoming aware of it or having the opportunity to do so.

The course of the Injury shall be documented by further medical certificates, until the recovery is complete.

The Insured or their family members shall allow Generali Italia to carry out the necessary investigations, evaluations and assessments, to be performed in Italy.

Generali Italia shall be notified immediately in the event of death of the Insured caused by an Accident or if death occurs during the period of treatment.

Breach of obligations relating to reporting the Claim may result in the total or partial loss of the right to indemnity³.

Art. 1.2 Reporting surgery or hospitalisation

The notification of the surgery or hospitalisation must be made in writing by the Insured within 15 days of discharge, presenting the necessary medical documentation, including complete medical records in a true copy of the original, including the hospital discharge form (H.D.S.).

The Insured or his assignees must allow the medical examination by the doctors sent by the Company and the necessary investigations, analyses and assessments to determine the right to Indemnity.

Art. 1.3 Payment of indemnity

Upon receipt of the documents necessary to establish the right to Indemnity and to quantify it in accordance with the Specific Terms and Conditions of these Covers, the Company shall:

- proceed with the payment;
- send the communication of the reasons why the Indemnity cannot be paid.

The payment or communication will in any case be made within thirty (30) days:

- upon receipt of the complete documentation, or
- after the conclusion of the assessment procedure, if any, with a deed of payment or report of an expert's report, initiated in accordance with these Specific Terms and Conditions.

This is without prejudice to any different terms and conditions provided for specific Covers, to which the customer is referred for specific verification.

The Company will in any case carry out the payment of any undisputed sums.

Art. 1.4 Methods of payment Reimbursement of medical expenses

Reimbursement is made once treatment has been completed and proper supporting documentation has been submitted in original.

In order to obtain reimbursement of the expenses, it is necessary to present the original tax-valid documents of the relevant pro-forma invoices, bills and receipts with full discharge, subject to the uncovered amount provided for in the Policy.

If the Insured has presented the original of the pro forma invoices, bills and receipts to third parties in order to obtain reimbursement, the Company shall pay the amount due under the Accident Medical Expense Reimburse-



ment Cover, once it has received a copy of the certification of the expenses actually incurred, net of the amount to be paid by said third parties.

For expenses incurred abroad, reimbursements are made in Italy in the currency that is legal tender in Italy at the average exchange rate for the week in which the expense was incurred by the Insured, obtained from official quotations.

Art. 1.5 Disputes - Contractual expert procedure

In the event of disputes of a medical nature, the parties may refer the decision to a discussion between a doctor trusted by the Company and a doctor appointed by the Insured. The agreement is binding on the parties.

In the event of disagreement on disputed points, the two doctors appoint a third doctor with the consent of the parties.

In the event of disagreement between the two doctors on the appointment of the third one, the President of the Medical Association closest to the Insured's place of residence may appoint the third doctor, at the request of even only one of the parties.

The Third Doctor intervenes only in the event of disagreement and decisions on disputed points are taken by majority vote and are binding on the parties.

Each doctor is entitled to be assisted and supported by other doctors and/or specialists, who may intervene in the expert procedure, but have no decisive vote.

Each party bears the costs of its own doctor and the professionals appointed by its own doctor who assisted in the expert procedure. The expenses and fees of the third doctor are shared equally between the Insured and the Company.

The results of the expert operations are collected in a report drawn up in two copies, one for the Insured and one for the Company.

Art. 1.6 Waiver of recourse

The Company renounces its right of recourse⁴ towards any parties responsible for the indemnified damaging event, in favour of the Insured and their assignees, leaving them free to assert any claims against the parties responsible. It thus leaves intact the rights of the Insured and his assignees against those responsible.



How can I cancel the Covers?

Art. 2.1 Withdrawal in the event of a claim

The Policyholder or the Company may withdraw, following the notification of any Claim relating to the Covers activated with this Module, within the limits and with the effects provided below.

1. If the Lump sum indemnity Diseases Covers for surgery and daily allowance for hospitalisation without surgery have been activated, the right of withdrawal cannot be exercised by either party in respect of Claims relating to the same.
2. If one or more of the Covers listed below have been activated, the right of withdrawal may be exercised by either party for the entire duration of the Covers following each Claim relating thereto.

List of Covers:

- Permanent disability due to accident
- Accident life annuity
- Daily allowance for hospitalisation due to accident



- Death by accident
- Reimbursement of medical expenses due to accident
- Indemnity for prolonged incapacity due to accident

In this case:

- if it is the Policyholder who withdraws, the withdrawal takes effect for all the Covers provided for in the Module;
- if the Company withdraws, if the Lump Sum Indemnity for Surgery and Daily Allowance for hospitalization without Surgery Covers are effective, they shall remain active for their residual duration; however, the Policyholder may also withdraw from these Covers, by notifying the Company by registered letter or Certified Electronic Mail sent within 15 days of receipt of the notice of withdrawal due to a Claim from the Company. In this case, all Covers in the Module shall cease 30 days after the date of receipt by the Policyholder of the notice of withdrawal sent by the Company.

Withdrawal may be exercised according to the terms and conditions indicated in the Modulo Generale's General Terms and Conditions of Insurance, therefore, the termination of the Covers of this Module following withdrawal shall also entail the simultaneous termination of the specific related Covers activated in the Modulo PREVENZIONE E ASSISTENZA.

Withdrawal due to Claim may be exercised after each Claim reported under the terms of the contract and up to the sixtieth day after the payment or refusal of the Indemnity and:

- must be communicated in writing by registered letter with return receipt or by Certified E-Mail;
- if it is exercised by the Policyholder, it shall take effect from the date of receipt of the notice;
- if it is exercised by the Company, it shall take effect 30 days after the date of receipt of the notice.

In all cases of withdrawal, by the fifteenth day following the effective date of withdrawal, the Company shall reimburse the Policyholder for the portion of the Premium relating to the period of time in which the risk was not incurred, if any, excluding taxes.

The payment or collection of Premiums due after the Claim report or any other action of the parties shall not be construed as their waiver of the right of withdrawal.

1 Article 1898 of the Italian Civil Code.
2 Article 1898 of the Italian Civil Code.
3 In accordance with Article 1915 of the Italian Civil Code
4 As derived from Article 1916 of the Italian Civil Code.



SURGERY LIST

The list of Surgeries refers to the **Lump Sum Indemnity for Surgery Cover**.

To facilitate consultation of the list and identification of the class associated with each surgery, groupings were made according to system, organ or apparatus, and, within each, by type of surgery.

The code system used is the ICD9-CM classification recognised and published by the World Health Organisation.

Surgeries of the nervous system (01-05)

Surgeries of the endocrine system (06-07)

Surgeries of the eye (08-16)

Surgeries of the ear (18-20)

Surgeries of the nose, mouth and pharynx (21-29)

Surgeries of the respiratory system (30-34)

Surgeries of the cardiovascular system (35-39)

Surgeries of the blood and lymphatic system (40-41)

Surgeries of the digestive system (42-54)

Surgeries of the urinary system (55-59)

Surgeries of the male genital organs (60-64)

Surgeries of the female genital organs (65-71)

Surgeries of the musculoskeletal system (76-84)

Tegument surgeries (85-86)



Surgeries of the nervous system (01-05)

Intervention type	ICD9	Intervention name	CLASS
Transcranial puncture, ventricular drainage drilling	0101	Cisternal puncture	III
	0102	Ventricular puncture using an implanted catheter	
	0109	Another skull puncture	
Craniotomy and craniectomy (decompressive and/or exploratory for epidural abscess, extradural haematoma, foreign body, intracranial aneurysm)	0124	Other craniotomy	IV
	0125	Other craniectomy	
Thalamotomy and globus pallidus surgeries	014	Thalamotomy and globus pallidus surgeries	V
Hemispherectomy	0152	Hemispherectomy	VII
Cerebral lobectomy	0153	Brain lobectomy (for organic injury)	VI
Lobotomy and nerve surgery	0132	Lobotomy and nerve surgery	V
	0131	Incision of the cerebral meninges	
Removal or demolition of deep brain injury or tissue and/or removal of granulation tissue. Incision of the brain and meninges	0139	Other brain incisions	VI
	0151	Removal of injury or tissue of the cerebral meninges	
	021	Treatment of injuries of the cerebral meninges	
	029	Other surgeries of the skull, brain and meninges	
	0159	Other removal or destruction of brain injury or tissue	
Ventriculostomy and ventricular shunt placement, replacement, removal or revision	016	Excision of skull lesions	IV
	022	Ventriculostomy	
	0231	Anastomosis between ventricle and head and neck structures	
	0232	Anastomosis between ventricle and circulatory system	
	0233	Anastomosis between ventricle and thoracic cavity	
	0234	Anastomosis between the ventricle, abdominal cavity and its organs	
	0235	Anastomosis between ventricle and urinary apparatus	
	0239	Other surgeries for ventricular drainage	
0242	Replacement of ventricular anastomosis		
Implantation, replacement or removal of intracranial neurostimulator	0293	Intracranial neurostimulator implantation	III
	0122	Removal of intracranial neurostimulator	
Application, replacement or removal of transcranial traction or halo device	0294	Application or replacement of transcranial traction or halo device	I
	0295	Removal of transcranial traction or halo device	
Implantation or replacement of peripheral nerve neurostimulator	0492	Implantation or replacement of peripheral nerve neurostimulator	II
Removal of peripheral nerve neurostimulator	0493	Removal of peripheral nerve neurostimulator	I



Surgeries of the nervous system (01-05)

Intervention type	ICD9	Intervention name	CLASS
Exploration and decompression of spinal canal structures (root decompression laminectomy, laminotomy, foraminotome)	0302	Reopening of previous laminectomy	V
	0309	Further exploration and decompression of the spinal canal	
Cordotomy and rhizotomy	0329	Other cordotomy	III
Percutaneous cordotomy (stereotactic)	0321	Percutaneous cordotomy	IV
Excision of spinal cord injury and plastic surgery of the spinal cord	034	Removal or demolition of an injury of the spinal cord or meninges	V
	0359	Other repair and plastic surgery of the spinal cord	
	036	Separation of spinal cord and nerve root adhesions	
Rehabilitation of vertebral fractures	0353	Repair of vertebral fractures	IV
Creation, revision and removal of spinal shunts	0379	Other spinal anastomosis	II
	0397	Revision of spinal anastomosis	
	0398	Removal of spinal anastomosis	
Subarachnoid-peritoneal shunt creation or subarachnoid-ureteral anastomosis	0371	Subarachnoid-peritoneal spinal	IV
	0372	Subarachnoid ureteral spinal anastomosis	
Implantation, replacement or removal of spinal neurostimulator	0393	Placement or replacement of spinal neurostimulator	II
	0394	Removal of spinal neurostimulator	
Other surgeries of the spinal cord and vertebral canal	0399	Other surgeries on the spinal cord and spinal canal structures	IV
Section and removal of cranial and peripheral nerves (excluding opticociliary neurectomy, sympathetic gangliectomy, acoustic neurinoma and trigeminal neurotomy)	0404	Other incision of cranial and peripheral nerves	V
	0407	Other cranial and peripheral nerve resection or removal	
Acoustic neuroma removal by craniotomy	0401	Removal of acoustic neuroma	III
Trigeminal retrogasserian section; trigeminal root decompression	0402	Section of the trigeminal nerve	III
	0441	Trigeminal root decompression	
Gangliectomy of cranial or peripheral nerve	0405	Gangliectomy of Gasser's ganglion	V
	0406	Other cranial or peripheral nerve gangliectomies	
Section of sympathetic nerve or ganglion, sympathectomy	0529	Other sympathectomies and gangliectomies	V
Demolition of cranial or peripheral nerves	042	Demolition of cranial and peripheral nerves	V
Suturing of cranial and peripheral nerves (excluding sympathetic nerves) cranial or peripheral nerves	043	Cranial and peripheral nerve sutures	V



Surgeries of the nervous system (01-05)

Intervention type	ICD9	Intervention name	CLASS
Suturing of nerves or sympathetic ganglia	058	Other surgeries of nerves or sympathetic ganglia	V
Separation of adhesions and decompression of cranial and peripheral nerves (excluding trigeminal, carpal tunnel and tarsal)	0442	Other cranial nerve decompression	V
	0449	Other decompression of peripheral nerves and ganglia, or separation of adhesions	
Carpal or tarsal tunnel release	0443	Carpal tunnel release	II
	0444	Tarsal tunnel release	
Nerve graft or transplantation	045	Cranial or peripheral nerve grafting	III
	046	Transposition of cranial and peripheral nerves	
Cranial or peripheral neuroplasty	0499	Other cranial and peripheral nerve surgeries	IV

Surgeries of the endocrine system (06-07)

Intervention type	ICD9	Intervention name	CLASS
Exploration and drainage of the thyroid region, including foreign body removal	0601	Suction in the thyroid region	I
	0602	Reopening of wound in the thyroid region	
	0609	Another incision of the thyroid region	
Partial thyroidectomy and/or parathyroidectomy and other thyroid and/or parathyroid operations	062	Unilateral thyroid lobectomy	III
	0631	Removal of thyroid injury	
	0639	Other partial thyroidectomy	
	067	Removal of the thyroglossal tract or duct	
	0689	Other parathyroidectomy	
Complete thyroidectomy	0698	Other thyroid surgeries	V
	064	Complete thyroidectomy	
Complete parathyroidectomy	0681	Complete parathyroidectomy	IV
Retrosternal thyroidectomy (complete or partial)	0651	Partial retrosternal thyroidectomy	V
	0652	Complete retrosternal thyroidectomy	
Unilateral or partial adrenalectomy and other surgeries of the adrenal gland	0722	Unilateral suprarenectomy	V
	0729	Other partial adrenalectomy	
	0741	Incision of the adrenal glands	
	0742	Section of nerves afferent to the adrenal glands	
	0743	Ligation of adrenal gland vessels	
	0744	Repairing the adrenal glands	
	0745	Reimplantation of the adrenal glands	
Bilateral adrenalectomy	0749	Other operations on nerves, vessels and adrenal glands	V
	073	Bilateral adrenalectomy	



Surgeries of the endocrine system (06-07)

Intervention type	ICD9	Intervention name	CLASS
Removal (complete or partial) and other operations on the pineal gland and pituitary gland	0754	Pineal gland removal	
	0761	Partial removal of the pituitary gland, trans-frontally	V
	0762	Partial removal of the pituitary gland by transsphenoidal route	
Removal (complete or partial) and other operations on the pineal gland and pituitary gland	0763	Partial removal of the pituitary gland by an unspecified route	
	0764	Total removal of the pituitary gland via the trans-frontal route	
	0765	Total removal of the pituitary gland by transsphenoidal route	V
	0768	Total removal of the pituitary gland by another specified route	
	0769	Total removal of the pituitary gland by an unspecified route	
Removal (complete or partial) and other operations on the thymus	0782	Total removal of the thymus	
	0793	Thyme repair	IV

Surgeries of the eye (08-16)

Intervention type	ICD9	Intervention name	CLASS
Eyelid surgery, correction and removal of lesions	0820		
	0822	Removal of other small injury of the eyelid	I
	0823	Excision of extensive injury of the non-full-thickness eyelid	
Chalazion and blepharorrhaphy removal	0821	Chalazion removal	I
Excision of injury, full-thickness, entropion/ectropion, blepharoptosis	0824	Removal of extensive injury of the eyelid, full-thickness	
	0833	Correction of blepharoptosis with resection or advancement of the elevator muscle or its aponeurosis	
	0836	Correction of blepharoptosis with other techniques	II
	0843	Repair of entropion or ectropion with wedge resection	
	0849	Other repair of entropion or ectropion	
Specillation of tear ducts	0943	Instillation of the nasolacrimal duct	
	0942	Instillation of the lacrimal canaliculi	I
Tear duct surgeries	0923	Total dacryoadenectomy	
	0944	Nasolacrimal duct intubation	
	0959	Other tear duct incision	
	096	Removal of the lacrimal sac and ducts	II
	0981	Dacryocystorhinostomy	
Surgeries of the conjunctiva	0999	Other surgeries of the lacrimal apparatus	
	1031	Removal of injury or tissue of the conjunctiva	
	1049	Other plastic subjunctive	
Corneal surgery and foreign body removal	1149	Other removal or destruction of corneal injury	I



Surgeries of the eye (08-16)

Intervention type	ICD9	Intervention name	CLASS
Pterygium removal or transposition, corneal repair	1131	Transposition of pterygium	I
	1139	Other removal of pterygium	
	1151	Suture of corneal wound	
	1159	Other corneal repair	
Corneal transplantation and keratoplasty	1160	Cornea transplant, not otherwise specified	III
	1164	Other homologous perforating keratoplasty	
Anterior foreign body removal, iridotomy, iridectomy	1200	Intraocular foreign body removal from the anterior segment of the eye, without further indications	II
	1212	Another iridotomy	
	1214	Other iridectomy	
Iridoplasty, goniotomy, trabeculectomy, sclera fistulisation	1239	Other iridoplasty	I
	1259	Other surgeries to facilitate intraocular circulation	
	1264	Trabeculectomy ab externo	
	1169	Other sclera fistulisation operations	
Cyclodiathermy and cyclocryotherapy	1271	Cyclodiathermy	I
	1272	Cyclocryotherapy	
Other sclera surgeries	1273	Cyclophotocoagulation	II
	1279	Other glaucoma operations	
	1289	Other sclera surgeries	
	1441	Scleral sealing with implant	
	1449	Other scleral indentations	
Other operations on the iris, ciliary body and anterior chamber	129	Other operations on the iris, ciliary body and anterior chamber	III
Surgery of the lens, including removal of foreign body with lens implant, capsulotomy, removal of implanted lens	1300	Removal of foreign body from lens, without further indications	III
	1319	Other intracapsular lens extraction	
	132	Extracapsular cataract extraction with linear extraction technique	
	133	Extracapsular lens extraction with simple aspiration technique (and irrigation)	
	1341	Phacoemulsification and cataract aspiration	
	1342	Phacofragmentation and aspiration of cataracts via pars plana	
	1343	Mechanical phacofragmentation and cataract aspiration	
	1351	Extracapsular lens extraction	
	1359	Other extracapsular lens extraction	
	1370	Artificial lens insertion, without further indications	
	139	Other lens surgeries	
	1364	Capsulotomy with YAG-laser after cataract extraction	
	1371	Insertion of intraocular artificial lens at the time of cataract extraction, performed simultaneously	
	1372	Secondary artificial lens implant	
138	Removal of implanted lens		



Surgeries of the eye (08-16)

Intervention type	ICD9	Intervention name	CLASS
Retinal photocoagulation	1424	Photocoagulation of chorioretinal injury with laser	I
	1434	Retinal tear repair by argon (laser) photocoagulation	
Operations on the retina and its anatomical components including operations on the posterior chamber	1429	Other treatment of chorioretinal injuries	II
	1454	Retinal detachment repair by laser photocoagulation	
	1459	Other retinal detachment repair	
	146	Removal of surgically implanted material from the posterior segment of the eye	
Other operations on the vitreous body, retina and posterior chamber	1471	Anterior (limbal) vitrectomy	III
	1472	Other vitreous body removal	
	1474	Other mechanical vitrectomy	
	1479	Other surgeries of the vitreous body	
Other operations on the retina, choroid and posterior chamber	149	Other operations on the retina, choroid and posterior chamber	II
Surgeries of the muscular-tendinous structures of the eye	1511	Retraction of an extraocular muscle	II
	1513	Resection of an extraocular muscle	
	153	Operations on two or more extraocular muscles requiring temporary detachment from the bulb, one or both eyes	
Orbitotomy	1601	Orbitotomy with bone flap	IV
Evisceration and removal of eyeball contents	163	Evisceration of the eyeball	II
Enucleation and other interventional procedures related to bulb enucleation	1659	Further evisceration of orbit contents	III
Surgeries related to previous eyeball surgery	1669	Other secondary operations after eyeball removal	II
Repair of eyeball and orbit injuries	1689	Other repair of injury to the eyeball or orbit	II
Other surgeries of the orbit	1698	Other surgeries of the orbit	II

Surgeries of the ear (18-20)

Intervention type	ICD9	Intervention name	CLASS
External ear injury removal, incision and other minor operations on the external ear	1829	Removal or demolition of other injury of the outer ear	I
Ear canal and auricle reconstruction	1871	Reconstruction of an auricle	IV
Stapedectomy, myringoplasty, tympanoplasty	1911	Stapedectomy with anvil replacement	IV
	1919	Other stapedectomy	
	194	Myringoplasty	



Surgeries of the ear (18-20)

Intervention type	ICD9	Intervention name	CLASS
Stapedectomy, myringoplasty, tympanoplasty	1952	Type II tympanoplasty	IV
	1953	Type III tympanoplasty	
	1954	Type IV tympanoplasty	
	196	Tympanoplasty revision	
Myringotomy and stirrup mobilisation	2001	Myringotomy with tube insertion	I
	2009	Other myringotomy	
Mastoidectomy, other middle ear surgery	193	Other surgeries of the ossicle chain	III
	2021	Mastoid incision	
	2041	Simple mastoidectomy	
	2042	Radical mastoidectomy	
	2049	Other mastoidectomy	
	2091	Timpanosimpatectomia	
Inner ear surgery	207	Incision, excision and demolition of the inner ear	IV
	2098	Implantation or replacement of cochlear prosthetic device, multiple channel	
Electromagnetic hearing aid implant	2098	Implantation or replacement of cochlear prosthetic device, multiple channel	III

Surgeries of the nose, mouth and pharynx (21-29)

Intervention type	ICD9	Intervention name	CLASS
Nose surgery \ nasal fracture reduction	2130	Excision or demolition of nose injury, without further indications	II
	2171	Closed reduction of non-open nasal fracture	
	2172	Open reduction of nasal fracture	
Other nose operations	2161	Turbinectomy by diathermy or cryosurgery	I
	2162	Rupture of the turbinates	
	2169	Other turbinectomy	
Sinus and maxillary surgeries	222	Intranasal antrotomy	III
	2231	Radical maxillary antrotomy	
	2261	Removal of maxillary sinus injury according to Caldwell-Luc	
	2262	Removal of sinus injury by other approach	
	2263	Ethmoidectomy	
Glossectomy \ glossoplasty	2264	Sphenoidectomy	II
	251	Removal or destruction of injury or tissue of the tongue	
	252	Partial glossectomy	
	2559	Other repair and plastic surgery of the tongue	
	259	Other tongue surgeries	



Surgeries of the nose, mouth and pharynx (21-29)

Intervention type	ICD9	Intervention name	CLASS
Salivary gland surgery	2629	Other removal of salivary gland injury	II
	2630	Scialoadenectomy, without further indications	
	2631	Partial syndenectomy	
	2632	Complete sialoadenectomy	
	2699	Other operations on salivary glands or ducts	
Drainage of the face and floor of the mouth	270	Drainage of the face and floor of the mouth	I
Suturing or incision procedures on structures of the oral cavity	2761	Suture of palatal laceration	I
	2791	Labial phrenulotomy	
Palate surgery/other mouth surgery	2731	Local removal or destruction of injury or tissue of the bony palate	II
	2742	Extensive excision of lip injury	
	2743	Other removal of injury or tissue of the lip	
	2749	Other removal of the mouth	
	2759	Other plastic repair of the mouth	
Uvula surgeries	2779	Other surgeries of the uvula	I
Other operations on tonsils and adenoids	280	Incision and drainage of tonsillar and peritonsillar structures	I
Tonsillectomies and adenoidectomies	282	Tonsillectomy without adenoidectomy	II
	283	Tonsillectomy with adenoidectomy	
	286	Adenoidectomy without tonsillectomy	
Pharyngeal surgery	292	Removal of cysts or vestiges of the branchial fissure	IV
	2939	Removal or destruction of injury or tissue of the pharynx	

Surgeries of the respiratory system (30-34)

Intervention type	ICD9	Intervention name	CLASS
Excisions of laryngeal lesions, parietal laryngectomies	3009	Other removal or destruction of injury or tissue of the larynx	III
	3029	Other partial laryngectomy	
Excision of laryngeal cysts / adhesions of the trachea or larynx	3001	Marsupialization of laryngeal cyst	III
	3192	Lysis of adhesions of the trachea or larynx	
Cordectomies, epiglottidectomies	3021	Epiglottidectomy	III
	3022	Cordectomy	
Total laryngectomy	303	Complete laryngectomy	V
	304	Radical laryngectomy	
Tracheostomy	311	Temporary tracheostomy	II
	3121	Mediastinal tracheostomy	
	3129	Other permanent tracheostomy	



Surgeries of the respiratory system (30-34)

Intervention type	ICD9	Intervention name	CLASS
Tracheal injury removal/ demolition	315	Local removal or demolition of injury or tissue of the trachea	V
Laryngorrhaphy	3161	Laceration suture of the larynx	II
	3169	Other larynx repair	
Tracheorrhaphy / tracheostoma closure / tracheal plastics	3171	Suturing a tear in the trachea	II
	3172	Closure of external trachea fistula	
	3173	Closure of another fistula of the trachea	
	3179	Other repair and plastic surgery of the trachea	
	3199	Other surgeries of the trachea	
Laryngeal nerve resection, tracheoesophageal fistulisation, other larynx operations	3191	Laryngeal nerve resection	III
	3195	Tracheoesophageal fistulisation	
	3198	Other larynx surgeries	
Laryngeal or tracheal stent replacement	3193	Laryngeal or tracheal stent replacement	III
Plication of emphysematous bubbles	3221	Plication of emphysematous bubbles	III
Lung resections and removal of bronchial or lung injuries	3209	Other local removal or demolition of injury or tissue of the bronchi	V
	3229	Other local excision or demolition of lung injury or tissue	
	323	Segmental resection of the lung	
Lung Lobectomy	324	Lung lobectomy	V
Pneumonectomy	325	Complete pneumonectomy	V
	329	Other lung removal	
Endoscopic bronchial or pulmonary excision and demolition	3201	Endoscopic removal or demolition of bronchial injury or tissue	I
	3228	Endoscopic removal or destruction of lung injury or tissue	
Surgical collapse of the lung	3339	Other surgical collapse of the lung	I
Thoracoplasty	3334	Thoracoplasty	III
Bronchial repair and plastic surgery	3348	Other repair and plastic surgery of the bronchi	IV
	3398	Other bronchial surgeries	
Lung transplantation	335	Lung transplantation	VII
Heart-lung block transplantation	336	Combined heart-lung transplantation	VII
Thoracotomy	3402	Exploratory thoracotomy	III
	3409	Another incision of the pleura	
Mediastinal incision/excision	343	Removal or demolition of mediastinal injury and tissue	V
Thoracectomy	344	Excision or demolition of chest wall injury	III
Lung and pleural decortication	3451	Decortication of the lung	III
	3459	Other removal of the pleura	



Surgeries of the respiratory system (30-34)

Intervention type	ICD9	Intervention name	CLASS
Chest wall repair or plastic surgery	3471	Thoracic wall tear suture	III
	3473	Closure of other chest fistula	
	3479	Other chest wall repair	
	3499	Other chest operations	
Repairing the diaphragm	3481	Removal of injury or tissue of the diaphragm	V
	3483	Closure of diaphragm fistula	
	3485	Pace-maker implantation in the diaphragm	
	3489	Other diaphragm surgeries	
Thoracentesis	3491	Thoracentesis	I

Surgeries of the cardiovascular system (35-39)

Intervention type	ICD9	Intervention name	CLASS
Closed-heart valvulotomy	350	Closed-heart valvulotomy	V
Open-heart valvuloplasty, heart valve replacement	3510	Open-heart valvuloplasty without replacement, valve not specified	IV
	3512	Open-heart mitral valve valvuloplasty without replacement	
	3520	Unspecified heart valve replacement	
	3521	Aortic valve replacement with bioprosthesis	
	3522	Other aortic valve replacement with prosthesis	
	3523	Mitral valve replacement with bioprosthesis	
	3524	Mitral valve replacement with prosthesis	
	353	Surgeries of structures adjacent to heart valves	
Other operations on valves and septa of the heart	3596	Percutaneous valvuloplasty	IV
Coronary angioplasty and/or single and/or multiple coronary atherectomy with or without stents	3602	Percutaneous transluminal single vessel coronary angioplasty [PTCA] or coronary arterectomy with mention of thrombolytic agent	III
	3605	Percutaneous transluminal coronary angioplasty on multiple vessels [PTCA] or coronary atherectomy performed during the same operation, with or without mention of thrombolytic agent	
	3606	Stent insertion in the coronary artery	
Aortocoronary bypass of a coronary artery, cardiac revascularisation, other heart vessel operations	3610	Aortocoronary bypass for cardiac revascularisation, without further indications	V
	3611	Aortocoronary bypass of a coronary artery	
	3619	Other bypass for cardiac revascularisation	
	369	Other surgeries of the vessels of the heart	
Aortocoronary bypass of multiple coronary arteries	3612	Aortocoronary bypass of two coronary arteries	VI
	3613	Aortocoronary bypass of three coronary arteries	
	3614	Aortocoronary bypass of four or more coronary arteries	
	3615	Single internal mammary bypass - coronary artery	
	3616	Double internal mammary bypass - coronary artery	



Surgeries of the cardiovascular system (35-39)

Intervention type	ICD9	Intervention name	CLASS
Pericardiocentesis	370	Pericardiocentesis	I
Cardiotomy and pericardiotomy	3711	Cardiotomy	II
	3712	Pericardiotomy	
Pericardiectomy and excision of heart injury	3731	Pericardiectomy	V
	3734	Catheter removal of injury or tissue of the heart	
	374	Heart and pericardium repair	
Heart transplant	375	Heart transplant	VII
Implantation / replacement of assisted circulation systems	3762	Implantation of other assisted circulation systems	V
	3763	Replacement and repair of assisted circulation systems	
Temporary and/or permanent, initial or replacement pace-maker insertion	3771	Initial transvenous electrode insertion in the ventricle	III
	3772	Initial insertion of transvenous electrodes in the atrium or ventricle	
	3778	Temporary transvenous pacemaker insertion	
	3779	Revision or repositioning of pace-maker pocket	
	3780	Permanent pace-maker insertion, initial or replacement, instrument type not specified	
	3781	Initial insertion of single-chamber device, not specified as a response frequency	
	3782	Initial insertion of single-chamber device, response frequency	
	3783	Initial insertion of double chamber, atrio-ventricle sequential device	
	3785	Replacement of any pace-maker with a single-chamber device not specified as a response frequency	
	3786	Replacement of any pace-maker with single-chamber device, response frequency	
Implantation or replacement of defibrillator	3787	Replacement of any pace-maker with a dual chamber	III
	3794	Implantation or replacement of automatic defibrillator, total system [AICD].	
Incision or resection of vessels of the limbs and head and neck	3798	Replacement of automatic defibrillator pulse generator only	V
	3802	Engraving of other vessels of the head and neck	
	3803	Incision of other vessels of the upper limb	
	3808	Incision of arteries of the lower limb	
Incision or resection of vessels of the limbs and head and neck	3809	Incision of veins of the lower limb	V
	3832	Resection of other vessels of the head and neck with anastomosis	
	3833	Upper limb vessel resection with anastomosis	
	3838	Resection of lower limb arteries with anastomosis	
	3842	Resection of other head and neck vessels with replacement	
	3843	Upper limb vessel resection with replacement	
	3848	Lower limb artery resection with replacement	



Surgeries of the cardiovascular system (35-39)

Intervention type	ICD9	Intervention name	CLASS
Intracranial vessel incision/ resection	3801	Incision of intracranial vessels	VI
	3831	Intracranial vessel resection with anastomosis	
	3841	Intracranial vessel resection with replacement	
Incision of aorta or thoracic and abdominal vessels	3804	Incision of the aorta	VI
	3805	Incision of other thoracic vessels	
	3806	Incision of abdominal arteries	
	3807	Incision of abdominal veins	
	3844	Resection of the aorta, abdominal with replacement	
	3845	Resection of other thoracic vessels with replacement	
Endoarteriectomy	3812	Endoarteriectomy of other vessels of the head and neck	IV
	3818	Endoarteriectomy of lower limb arteries	
Ligation and stripping of varicose veins	3850	Ligation and stripping of varicose veins, location not specified	II
	3859	Ligation and stripping of varicose veins of the lower limb	
Intracranial varicose vein ligation	3851	Ligation of intracranial varicose veins	III
Ligation of thoracic and abdominal varicose veins	3855	Ligation of thoracic varicose veins	III
	3857	Ligation of abdominal varicose veins	
Removal of arteries and/or veins on the neck or limbs	3862	Other removal of other vessels of the head and neck	III
	3869	Other removal of veins of the lower limb	
Excision of arteries and/or veins on the thoracic and abdominal sides	3864	Other removal of the aorta, abdominal	VI
	3865	Other thoracic vessel removal	
Surgical occlusion of intracranial arteries and/or veins or of the neck or chest or abdomen or limbs	387	Interruption of the vena cava	III
	388	Other surgical occlusion of vessels	
Non-coronary vascular anastomoses or bypasses	390	Systemic pulmonary arterial anastomosis	IV
	391	Intra-abdominal venous anastomosis	
	3925	Aorto-iliac-femoral bypass	
	3929	Other (peripheral) anastomoses or vascular bypasses	
Extra-intracranial vascular bypass	3928	Extracranial-intracranial vascular bypass (EC-IC)	V
Suturing of vessels and/or arteries, removal or revision of arteriovenous anastomoses	3927	Arteriovenostomy for renal dialysis	I
	3931	Artery suture	
	3932	Vein suture	
	3942	Revision of arteriovenous anastomosis for renal dialysis	
	3943	Removal of arteriovenous anastomosis for renal dialysis	
	3949	Another review of vascular surgeries	



Surgeries of the cardiovascular system (35-39)

Intervention type	ICD9	Intervention name	CLASS
Angioplasty or atherectomy of non-coronary vessel	3950	Angioplasty or atherectomy of non-coronary vessel	IV
Aorta dissection surgery	3954	Aorta dissection surgery	VI
Repairing blood vessels with patches of any kind	3951	Clipping of aneurysms	II
	3952	Other aneurysm repair	
	3953	Arteriovenous fistula repair	
	3957	Blood vessel repair with synthetic patch	
	3959	Other vessel repair	
Percutaneous cardiopulmonary bypass and ECMO	3965	Extracorporeal membrane oxygenation [ECMO].	V
	3966	Percutaneous cardiopulmonary bypass	
Operations on the carotid glomus and other vascular glomas	398	Operations on the carotid glomus and other vascular glomus	III
Stent insertion on non-coronary artery	3990	Stent insertion on non-coronary artery	III
Insertion and/or replacement of intervascular cannulae or debridement of vessels	3991	Potty debridement	I
Other surgeries of vessels	3999	Other surgeries of vessels	I

Surgeries of the digestive system (42-54)

Intervention type	ICD9	Intervention name	CLASS
Esophagostomy	420	Esophagotomy	VI
	421	Esophagostomy	
Local excision of injury or tissue of the oesophagus (excluding endoscopic)	423	Local excision or demolition of injury or tissue of the oesophagus	IV
Endoscopic removal or demolition of oesophageal injury or tissue	4233	Endoscopic removal or demolition of oesophageal injury or tissue	I
Total oesophagectomy	4242	Total oesophagectomy	VII
	4240	Esofagectomia, without further indications	
	4241	Partial oesophagectomy	
	425	Intrathoracic anastomosis of the oesophagus	
Total oesophagectomy	426	Presternal anastomosis of the oesophagus	VII
	427	Esophagomyotomy	
	428	Other oesophageal repair	
Ligation of oesophageal varices and/or oesophageal dilatation	4291	Ligation of oesophageal varices	I
	4292	Dilatation of the oesophagus	
Gastrotomy and Percutaneous Gastrostomy	430	Gastrotomy	II
	4311	Percutaneous [endoscopic] gastrostomy [PEG]	



Surgeries of the digestive system (42-54)

Intervention type	ICD9	Intervention name	CLASS
Removal/demolition of stomach tissue	434	Local removal or demolition of stomach injury or tissue	V
Partial gastrectomy	437	Partial gastrectomy with digiunal anastomosis	VI
	4381	Partial gastrectomy with digiunal transposition	
	4389	Other partial gastrectomy	
Total gastrectomy	4391	Total gastrectomy with intestinal interposition	VI
	4399	Other total gastrectomy	
Vagotomy (any method)	440	Vagotomy	IV
Pyloroplasty and/or pyloric dilatation	442	Pyloroplasty	IV
Peptic ulcer suture or gastric bypass	4439	Other gastroenterostomy without gastrectomy	IV
	4441	Suturing a gastric ulcer	
	4442	Suturing a duodenal ulcer	
Endoscopic control of gastric or duodenal bleeding	4443	Endoscopic control of gastric or duodenal bleeding	I
Gastroplasty	4465	Esophagogastroplasty	V
	4466	Other operations for the creation of oesophagogastric sphincter	
Insertion/removal of gastric bubble (balloon)	4493	Insertion of gastric bubble (balloon)	III
	4494	Removal of gastric bubble (balloon)	
Incision of the intestine	4500	Incision of the intestine, without further indications	I
Endoscopic removal or demolition of the small or large intestine	4542	Endoscopic polypectomy of the large intestine	I
	4543	Endoscopic demolition of other injury or tissue of the large intestine	
Local removal or demolition of the small intestine	4531	Local removal of a duodenal injury	IV
	4562	Other partial resection of the small intestine	
Local removal or destruction of the large intestine\ isolation of intestinal segment	454	Local removal or destruction of a injury or tissue of the large intestine	V
	455	Isolation of intestinal segment	
Multiple segmental resection of the small intestine and total removal of the small intestine	4561	Multiple segmental resection of the small intestine	IV
	4563	Total removal of the small intestine	
Haemicolectomy/ colectomy or segmental colectomies	4572	Resection of the blind	VI
	4573	Right hemicolectomy	
	4574	Transverse colon resection	
	4576	Sigmoidectomy	
	4579	Other partial removal of the large intestine	
	458	Total intra-abdominal colectomy	



Surgeries of the digestive system (42-54)

Intervention type	ICD9	Intervention name	CLASS
Intestinal anastomoses and/or exteriorizations	4591	Small intestinal anastomosis	III
	4593	Other small intestinal anastomosis	
	4594	Large intestinal anastomosis	
	460	Externalisation of the intestine	
Colostomy and/or ileostomy	4610	Colostomia, without further indications	III
	4611	Temporary colostomy	
	4613	Permanent colostomy	
	462	Ileostomia	
	463	Other enterostomy	
Revision of artificial intestinal orifice, fixation of intestine to abdominal wall, other intestinal surgeries	464	Revision of artificial intestinal orifice	IV
	4651	Artificial small intestine orifice closure	
	4652	Artificial large intestine orifice closure	
	466	Fixation of the intestine	
	467	Other bowel repair	
	4685	Bowel dilatation	
Appendectomy and/or appendix surgery	4701	Laparoscopic appendectomy	III
	4709	Other appendectomy	
	4799	Other surgeries of the appendix	
Proctotomy	480	Proctotomy	I
Local removal of rectal injury or tissue, endoscopic polypectomy	4835	Local removal of injury or tissue of the rectum	I
	4836	[Endoscopic] polypectomy of the rectum	
Rectum resections	484	Rectum resection with pull-through	VI
	485	Abdominoperineal rectum resection	
	4862	Anterior rectal resection with simultaneous colostomy	
	4863	Other anterior resection of the rectum	
	4869	Other rectum resection	
Rectum repair and/or proctoplex	4874	Recto-rectostomy	III
	4876	Other proctopesses	
	4879	Other rectum repair	
	488	Incision and removal of perirectal injury or tissue	
	489	Other surgeries of the rectum and perirectal tissues	
Incision of abscess, perianal fistula	4901	Incision of perianal abscess	II
	4904	Other removal of perianal tissue	
	4911	Anal fistulotomy	
	4912	Anal fistulectomy	



Surgeries of the digestive system (42-54)

Intervention type	ICD9	Intervention name	CLASS
Endoscopic removal or demolition of injury or tissue of the anus	4939	Other local removal or demolition of injury or tissue of the anus	I
Operations on haemorrhoids	4945	Hemorrhoid ligation	II
	4946	Removal of haemorrhoids	
	4947	Removal of thrombosed haemorrhoids	
	4949	Other haemorrhoid operations	
Anal sphincterotomy, anus repair, anal prolapse reduction	495	Sphincterotomy	II
	496	Removal of the anus	
	497	Anus repair	
	4994	Reduction of anal prolapse	
	4999	Other anus surgeries	
Partial hepatectomy and/or lobectomy of the liver	5022	Partial hepatectomy	IV
	5029	Other demolition of liver injury	
	503	Liver lobectomy	
Liver transplantation	5059	Another liver transplant	VII
Liver repair	506	Liver repair	IV
	5091	Percutaneous aspiration of the liver	
	5099	Other liver operations	
Cholecystotomy and cholecystostomy	510	Cholecystotomy and cholecystostomy	IV
Cholecystectomy (including intraoperative cholangiography)	5122	Cholecystectomy	III
	5123	Laparoscopic cholecystectomy	
Cholecyst or bile duct anastomosis	5131	Anastomosis between gallbladder and hepatic ducts	V
	5137	Anastomosis between hepatic duct and intestine	
	5139	Other bile duct anastomosis	
Incision of the bile duct, biliary tract and biliary tract	514	Bile duct incision for removal of occlusion	II
	515	Other bile duct incision	
	516	Local removal or demolition of injury or tissue of the bile duct and sphincter of Oddi	
	517	Bile duct repairs	
	5185	Endoscopic sphincterotomy and papillotomy	
	5188	Endoscopic removal of stones from the biliary tract	
	5198	Other percutaneous surgeries of the biliary tract	
	5199	Other biliary tract surgeries	
Sphincterotomy and pancreatic sphincteroplasty	5182	Pancreatic sphincterotomy Incision of the pancreatic sphincter	III



Surgeries of the digestive system (42-54)

Intervention type	ICD9	Intervention name	CLASS
Pancreatic cyst and other pancreas operations	522	Local removal or demolition of the pancreas and pancreatic duct	IV
	523	Marsupialisation of pancreatic cyst	
	524	Internal drainage of pancreatic cysts	
	529	Other pancreas operations	
Partial or total pancreatectomy (including lymphadenectomy)	5251	Proximal pancreatectomy	VI
	5252	Distal pancreatectomy	
	527	Radical pancreaticoduodenectomy	
Pancreas transplantation	5280	Pancreas transplantation, without further indications	VII
	5282	Homologous pancreas transplantation	
	5283	Heterologous pancreas transplantation	
Unilateral abdominal wall hernia (inguinal, crural, etc.)	5300	Unilateral inguinal hernia repair, without further indications	III
	5301	Unilateral direct inguinal hernia repair	
	5302	Unilateral indirect inguinal hernia repair	
	5303	Unilateral direct inguinal hernia repair with graft or prosthesis	
Unilateral abdominal wall hernia (inguinal, crural, etc.)	5304	Unilateral indirect inguinal hernia repair with graft or prosthesis	III
	5305	Unilateral inguinal hernia repair with graft or prosthesis, without further indications	
	5321	Unilateral crural hernia repair with graft or prosthesis	
	5329	Other unilateral crural herniorrhaphy	
	5341	Umbilical hernia repair with prosthesis	
	5349	Other umbilical herniorrhaphy	
	5359	Repair of other anterior abdominal wall hernia	
5369	Repair of other anterior abdominal wall hernia with prosthesis		
Abdominal wall hernia (inguinal, crural, etc.) bilateral	5310	Bilateral inguinal hernia repair, without further indications	IV
	5312	Bilateral indirect inguinal hernia repair	
	5314	Bilateral direct inguinal hernia repair with graft or prosthesis	
	5315	Bilateral indirect inguinal hernia repair with graft or prosthesis	
	5316	Bilateral one direct and one indirect inguinal hernia repair with graft or prosthesis	
	5317	Bilateral inguinal hernia repair with graft or prosthesis, without further indications	
	533	Bilateral crural hernia repair	
Incision hernia repair (laparocoele)	5351	Incision hernia repair	III
	5361	Incision hernia repair with prosthesis	
Diaphragmatic hernia repair, other hernia repair, abdominal wall incision	537	Abdominal diaphragmatic hernia repair	IV
	538	Thoracic diaphragmatic hernia repair	
	539	Other hernia repair	



Surgeries of the digestive system (42-54)

Intervention type	ICD9	Intervention name	CLASS
Laparotomy	5411	Exploratory laparotomy	
	5412	Reopening of recent laparotomy	II
	5419	Other laparotomy	
Lisi	540	Abdominal wall incision	
	543	Excision or demolition of abdominal wall or navel injury or tissue	II
	544	Removal or demolition of peritoneal tissue	
of peritoneal adhesions, abdominal wall repair, peritoneal dialysis	5451	Laparoscopic lysis of peritoneal adhesions	
	5459	Other lysis of peritoneal adhesions	
	5461	Resuture of postoperative abdominal wall diastasis	II
	5472	Other abdominal wall repair	
	5493	Creation of cutaneoperitoneal fistula	
	5498	Peritoneal dialysis	

Surgeries of the blood and lymphatic system (40-41)

Intervention type	ICD9	Intervention name	CLASS
Lymphadenectomy site not described	400	Incision of lymphatic structures	
	4029	Simple removal of other lymph structures	
	403	Removal of regional lymph nodes	I
	4059	Radical removal of other lymph nodes	
	409	Other surgeries of lymphatic structures	
Unilateral, latero-cervical or supraclavicular lymphadenectomy	4021	Removal of deep cervical lymph nodes	III
	4041	Radical neck dissection, unilateral	
Bilateral supraclavicular lymphadenectomy	4042	Radical neck dissection, bilateral	II
Internal mammary lymphadenectomy	4022	Removal of internal mammary lymph nodes	III
Axillary lymphadenectomy	4023	Removal of axillary lymph nodes	III
	4051	Radical removal of axillary lymph nodes	
Inguinal lymphadenectomy	4024	Removal of inguinal lymph nodes	II
	4054	Radical dissection of the inguinal region	
Lumbar aortic pelvic lymphadenectomy	4052	Radical removal of periaortic lymph nodes	III
	4053	Radical removal of iliac lymph nodes	
Thoracic duct surgery	4069	Other thoracic duct surgeries	III
Bone marrow transplantation	4101	Autologous bone marrow transplantation	
	4103	Allogeneic bone marrow transplantation without purging	III
	4104	Autologous haematopoietic stem cell transplantation	



Surgeries of the blood and lymphatic system (40-41)

Intervention type	ICD9	Intervention name	CLASS
Spleen surgery	412	Splenotomy	IV
		Partial splenectomy	
	415	Total splenectomy	
		Other spleen operations	

Surgeries of the urinary system (55-59)

Intervention type	ICD9	Intervention name	CLASS
Nephrotomies and/or nephrostomy	5501	Nephrotomy	III
	5502	Surgical nephrostomy	
Percutaneous nephrostomy	5503	Percutaneous nephrostomy without fragmentation	II
	5504	Percutaneous nephrostomy with fragmentation	
Pyelectomy or pyelolithotomy	5511	Pyelectomy or pyelolithotomy	III
Partial nephrectomy	5539	Other removal of renal parenchyma injury	V
	554	Partial nephrectomy (without ureterectomy)	
Total nephrectomy	5551	Nefroureterectomy	VI
Renal transplantation	5569	Heterotransplantation (regardless of cadaver or living person)	VII
Repair and/or closure of renal fistula/stomy	557	Nefropessia	IV
	5587	Pyeloplastics	
	5591	Renal decapsulation	
Renal aspiration, replacement of nephrostomy drainage	5592	Percutaneous renal aspiration	I
	5593	Replacement of nephrostomy drainage	
Endoscopic ureter and renal pelvis papillotomy or meatotomy, endoscopic ureterotomy	560	Endoscopic extraction from the ureter and renal pelvis of: blood clot, stone, foreign body	I
	561	Ureteral papillotomy or meatotomy (endoscopic and non-endoscopic)	
	5681	Endoscopic ureterotomy	
Ureterectomy	564	Ureterectomy	IV
Ureterostomy	565	Cutaneous uretero-ileostomy	V
	566	Other urinary shunts	
	5674	Direct uretero-neocystostomy, with antireflux plastic or with bladder flap	
	5679	Other anastomosis or ureter bypass	
Ureterotomy, repair of ureteral lesions	562	Ureterotomy	II
	5689	Other ureter repair	
Ureteral stimulator implantation or replacement, other ureteral surgery	5692	Ureteral stimulator implantation	II
	5699	Other ureter surgeries	



Surgeries of the urinary system (55-59)

Intervention type	ICD9	Intervention name	CLASS
Cystotomy, cystostomy, vesicostomy	5717	Percutaneous cystostomy	I
	5719	Another cystotomy	
	572	Vescicostomia	
Trans urethral bladder resection	574	Transurethral removal or demolition of bladder tissue	III
Partial or radical cystectomy	576	Partial cystectomy	VI
	5771	Radical cystectomy	
Vesicogenital or perineal fistula closure	5784	Vesicogenital or perineal fistula closure	V
Bladder reconstructions and plastics	5788	Other bladder reconstructions	IV
	5789	Other bladder plastic surgery Bladder suspension	
Bladder sphincterotomy and other bladder operations	5791	Bladder sphincterotomy.	II
	5799	Other bladder operations	
Implantation and removal of bladder stimulator	5796	Electric bladder stimulator implant	III
Urethrotomy, meatotomy, endoscopic urethrotomy	580	Urethrotomy	I
	581	Urethral meatotomy	
	585	Endoscopic urethrotomy	
Removal or demolition of injury or tissue of the urethra	5831	Endoscopic removal or demolition of urethral injury or tissue	I
	5839	Other local removal or demolition of injury or tissue of the urethra	
Repair of urethral tissue of the urethra	5846	Other urethral reconstructions	IV
	5847	Urethral meatoplasty	
	5849	Other urethral repair	
	586	Urethral dilatation	
Implantation or repositioning of sphincter prostheses	5893	Implantation or repositioning of sphincter prostheses	III
Operations on the retroperitoneum and/or lysis of perivisceral adhesions	590	Surgeries of the retroperitoneum	III
	591	Surgeries of perivesical tissue	
Colpoplasty (Kelly) for urinary incontinence or colposuspension	593	Colpoplasty (Kelly) for urinary incontinence	III
	594	Suprapubic urethral suspension with sling	
	595	Retropubic urethral suspension (Marshall)	
	596	Paraurethral colposuspension	
	5972	Implant for injection into the urethra and/or bladder neck	
	5979	Other repair for stress urinary incontinence	
Surgical repositioning of ureterostomy drainage, pig-tail	5993	Surgical repositioning of ureterostomy drainage, pig-tail	I
Lithotripsy	5995	Ultrasonic or electro-hydraulic lithotripsy	IV



Surgeries of the male genital organs (60-64)

Intervention type	ICD9	Intervention name	CLASS
Transurethral prostatectomy	6021	Laser-guided transurethral prostatectomy (with ultrasound) (TULIP)	IV
	6029	Other transurethral prostatectomy	
Prostate adenomectomy, (except endoscopic)	603	Transvesical adenomectomy	IV
	604	Retropubic adenomectomy	
Radical prostatectomy	605	Radical prostatectomy	VI
Seminal vesicle surgery	607	Seminal vesicle surgery	II
Other prostate surgery Prostate abscess drainage or prostate repair	609	Other prostate surgeries	III
Surgeries of the scrotum and vaginal tunic, removal of hydrocele	612	Removal of hydrocele (of the vaginal tunic)	II
	613	Removal or demolition of part of the scrotal tissue	
	614	Repair of the scrotum and vaginal tunic	
	6199	Other surgeries of the scrotum and vaginal tunic	
Monobilateral orchidectomy	622	Removal or demolition of testicular injury	II
	623	Unilateral orchidectomy	
	624	Bilateral orchidectomy	
Testicular fixation	625	Orchiopessi	II
Suture testicle laceration	6261	Suture of testicle laceration	II
Testicular prosthesis insertion	627	Testicular prosthesis insertion	I
Other surgeries of the testicle	6291	Testicle aspiration	I
Operations on the spermatic cord, epididymis and vas deferens and/or removal of epididymis cysts hydrocele	631	Removal of varicocele and hydrocele of the spermatic cord	III
	632	Removal of epididymis cyst or spermatocele	
	633	Removal of other injury or tissue of the spermatic cord and epididymis	
	634	Epididymectomy	
	6352	Derotation of the funiculus and testicle	
	638	Repair of the vas deferens and epididymis	
Vasotomy and vasostomy or vasectomy	636	Vasotomy and vasostomy	II
	637	Vasectomy and ligation of the vas deferens	
Circumcision	640	Circumcision	II
Penile demolition surgery	642	Removal or demolition of penile injury	III

Surgeries of the female genital organs (65-71)

Intervention type	ICD9	Intervention name	CLASS
Tubal insufflation and dilation	668	Tubal insufflation	II
	6696	Tubal dilatation	



Surgeries of the female genital organs (65-71)

Intervention type	ICD9 Intervention name	CLASS
Local removal or demolition of ovarian injury or tissue, including ovariectomy and other operations on the ovary	650 Ovariectomy	IV
	6522 Wedge-shaped resection of the ovary	
	6523 Laparoscopic marsupialisation of ovarian cysts	
	6524 Laparoscopic wedge-shaped ovarian cyst resection	
	6525 Other local laparoscopic removal or destruction of the ovary	
	6529 Other local removal or demolition of the ovary	
	657 Ovary repair	
	6591 Ovary aspiration	
	6599 Other surgeries of the ovary	
Unilateral adnexectomy	6531 Unilateral laparoscopic ovariectomy	III
	6539 Other unilateral ovariectomy	
Unilateral salpingo-annexectomy	6541 Unilateral laparoscopic salpingo-oophorectomy	III
	6549 Other unilateral salpingo-oophorectomy	
Bilateral adnexectomy	655 Bilateral ovariectomy	III
Bilateral salpingo-annexectomy	6561 Other removal of both ovaries and tubes in the same surgery	IV
	6563 Laparoscopic removal of both ovaries and tubes in the same surgery	
Lysis of salpingo-tubal adhesions\ Salpingotomy and salpingostomy	6581 Laparoscopic lysis of ovarian and tubal adhesions	III
	660 Salpingotomy and salpingostomy	
Bilateral tubal demolition or occlusion, including endoscopically	6621 Bilateral endoscopic tubal ligation and clamping	III
	6622 Bilateral endoscopic tubal ligation and sectioning	
	6629 Other bilateral endoscopic tubal demolition or occlusion	
Salpingectomy and other tubal operations	664 Unilateral total salpingectomy	III
	665 Total bilateral salpingectomy	
	669 Other tube surgeries	
Salpingectomy with removal of ectopic pregnancy	6662 Salpingectomy with removal of ectopic pregnancy	II
Salpingoplasty	6576 Laparoscopic salpingo-oophorectomy	III
Cervical canal dilatation	670 Dilatation of the cervical canal	I
Cervical conization	672 Conization of cervix	II
	6739 Other removal or demolition of injury or tissue of the cervix	
	6761 Suturing of laceration of the cervix	
	6762 Repair of fistula of the cervix	
	6732 Destruction of cervical injury by cautery	
Repair and/or demolition of cervical tissue, removal of the cervix	674 Removal of the cervix	II
Cervical cerclage	675 Repair of internal cervical ostium	I



Surgeries of the female genital organs (65-71)

Intervention type	ICD9	Intervention name	CLASS
Removal or destruction of uterine injury or tissue	6821	Division of endometrial synechiae	II
	6823	Endometrial ablation	
	6829	Other removal or destruction of uterine injury	
	6999	Other surgeries of the cervix and uterus	
Subtotal abdominal hysterectomy	683	Subtotal abdominal hysterectomy	III
Total hysterectomy	684	Total abdominal hysterectomy	IV
	6851	Laparoscopically assisted vaginal hysterectomy (LAVH)	
	6859	Other vaginal hysterectomy	
	689	Other and unspecified hysterectomy	
Radical hysterectomy	686	Radical abdominal hysterectomy	V
	687	Radical vaginal hysterectomy	
Pelvic exenteration	688	Pelvic exenteration	VI
Uterine dilatation/curettage	6909	Uterine dilatation or curettage	II
	691	Removal or destruction of injury or tissue of the uterus and supporting structures	
	6959	Other uterine curettage by aspiration	
Repair of the uterus and/or uterine support structures	692	Repair of uterine support structures	III
	693	Paracervical uterine denervation	
	694	Uterine repair	
Removal of foreign bodies from the cervix	6997	Removal of foreign bodies from the cervix	II
Vagina and cul-de-sac incision	700	Culdocentesis	II
	701	Vagina and cul-de-sac incision	
Local removal or destruction of the vagina and cul-de-sac	7032	Removal or destruction of cul de sac injury	V
	7033	Removal or destruction of a vaginal injury	
Obliteration and total removal of the vagina	704	Obliteration and total removal of the vagina	VI
Repair of cystocele and rectocele	7050	Repair of cystocele and rectocele	II
	7051	Repair of cystocele	
	7052	Rectocele repair	
Reconstruction and repair of the vagina and cul-de-sac	7062	Vaginal reconstruction	IV
	7071	Vagina tear suture	
	7077	Vagina suspension and fixation	
	7079	Other vagina repair	



Surgeries of the female genital organs (65-71)

Intervention type	ICD9	Intervention name	CLASS
Removal or other destruction of the Bartholin gland	7122	Bartolin gland cyst incision	II
	7123	Marsupialisation of Bartholin gland cysts	
	7124	Removal or other destruction of cysts of the Bartholin's gland	
Vulvectomy	715	Radical vulvectomy	III
	7161	Unilateral vulvectomy	
	7162	Bilateral vulvectomy	

Surgeries of the musculoskeletal system (76-84)

Intervention type	ICD9	Intervention name	CLASS
Mandibulectomies, facial bone grafts	7631	Partial mandibulectomy	VI
	7641	Total mandibulectomy with simultaneous reconstruction	
	7691	Bone grafting on facial bones	
Other surgeries on the bones and joints of the face	7609	Another facial bone incision	II
	762	Local removal or demolition of facial bone injuries	
	7639	Partial osteotomy of other bones of the face	
	7662	Open osteoplasty [osteotomy] of the ascending ramus of the mandible	
	7665	Segmental osteoplasty [osteotomy] of the jaw	
Other surgeries on the bones and joints of the face	7666	Total osteoplasty [osteotomy] of the jaw	II
	7672	Open reduction of zygomatic and malar fracture	
	7676	Open reduction of mandibular fracture	
	7679	Other open reduction of facial fracture	
Other bone incisions, wedge-shaped bone resections, local bone removals	7699	Other operations on facial bones and joints	III
	771	Other bone incision, osteotomy	
	7721	Cuneiform resection of the scapula, clavicle and thorax (ribs and sternum)	
	7723	Cuneiform resection of radius and ulna	
	7727	Cuneiform resection of the tibia and fibula	
	7728	Cuneiform resection of the tarsus and metatarsus	
	7737	Other section of the tibia and fibula	
	7738	Other section of the tarsus and metatarsus	
	7760	Local removal of injury or bone tissue, location not specified	
	7761	Local removal of injury or tissue of the scapula, clavicle and thorax (ribs and sternum)	
	7764	Local removal of injury or tissue on carpus and metacarpus	
	7765	Local removal of injury or tissue of the femur	
	7767	Local removal of injury or tissue of tibia and fibula	
	7768	Local removal of injury or tissue of tarsus and metatarsus	
	7769	Local removal of injury or tissue of other bones, excluding facial bones	
7779	Taking other bones for grafting		
778	Other partial osteotomy		



Surgeries of the musculoskeletal system (76-84)

Intervention type	ICD9	Intervention name	CLASS
Sequestrectomies, ostectomies	770	Sequestrectomy	IV
	779	Total ostectomy	
Excision of bursitis with soft tissue correction and osteotomy of the first metatarsal (hallux valgus)	7751	Excision of bursitis with soft tissue correction and osteotomy of the first metatarsal	III
	7753	Other bursitis removal with soft tissue correction	
	7754	Removal or correction of bursitis	
	7759	Other removal of bursitis	
Bone grafting (any site)	7800	Bone graft, site not specified	II
	7802	Bone graft of the humerus	
	7805	Femur bone graft	
	7807	Bone graft of the tibia and fibula	
Application of external fixer	7809	Bone grafting of other bones	I
	7812	Application of external fixator of the humerus	
	7815	Application of external femur fixator	
	7817	Application of external fixator of tibia and fibula	
	7813	Application of external fixator of radius and ulna	
	7814	Application of external carpal and metacarpal fixator	
Other repair or plastic surgery of bone	7819	Application of external fixator of other bone	V
	7841	Other repair or plastic surgery of scapula, clavicle and thorax (ribs and sternum)	
	7845	Other repair or plastic surgery of the femur	
Internal fixation without fracture reduction	7848	Other repair or plastic surgery of tarsus and metatarsus	IV
	7849	Other repair or plastic surgery of other bones	
Fracture reduction with internal fixator without surgery being required	7858	Internal fixation of tarsus and metatarsus without fracture reduction	III
	7859	Internal fixation of other bone, without fracture reduction	
	7911	Humerus fracture reduction with internal fixation without surgery being required	
	7912	Fracture reduction of radius and ulna, with internal fixation without surgery being required	
	7913	Fracture reduction of carpus and metacarpus, with internal fixation without surgery being required	
	7914	Fracture reduction of the phalanges of the hand, with internal fixation without surgery being required	
	7915	Femur fracture reduction with internal fixation without surgery being required	
	7916	Fracture reduction of the tibia and fibula, with internal fixation without surgery being required	
7917	Fracture reduction of the tarsus and metatarsus, with internal fixation without surgery being required		
	7918	Fracture reduction of the phalanges of the foot, with internal fixation without surgery being required	



Surgeries of the musculoskeletal system (76-84)

Intervention type	ICD9	Intervention name	CLASS
Surgery fracture reduction and/or internal fixation of large segments	7926	Surgery fracture reduction of the tibia and fibula without internal fixation	IV
	7931	Surgery reduction of humerus fracture with internal fixation	
	7934	Surgery fracture reduction of the phalanges of the hand, with internal fixation	
	7935	Surgery reduction of femur fracture with internal fixation	
	7936	Surgery fracture reduction of tibia and fibula, with internal fixation	
	7937	Surgery fracture reduction of tarsus and metatarsus, with internal fixation	
	7938	Surgery reduction of fractured phalanges of the foot, with internal fixation	
Surgery fracture reduction and/or mid-segment internal fixation	7930	Surgery fracture reduction with internal fixation in an unspecified location	III
	7932	Surgery fracture reduction of radius and ulna, with internal fixation	
	7933	Surgery fracture reduction of the carpus and metacarpus with internal fixation	
Surgery fracture reduction and/or internal fixation small segments	7959	Surgery reduction of epiphysiolysis of other specified bone	II
Exposed fracture debridement, unspecified surgery of injury of tibia, fibula, tarsus, metatarsus	7996	Unspecified surgeries of tibia and fibula injury	I
	7981	Surgery reduction of shoulder dislocation	V
	7982	Surgery reduction of elbow dislocation	
	7983	Surgery reduction of wrist dislocation	
	7987	Surgery reduction of ankle dislocation	
7988	Surgery reduction of foot and toe dislocation		
Arthrotomy also for removal of prostheses	8016	Other knee arthrotomy	II
Arthroscopy	8021	Shoulder arthroscopy	III
	8023	Wrist arthroscopy	
	8026	Knee arthroscopy	
	8027	Ankle arthroscopy	
Incision of joint capsule, ligaments or cartilage, including correction of metatarsus varus	8044	Incision of joint capsule, ligaments or cartilage of the hand and fingers	I
	8046	Incision of joint capsule, ligaments or cartilage of the knee	
Intervertebral disc removal	8050	Intervertebral disc removal or demolition, not specified if with anterior interbody arthrodesis	V
	8051	Intervertebral disc removal	



Surgeries of the musculoskeletal system (76-84)			
Intervention type	ICD9	Intervention name	CLASS
Chemionucleolysis	8052	Intervertebral chemionucleolysis	III
Other intervertebral disc destruction	8059	Other intervertebral disc destruction	II
Removal of semilunar cartilage of the knee, synovectomies of the knee, shoulder, elbow, wrist, ankle, hand	806	Removal of semilunar cartilage of the knee	III
	8076	Knee synovectomy	
	8073	Wrist synovectomy	
	8074	Synovectomy of the hand and fingers	
	8077	Ankle synovectomy	
Other local removal or destruction of joint injuries	8081	Other local removal or destruction of shoulder joint injury	IV
	8082	Other local removal or destruction of elbow joint injury	
Other local removal or destruction of joint injuries	8083	Other local excision or destruction of wrist joint injury	IV
	8086	Other local removal or destruction of knee joint injury	
	8096	Other knee joint removal	
Dorsal, lumbar and sacral arthrodeses with anterior approach	8104	Dorsal and dorsolumbar arthrodesis, anterior approach	VII
	8106	Arthrodesis of the lumbar and lumbosacral vertebrae, anterior approach	
Other vertebral arthrodeses	8100	Spinal arthrodesis, without further indications	VI
	8105	Dorsal and dorsolumbar arthrodesis, posterior approach	
	8107	Lumbar and lumbosacral arthrodesis, transverse lateral process approach	
	8108	Lumbar and lumbosacral arthrodesis, posterior approach	
	8109	Column recasting at any level and with any approach	
	8101	Atlanto-epistropheic arthrodesis	
	8102	Other cervical arthrodesis, with anterior approach	
Arthrodesis (hand, elbow, shoulder, hip, knee, ankle and foot)	811	Foot and ankle arthrodesis	III
	812	Arthrodesis of other joint	
	8144	Patella stabilisation	
	8149	Other ankle repair	
Knee ligament repair/reconstruction	8142	Five-in-One Knee Repair	IV
	8143	Knee triad repair	
Other knee ligament repair	8145	Another cruciate ligament repair	III
	8146	Other collateral ligament repairs	
	8147	Other knee repair	



Surgeries of the musculoskeletal system (76-84)		
Intervention type	ICD9 Intervention name	CLASS
Joint replacement and/or revision (except hip and shoulder)	8154 Total knee replacement	V
	8155 Knee replacement revision	
	8157 Foot and big toe joint replacement	
	8159 Revision of lower extremity joint replacement, not elsewhere classified	
	8171 Metacarpophalangeal and interphalangeal joint arthroplasty with implant	
	8172 Metacarpophalangeal and interphalangeal joint arthroplasty without implant	
	8174 Arthroplasty of the carpocarpal or carpometacarpal joint with implant	
	8175 Arthroplasty of the carpocarpal or carpometacarpal joint without implant	
Other surgeries of joint structures	8179 Other hand, finger and wrist repairs	III
	8193 Suture of the capsule or ligaments of the upper limb	
	8194 Suture of the capsule or ligament of the ankle and foot	
	8196 Other joint repair	
Total and revision hip replacement	8199 Other surgeries of joint structures	VI
	8151 Total hip replacement	
Partial hip replacement	8153 Hip replacement revision	IV
	8152 Partial hip replacement	
Shoulder replacement (arthroplasty)	8180 Total shoulder replacement (with synthetic prosthesis)	V
Partial shoulder replacement (arthroplasty)	8181 Partial shoulder replacement (with synthetic prosthesis)	IV
Arthroplasty	8188 Arthroplasty and shoulder repair	V
Shoulder dislocation repair including acromioplasty	8182 Repair of recurrent shoulder dislocation	IV
Other shoulder repair	8183 Other shoulder repair	III
Rotator cuff repair	8363 Rotator cuff repair	IV
Incision of the tendon strips and soft tissues of the hand	8201 Exploration of the tendon fascia of the hand	II
	8209 Other soft tissue incision of the hand	
Section of band or soft tissue of the hand	8212 Fasciotomy of the hand Band section of the hand	II
	8219 Another section of soft tissue of the hand	
Tenotomy, hammer toe repair, tenoplasty, lysis of hand adhesions, fasciotomy	8286 Other hand tenoplasty	II
	8291 Lysis of adhesions of the hand Release of adhesions of fascia, muscle, tendon of the hand	
	8301 Exploration of the tendon fascia	
	8309 Other soft tissue incision	
	8311 Achilles tenotomy	
	8313 Another tenotomy	
	8314 Fasciotomy	



Surgeries of the musculoskeletal system (76-84)

Intervention type	ICD9 Intervention name	CLASS	
Excision of soft tissue or excision/separation of injury to muscles, tendons and fasciae of the hand	8221 Excision of tendon fascia injury of the hand	II	
	8229 Excision of other soft tissue lesions of the hand		
	8231 Hand bursectomy		
	8233 Other hand tendonectomy		
	8235 Other hand fascectomy		
	8239 Other soft tissue removal of the hand		
Suturing of muscles, tendons and bands of the hand	8242 Deferred suturing of hand flexor tendons	I	
	8243 Deferred suturing of other tendons of the hand		
Suturing of muscles, tendons and bands of the hand	8244 Other suture of the hand flexor tendons	I	
	8245 Suturing of other tendons of the hand		
Transplantation of hand muscles and tendons, thumb reconstruction surgery complete with nerves and blood vessels, or plastic surgery of the hand with grafting or implantation of muscle or muscle fascia. Transfer of fingers, except thumb	8256 Other hand tendon transfer or transplantation	IV	
	8257 Other transposition of hand tendons		
	8261 Reconstruction surgery of the thumb complete with nerves and blood vessels		
	8272 Plastic surgery of the hand with muscle or muscle band grafting		
More plastic surgery of the hand	8281 Transfer of fingers, except thumb	II	
	8279 Plastic surgery of the hand with another graft or implant		
	8331 Excision of injury of tendon strips		
	8332 Excision of muscle injury		
	8339 Removal of other soft tissue injuries		
	8342 Other tendonectomy		
	8349 Other soft tissue removal		
	835 Borsectomia		
	8362 Deferred tendon suturing		
	8363 Rotator cuff repair		
	8364 Other tendon sutures		III
	8365 Other suturing of muscles or fascia Repair of diastasis of the rectus		
	8373 Reinsertion of tendons		
	8375 Tendon transplantation or transplantation		
	8385 Other changes in muscle and tendon length		
	8386 Quadriceps plastics		
	8388 Other plastic surgeries of tendons		
	8391 Lysis of adhesions of muscles, tendons, fascia and bursae		
	8399 Other operations on muscles, tendons, fascia and bags		



Surgeries of the musculoskeletal system (76-84)

Intervention type	ICD9	Intervention name	CLASS
Amputations and/or disarticulations of the upper or lower limbs at various levels and stump revision	8402	Amputation and disarticulation of the thumb	V
	8410	Lower limb amputation, without further indications	
	8411	Toe amputation	
	8412	Foot amputation	
	8415	Another amputation below the knee	
	8417	Amputation above the knee	
	843	Amputation stump revision	
	8499	Other operations on the musculoskeletal system	
Amputations and/or disarticulations of fingers	8401	Amputation and disarticulation of fingers of the hand	II
Hand amputation	8403	Hand amputation	IV
Wrist disarticulation	8404	Wrist disarticulation	IV
Re-implantation of limb or parts thereof	8422	Re-implantation of fingers	VI

Tegument surgeries(85-86)

Intervention type	ICD9	Intervention name	CLASS
Local removal of breast injury, quadrantectomy, subtotal mastectomy	8520	Removal or demolition of breast tissue, without further indications	IV
	8521	Local removal of breast injury	
	8522	Quadrantectomy of the breast	
Mono/bilateral mastectomy/ reduction mammoplasty	8523	Subtotal mastectomy	III
	8531	Unilateral reduction mastectomy	
	8532	Bilateral reduction mastectomy	
	8533	Unilateral subcutaneous mastectomy with simultaneous implantation of prosthesis	
Simple/radical mono/bilateral mastectomy (including lymphadenectomy), including extended procedure	8534	Other unilateral subcutaneous mastectomy	V
	8536	Other bilateral subcutaneous mastectomy	
	854	Mastectomy	
Single/bilateral prosthesis implant, (including tissue expander removal), total breast reconstruction	8553	Unilateral prosthesis implantation	IV
	8554	Bilateral prosthesis implantation	
	856	Mastopexy	
	857	Total breast reconstruction	
	8587	Other nipple repair or reconstruction	



Tegument surgeries(85-86)

Intervention type	ICD9	Intervention name	CLASS
Other breast operations	8591	Breast suction	III
	8593	Revision of breast implants	
	8594	Removal of breast implants	
	8595	Tissue expander insertion in the breast	
	8596	Removal of tissue expander from the breast	
Incision and/or removal of skin and subcutis	8604	Other incision with drainage of skin and subcutaneous tissue	I
	8605	Incision with removal of foreign body from skin and subcutaneous tissue	
	8609	Other incision of the skin and subcutaneous tissue	
Incision and/or removal of skin and subcutis	862	Removal or destruction of skin and subcutaneous injury or tissue	I
	8699	Other surgeries of the skin and subcutaneous tissue	
	863	Other local removal or destruction of skin and subcutaneous injury or tissue	
	864	Radical excision of skin injury	
	865	Suturing of skin and subcutaneous tissue	
	8689	Other repair or reconstruction of skin and subcutaneous tissue	
	8601	Aspiration of skin and subcutaneous tissue	
Insertion of pump or vascular access device	8606	Insertion of totally implantable infusion pump	II
	8607	Insertion of totally implantable vascular access device	
Removal, incision of cyst or pilonidal sinus	8603	Incision of cyst or pilonidal sinus	I
Nail surgery	8686	Onychoplasty	I
Scalp grafts / Reimplantation	8660	Free skin graft, without further indications	V
	8663	Full-thickness skin grafting elsewhere	
	8669	Other skin grafting on other sites	
Flap transfer	867	Implantation of pedicled flaps	II
Tissue expander insertion	8693	Tissue expander insertion	II
Facial tegument surgery	8684	Correction of a scar or retractable bridle of the skin	II





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Household and Traffic Accident Insurance

DIP - Pre-contractual Information Document for damage insurance products

Insurance Company: GENERALI ITALIA S.p.A.

Product: Immagina Adesso -

Modulo SALUTE E BENESSERE - Starbene Tutti compresi



Generali Italia S.p.A. - Tax code and registration with the Companies Register of Treviso - Belluno No. 00409920584 - VAT No. 01333550323 - Share Capital: EUR 1,618,628,450.00 fully paid-up - Certified e-mail (PEC): generalitalia@pec.generaligroup.com. Company registered in Italy with the IVASS Companies Register No. 1.00021, subject to the management and coordination of the sole Shareholder Assicurazioni Generali S.p.A. and belongs to the Generali Group, which is registered under No. 026 in the Register of Insurance Groups.

Full pre-contractual and contractual information on this insurance is provided in other documents.

What type of insurance is this?

This insurance covers the risks of an Accident suffered while carrying out non-professional activities at home or in the car: Household Accidents and Car Driver Accidents



What is covered by the Insurance?

The Covers - indicated below per Section - are provided.

IN AUTONOMIA

- ✓ Permanent disability due to accident;
- ✓ Accident life annuity.

IN ATTIVITÀ

- ✓ Reimbursement of medical expenses due to accident;

IN CONTINUITÀ

- ✓ Death by accident.

Additional covers are also available to extend and customise coverage, as indicated in the Additional DIP.



What is not covered by the Insurance?

IN AMICIZIA:

The following are excluded from the insurance:

- ✗ Accidents caused by intoxication while driving, abuse of mental health medication, use of narcotics or hallucinogenic substances;
- ✗ Accidents caused by surgery, examinations or medical treatment that are not necessary for the treatment of Injuries resulting from Accidents indemnifiable under the insurance coverage;
- ✗ Accidents resulting from wilful offences committed or attempted by the Insured, including in conspiracy with others;
- ✗ Accidents caused by war and insurrection, unless the Insured is taken by surprise by the outbreak of such events abroad;
- ✗ Accidents that are direct or indirect consequences of transmutation of the nucleus of the atom and/or radiation caused by artificial acceleration of atomic particles;
- ✗ Accidents that are direct or indirect consequences of chemical or biological contamination resulting from Terrorist activity or war;
- ✗ Accidents resulting from the use and driving of motor vehicles on circuits used for motor sports, except in the case of motorbike or car rallies;
- ✗ Accidents occurring during the practice - for any reason - of sporting activities;
- ✗ hernias, subcutaneous ruptures of tendons and heart attacks;
- ✗ Accidents caused by earthquakes, floods or volcanic eruptions;
- ✗ Accidents arising from activities carried out on a professional or profit-making basis;

✘ Accidents caused by activities usually performed by professionals;

The exclusions are included in the Terms and Conditions of Insurance and are in bold.



Are there limitations of coverage?

The Covers provide for Limitations of Indemnity, Deductibles and Uncovered Amounts summarised in the Policy, as well as Exclusion Periods contained in the Terms and Conditions of Insurance marked in bold type.

- Deductible shall mean the portion of the damage - expressed in percentage points for permanent disability - that remains payable by the Insured in the event of a Claim.
- Uncovered Amount shall mean the percentage of indemnifiable damage for which the Insured remains liable.
- Exclusion Period means the time period, following the date of activation of the Covers, during which the Covers, in whole or in part, are not effective.

Specific limitations of Indemnity are contained in the Terms and Conditions of insurance and marked in bold.



Where does the coverage apply?

For domestic Accidents, the Covers are valid within the premises of the Policyholder's residence as shown on his family status certificate. For car driver Accidents, the Covers apply worldwide.



What are my obligations?

When taking out the Policy containing these Covers or when activating them on an existing Policy, true, correct and complete representations regarding the risk to be insured (Articles 1892, 1893 and 1894 of the Italian Civil Code) must be made.

Furthermore, during the period of validity of the Covers, written notice shall be given to the Company of any change that entails an increase or decrease in the insured risk (Articles 1897 and 1898 of the Italian Civil Code).

The Policyholder, the Insured, or another person on their behalf, must report the Accident to the Company within ten days from the day on which the Accident occurred or became known or they had the possibility to do so.

The Insured must also provide the Company with a copy of the Policyholder/Insured's family status certificate.

For car driver Accident cover, the Insured must also provide a declaration containing the number of persons licensed to drive in accordance with the provisions in force as resulting from the Policyholder's/Insured's family status certificate.

Failure to comply with even one of the aforementioned obligations may result in the total or partial loss of the Indemnity and of benefits and services as well as the termination of the Covers.



When and how do I pay?

Information on payment of the Premium is included in the DIP of the Modulo Generale.



When does the coverage begin and when does it end?

The Covers take effect at 12:00 a.m. on the day of activation for each one indicated in the Policy, if the Premium or the first Premium instalment has been paid; otherwise they take effect at 12:00 a.m. on the day of payment. If the Policyholder fails to pay the Premiums or subsequent Premium instalments, the insurance is suspended from 12:00 a.m. on the thirtieth day after the due date and resumes at 12:00 a.m. of the day of payment.

The term of the Covers are indicated in the Policy for each and, if tacit renewal is provided for, in the absence of cancellation, on expiration they are extended for a duration of one year and so on.

In general, the Covers operate for claims, occurring during their term, until their expiration.

Certain Covers are subject to a period of time, following the pertaining effective date, during which all or part of the Covers are ineffective.



How can I cancel the policy?

All notices shall be made in writing to the Agency to which the Policy including these Covers is assigned or to the Company by registered letter or by certified email.

In order to prevent the automatic extension of the Covers, if any, the Policyholder or the Company shall send the written notice of cancellation at least 30 days before the expiry date indicated in the Policy or the expiry of the year for which the insurance has been extended. Activated Covers cannot be cancelled individually.

In case of coverage providing a term longer than five years, in the event of reduction in the Premium that is in any case envisaged for all covers with a multi-year term, the Policyholder may also exercise their right of withdrawal after five years with at least 30 days' notice and with effect from the end of the year in which the right of withdrawal was exercised.

Furthermore, the Policyholder or the Company shall have the right to withdraw for a Claim, with effect for all the Covers activated in the Modulo SALUTE E BENESSERE - Starbene Tutti compresi, even after each Claim report relating to one or more of the same and up to the sixtieth day from the payment or refusal of the Indemnity, by sending the relevant notice within this term.

Furthermore, the Policyholder or the Company shall have the right to withdraw for a Claim, with effect for all the Covers activated in this Module, even after each Claim report relating to one or more of the same and up to the sixtieth day from the payment or refusal of the Indemnity, by sending the relevant notice within this term.

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Household and traffic accident insurance

Additional pre-contractual information document for damage insurance products (Non-life Additional DIP)

Insurance Company: GENERALI ITALIA S.p.A.

Product: Immagina Adesso -
Modulo SALUTE E BENESSERE - Starbene Tutti compresi

Edition: 22.10.2022 - The Additional Non-life DIP is the latest available.



This document contains additional and complementary information to that contained in the pre-contractual information document for damage insurance products (Non-life DIP), to help the potential Policyholder understand in more detail the characteristics of the product, the contractual obligations and the Company's financial situation.

The Policyholder shall read the Terms and Conditions of Insurance before executing the contract.

GENERALI ITALIA S.p.A. is a company belonging to the Generali Group; registered office is at Via Marocchessa, 14 - 31021 Mogliano Veneto (TV) - ITALY; telephone number: 041.5492111; website: www.generali.it; e-mail address: info.it@generali.com; certified email address: generalitalia@pec.generaligroup.com.

The Company is authorised by the Italian Ministry of Industry, Trade and Crafts Decree No. 289 of 2 December 1927, and is registered under number 1.00021 with the Insurance Companies Register.

Shareholders' equity as at 31 December 2021: EUR 9,050,863,796 of which EUR 1,618,628,450 related to share capital and EUR 7,130,519,742 to total equity reserves. The figures refer to the latest approved financial statements. The Solvency and Financial Condition Report (SFCR) is available at <https://www.generali.it/note-legali>.
Solvency Capital Requirement: EUR 7,827,344,769.68
Minimum capital requirement: EUR 3,359,474,146.09
Eligible equity: EUR 19,238,700,398.43

Solvency ratio: 246% (this ratio represents the ratio between the amount of basic own funds and the amount of the Solvency Capital Requirement required by the Solvency 2 regulations in force since 1 January 2016).

The contract is governed by Italian law.

The Starbene Tutti compresi formula of the Modulo SALUTE E BENESSERE allows you to choose the most appropriate coverage for all members of the family, with respect to Accident risks when carrying out non-professional activities at home and in the car.

The Covers are effective, within the limits of the insured sums/Coverage Limits for each indicated in the Policy or in the Terms and Conditions of Insurance, if stated in the Policy and if the corresponding Premium has been paid.



What is covered by the Insurance?

There is no additional information to that provided in the Non-life DIP.

OPTIONS WITH PREMIUM REDUCTION

There are no options with reduced Premium.

OPTIONS WITH PAYMENT OF AN ADDITIONAL PREMIUM

In addition to the Covers already described in the Non-life DIP, with the payment of an additional Premium, it is possible to obtain the **lump sum Indemnity for minor permanent disability (Lump sum for minor disability)**, which in the case of minor permanent disabilities ranging from 1% to 5% provides for a lump sum Indemnity based on the insured capital.

 **What is NOT covered by the Insurance?**

There is no additional information to that provided in the Non-life DIP.


 **Are there limitations of coverage?**

IN AUTONOMIA SECTION
The following specific limits apply.

Permanent disability due to accident	Deductible agreed and indicated in the Policy.
Accident life annuity	The additional allowance for a life annuity for severe disability is paid if the permanent disability is at least 66%.

IN ATTIVITÀ SECTION
The following specific limits apply.

Reimbursement of medical expenses due to accident	<p>10% Uncovered Amount, with a minimum of EUR 200.00 to be borne by the Insured per each Claim. Furthermore, without prejudice to the above:</p> <ul style="list-style-type: none"> - physiotherapy and rehabilitation treatments incurred in the 180 days after hospitalisation are reimbursed up to a limit of 30% of the sum insured, with a maximum of EUR 1,000.00; - physiotherapy and rehabilitation treatments, incurred in the 120 days following the accident, are reimbursed up to a limit of 20% of the sum insured, with a maximum of EUR 1,000.00.
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 **What are my obligations? What are the company's obligations?**

What to do in case of claim?	<p>Reporting a claim: Claims must be reported in writing to the Agency to which the contract is assigned.</p> <p>The report of the accident must be made by the Policyholder, the Insured or another person on their behalf, indicating the place, day and time of the event and the causes that led to it, accompanied by a medical certificate, <u>within 10</u> days of the Insured becoming aware of it or having the possibility to do so, and the course of the injuries must be documented by further medical certificates until the recovery is complete. The Company must be notified immediately of the death of the Insured caused by the Accident or occurring during the period of treatment.</p> <p>The Insured must also provide <u>the Company</u> with a copy of the Policyholder/ Insured's family status certificate.</p> <p>For car driver Accident Cover, the Insured must also provide a declaration containing the number of persons licensed to drive in accordance with the provisions in force as resulting from the Policyholder's/Insured's family status certificate.</p> <p>Direct assistance/ assistance under agreement: no direct assistance under agreement is provided for the handling of Claims.</p> <p>Management by other companies: Claims handling by other companies is not provided.</p>
What to do in case of claim?	Statute of limitations: rights arising from the contract other than the right to payment of Premium instalments (which is time-barred in one year from the individual due dates), are time-barred within two years from the day on which the event on which the right is based occurred, pursuant to Article 2952 of the Italian Civil Code.
Incorrect statements or reticence	There is no additional information to that provided in the Non-life DIP.

Obligations of the company	After verifying the effectiveness of the Cover, assessing the damage and receiving the necessary documentation, the Company shall pay the Indemnity within 30 days, provided that no objection has been made. The exercise of the right of withdrawal on the ground of reconsideration renders any Claim made ineffective.
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When and how do I pay?

Premium	There is no additional information to that provided in the Non-life DIP.
Refund	If the contract has been sold entirely by means of distance communication techniques, in case the Policyholder exercises their right of withdrawal, the Company shall, within 30 days of receipt of the notice of withdrawal, refund the Premium paid, net of tax. In case of withdrawal by the Policyholder or the Company due to a Claim, the Policyholder is entitled, within 15 days of the effective date of the withdrawal, to reimbursement of any Premium paid and not used, net of tax.

When does the coverage begin and when does it end?

Term	There is no additional information to that provided in the Non-life DIP.
Suspension	It is not possible to suspend the insurance coverage during the contract.

How can I cancel the policy?

Cooling-off period	If the contract has been sold entirely through distance communication techniques, the Policyholder may withdraw within 14 days from entering into the contract by written request to be sent to the Agency to which the policy is assigned or to the Company by registered letter with acknowledgement of receipt or certified email.
Termination	There is no additional information to that provided in the Non-life DIP.

Who is this product aimed at?

Immagina Adesso - Modulo SALUTE E BENESSERE - Starbene Tutti compresi is targeted at individuals and families. The Module is addressed to the customer who has expressed the needs Personal care and Assistance and help.

What costs do I incur?

Brokers for the sale of this insurance receive on average 22.30% of the taxable Premium paid by the Policyholder for commission-type remuneration.

HOW CAN I LODGE COMPLAINTS AND RESOLVE DISPUTES?

To the Insurance Company	The provisions of the Additional DIP of the Modulo Generale apply.
To IVASS	The provisions of the Additional DIP of the Modulo Generale apply.

BEFORE RESORTING TO THE JUDICIAL AUTHORITIES, alternative dispute resolution systems can be used such as:

Mediation	The provisions of the Additional DIP of the Modulo Generale apply.
Assisted Negotiation	The provisions of the Additional DIP of the Modulo Generale apply.

**Other alternative
dispute resolution
systems**

In the event of a dispute of a medical nature with respect to the Covers listed below, the contractual expert procedure provided for in the Terms and Conditions of insurance for such disputes may be used. The application for the activation of the contractual expert report should be addressed to: Generali Italia S.p.A. - Via Marocchese,14 – 31021 – Mogliano Veneto (TV) - e-mail: generaliiitalia@pec.generaligroup.com

For the settlement of cross-border disputes, the provisions of the Additional DIP of the Modulo Generale shall apply.

NOTE: FOR THIS CONTRACT, THE COMPANY HAS AN INTERNET AREA RESERVED FOR THE POLICY-HOLDER ("HOME INSURANCE"), THEREFORE AFTER EXECUTING IT YOU WILL BE ABLE TO CONSULT THIS AREA AND USE IT TO TELEMATICALLY MANAGE THE CONTRACT ITSELF.

Module Structure

The **Modulo SALUTE E BENESSERE - Starbene Tutti compresi** is an integral part of the Immagina Adesso insurance contract and contains the Specific Terms and Conditions of the following Covers:

- Permanent disability due to accident
- Lump sum Indemnity for minor permanent disability (Lump sum for minor disability), if activated
- Accident life annuity
- Reimbursement of medical expenses due to accident
- Death by accident

The Specific Terms and Conditions are made up of:

- the Definitions;
- the rules specific to the individual Covers activated, which contain the specific discipline of those Covers;
- the Common Provisions, which contain the discipline common to all activated Covers.

SPECIFIC TERMS AND CONDITIONS - DEFINITIONS

In the Specific Terms and Conditions of this Module, the following terms are given the meanings specified herein:

Accident	Any event due to a fortuitous, violent and external cause that produces objectively ascertainable bodily Injury resulting in death, permanent disability or temporary incapacity.
Day hospital	Inpatient stay without surgery in a day-care Institute for Health Care, documented by Medical records.
Day surgery	Surgery performed in an Institute for Health Care, with a daytime stay in the ward, not involving an overnight stay, documented by medical records.
Deductible	Part of the damage that remains borne by the Insured, expressed in percentage points for Disability, in days for allowances or in a fixed amount for reimbursement of expenses.
Emergency room	A facility that only guarantees the treatment of emergency-urgencies, i.e. spontaneous or traumatic pathological conditions requiring immediate diagnostic and therapeutic interventions
Fracture	Bone Injury consisting of a complete or incomplete break in continuity with or without displacement of fragments. Detachment of a bony fragment and breaks are not included.
Hospitalisation	Inpatient stay in a Institute for Health Care's ward involving at least one overnight stay, documented by medical records.
Household	The Policyholder, his spouse or cohabiting partner and their children The persons named in the Policyholder's family status certificate. The minor children of the Policyholder and/or spouse or cohabiting partner are always included in the Household, even if they do not appear on the family status certificate.
Indemnity	Sum due by the Company in the event of a Claim, including in the form of reimbursement of expenses.
Injury	Any impairing change to an organ or tissue, with alteration of continuity of form, structure and function caused by physical (traumatic agents), chemical (intoxication) or biological (microorganisms) causes.



Institute for Health Care	<p>A public hospital, clinic or nursing home (affiliated with the NHS or private) in Italy or abroad, duly authorised in accordance with legal requirements and by the competent authorities, to admit patients and provide them with health care, including day hospitalisation, and equipped for the overnight stay of patients and the treatment of pathological conditions by qualified medical and paramedical staff.</p> <p>Retirement, recovery and residential homes, nursing homes, residential care homes, homes and hospices for the elderly, hospices, thermal, hydrotherapeutic and phyto-therapeutic establishments or treatment centres, clinics for dietary and aesthetic purposes, Wellness Centres in general and Beauty Farms or similar establishments are not considered to be Institutes for Health Care.</p>
Medical records	<p>Official document and public deed drawn up during Hospitalisation or Day hospital, containing the Insured's personal details, diagnosis, present and past medical history, treatments carried out, surgeries performed, examinations and clinical diary, as well as the hospital discharge form (H.D.F.).</p>
Permanent disability (PD)	<p>Permanent, definitive and irreparable partial or total loss of the Insured's general capacity to carry out any gainful work, regardless of their profession.</p>
Risk	<p>Probability of the occurrence of the Insured Event.</p>
Temporary Incapacity	<p>Temporary partial or total loss of the Insured's ability to devote themselves to their professional activities.</p>
Terrorist activity	<p>An act (including the use or threat of use of force or violence) committed by any person or group of persons acting alone or on behalf of or in connection with any organisation, for political, religious, ideological or similar purposes, including the intention to influence any government or to frighten the population or any part of it.</p>
Uncovered Amount	<p>Amount to be borne by the Insured, expressed as a percentage of the amount of the Indemnity.</p>



SPECIFIC COVERS TERMS AND CONDITIONS ACTIVATED



What is covered by the Insurance?

Art. 1.1 Insured

The Policyholder, the spouse or cohabiting partner, and their children as shown on the Policyholder's family status certificate at the time of the Insured Event shall be insured. The minor children of the Policyholder and the spouse or cohabiting partner are always included in the Cover, even if they do not appear on the family status certificate.

Art. 1.2 Insured risks

The insurance coverage applies to Accidents suffered by the Insured while carrying out his or her non-professional activities at home and in the car.

The individual Covers, as described below, shall operate for the insured sums and/or the Coverage Limits and within the Limitations of Indemnity and with the application of the Uncovered Amounts and Deductibles indicated in the Policy and in the following articles.

Insurance coverage applies to: Domestic Accidents and car driver Accidents.

Art. 1.2.1 Domestic accidents

What is covered by the Insurance

Domestic Accidents are those suffered by the Insured in the home while carrying out normal domestic or leisure activities.

The insurance coverage shall apply within the premises of the policyholder's home as per his family status certificate, in the relevant outbuildings (garage, cellar, etc.) and in the garden or courtyard areas surrounding the home that are fenced off. In the case of buildings with several residential units, the common condominium spaces are also included.

What is NOT covered by the Insurance

Activities performed with the aid of powered tools and utensils are included only for the use of machines not intended for professional use: **cutting-off machines, circular and band saws, and equipment powered by internal combustion engines**, with the exception of lawn mowers and hedge trimmers, are always excluded.

Art. 1.2.2 Car driver Accidents

What is covered by the Insurance

Car driver Accidents are those sustained by the Insured while driving - anywhere in the world - cars for private use, provided that he/she is licensed to drive in accordance with the regulations in force.

Accidents occurring during the performance of operations made necessary in the event of a stop to restart are also included in the insurance coverage.

In the case of an expired driver's licence, insurance coverage shall apply provided that the driver renews the document within 6 months of the date of the Insured Event; insurance coverage shall also apply if the non-renewal is the exclusive and direct consequence of the consequences of the Insured Event itself.

What is NOT covered by the Insurance

Insurance coverage does not apply to persons who are professional drivers, sales agents or members of the military corps.



Art. 1.3 Additional indemnifiable events

Within the scope of the Covers the following events are also insured:

- a. the consequences of sunstroke, heatstroke and cold, and electrocution;
- b. frostbite and freezing;
- c. the consequences of ingestion or absorption of substances if due to a fortuitous event;
- d) asphyxia of non-morbid origin;
- e. drowning;
- f. the consequences of infections due to an Accident indemnifiable under the insurance coverage, excluding, in any case, Diseases;
- g. burns caused by animals or plants, poisonings caused by animal bites and insect stings excluding, however, malaria;
- h. the physical consequences of surgeries or treatments required for the treatment of Injuries resulting from Accidents indemnifiable under the insurance coverage;
- i. Accidents occurring as a result of inexperience, imprudence and gross negligence on the part of the Insured;
- j. bodily Injury resulting from civil commotion, provided that the Insured did not actively participate in it;
- k. Accidents sustained in a state of sickness, unconsciousness or dizziness.



IN AUTONOMIA

Art. 2.1 Permanent disability due to accident

What is covered by the Insurance

In the event of permanent disability as a result of an Accident, the Cover provides that the Insured shall receive an Indemnity.

Assessment of the degree

The degree of permanent disability is assessed on the basis of the percentages expressed in the table in the following paragraph "Determination table", according to the following criteria:

- the total and irreparable loss of the functional use of an organ or limb is considered as an anatomical loss of the same; in the event of a limitation of functionality, the percentages referred to in the table are reduced in proportion to the functionality lost;
- in the event of partial removal of a terminal phalanx of the fingers, the Company shall recognise a percentage of Disability equal to 50% of that attributed to the same phalanx in the event of total removal;
- in the event of anatomical loss or functional reduction of an organ or limb already disabled, the percentages in the table are reduced taking into account the degree of pre-existing disability;
- in the case of left-handedness, the percentages referring to the right upper limb are understood to apply to the left limb and vice versa;
- visual impairment must be assessed as it results with tolerated correction. If a residual visual impairment remains, a surcharge of 3 percentage points is paid for the use of glasses or permanent contact lenses.

If a single Accident affects more than one limb or function, the total Disability is the sum of the individual Disabilities, up to a maximum degree of 100%.

Determination table

The degree of permanent disability is assessed according to the following percentages:

Total, anatomical or functional loss of:	RIGHT	LEFT
- an upper limb:	70%	60%
- a hand or forearm	60%	50%
- one thumb	18%	16%
- an index finger	14%	12%
- a middle finger	8%	6%
- a ring finger	8%	6%
- a little finger	12%	10%
- the nail phalanx of the thumb	9%	8%
- a phalanx of another finger of the hand	1/3 of finger	
Ankylosis:		
- of the scapulohumeral joint with the limb in a favourable position, but with immobility of the scapula	25%	20%
- of the elbow at an angle between 120° and 70° with free pronosupination	20%	15%
- of the wrist in straight extension with free pronosupination	10%	8%
Complete paralysis:		
- of the radial nerve	35%	30%
- of the ulnar nerve	20%	17%



Total, anatomical or functional loss of a lower limb:	
- above mid-thigh	70%
- below mid-thigh, but above the knee	60%
- below the knee, but above the middle third of the leg	50%
- one foot	40%
- both feet	100%
- a big toe	5%
- another toe	1%
- the nail phalanx of the big toe	2.5%
Ankylosis:	
- of the hip in a favourable position	35%
- of the knee in extension	25%
- right-angled tibiotarsal joint with ankylosis of the subtalar joint	15%
Complete paralysis of the external popliteal sciatic nerve	15%
Total, anatomical or functional loss of:	
- an eye	25%
- both eyes	100%
Complete deafness of:	
- an ear	10%
- both ears	40%
Total loss of voice	30%
Nasal stenosis:	
- unilateral	4%
- bilateral	10%
Displaced Fracture of a rib	1%
Somatic amyelic fracture with wedge deformation of:	
- a cervical vertebra	12%
- a dorsal vertebra	5%
- 12th dorsal vertebra	10%
- a lumbar vertebra	10%
Complication of a Previous Fracture of:	
- a sacral metamer	3%
- a coccygeal metamer with a deformed callus	5%
Aftermath of cervical sprain trauma with muscle contracture and limitation of head and neck movements	2%
Anatomical loss:	
- of a kidney	15%
- of the spleen without significant impairment of the blood crisis	8%



In cases of permanent disability not specified in the table, the assessment of permanent disability takes into account the overall decrease in general working capacity, regardless of the Insured's profession.

Determination of the Indemnity

The sum insured for each Insured, on the basis of which the Indemnity shall be calculated, shall be determined by dividing the sum insured for Permanent Disability due to Accident, as indicated in the Policy in the specific section, in equal parts, by the number of Household members at the time of the Insured Event, determined according to the criteria set forth in the article Insured.

✓ How is the sum insured for each Insured calculated?

EXAMPLE: If, at the time of the Insured Event, there are three members of the Household and the sum insured for the Permanent Disability due to Accident Cover indicated in the Policy is EUR 90,000.00, the sum insured for each of the Insured on the basis of which the indemnity is calculated is EUR 30,000.00.

The Indemnity in favour of the Insured shall be determined by multiplying the sum insured for Permanent Disability due to Accident relating to the Insured, by the percentage of indemnifiable Permanent Disability indicated in the "Indemnifiable %" column, in correspondence of the "assessed PD %" of the following table.

The percentage of permanent Disability assessed ("assessed PD %") is determined according to the criteria set out in the preceding paragraphs "Assessment of the degree" and "Determination Table":

assessed PD %	indemnifiable %	assessed PD %	indemnifiable %
1	0	27	34
2	0	28	36
3	0	29	38
4	0	30	40
5	0	31	43
6	1	32	46
7	2	33	49
8	3	34	52
9	4	35	55
10	5	36	58
11	6	37	61
12	7	38	64
13	8	39	67
14	9	40	70
15	10	41	73
16	12	42	76
17	14	43	79
18	16	44	82
19	18	45	85
20	20	46	88
21	22	47	91
22	24	48	94
23	26	49	97
24	28	50-99	100
25	30	100	200
26	32		



✓ **How is the Indemnity calculated?**

EXAMPLE No. 1: if there are 3 members of the Household at the time of the Insured Event, the sum insured for Permanent Disability due to Accident Cover is EUR 90,000.00 and the degree of ascertained PD is 5%, no Indemnity shall be paid.

EXAMPLE No. 2: If, at the time of the Insured Event, there are 3 members of the Household, the sum insured for Permanent Disability due to Accident Cover is EUR 90,000.00 and the degree of assessed PD is 25%, an Indemnity of EUR 9,000.00 shall be paid as calculated below:

$90,000.00 / 3 = 30,000.00 * 30\%$ (the indemnifiable % indicated in the table in correspondence with the assessed PD % at 25%) = 9,000.00.

EXAMPLE No. 3: if, at the time of the Insured Event, there are 3 members of the Household, the sum insured for Permanent Disability Cover is EUR 90,000.00 and the degree of assessed PD is 60%, an Indemnity of EUR 30,000.00 shall be paid as calculated below:

$90,000.00 / 3 = 30,000.00 * 100\%$ (the indemnifiable % indicated in the table in correspondence with the assessed PD % at 60%) = 30,000.00.

Art. 2.1.1 Lump sum Indemnity for minor permanent disability (Lump sum for minor disability)

What is covered by the Insurance

This Cover, if referred to in the Policy for the Insured, shall operate **in partial derogation of the provisions of the article Permanent Disability due to Accident - Determination of indemnity.**

In the event of an Accident suffered by the Insured while driving a car for private use, as long as it is licensed in accordance with the regulations in force, if the permanent disability ascertained is between 1 and 3 percentage points, the Company shall pay a lump sum indemnity of:

- EUR 200.00, if the sum insured under the Policy is EUR 90,000.00;
- EUR 300.00, if the sum insured under the Policy is EUR 120,000.00;
- EUR 500.00, if the sum insured under the Policy is EUR 180,000.00.

In the event of permanent disability assessed between 4 and 5 percentage points, the Company pays a lump sum Indemnity of:

- EUR 300.00, if the sum insured under the Policy is EUR 90,000.00;
- EUR 500.00, if the sum insured under the Policy is EUR 120,000.00;
- EUR 700.00, if the sum insured under the Policy is EUR 180,000.00.

In addition, and without prejudice to the indemnifiability criteria provided for permanent disability due to accident, in the event of an assessed disability of more than 5 percentage points, the Indemnity cannot be less than:

- EUR 300.00, if the sum insured under the Policy is EUR 90,000.00;
- EUR 500.00, if the sum insured under the Policy is EUR 120,000.00;
- EUR 700.00, if the sum insured under the Policy is EUR 180,000.00.

Art. 2.2 Accident life annuity

What is covered by the Insurance

In the event of Permanent Disability of an assessed degree equal to or greater than 66%, resulting from an Accident that is indemnifiable under the insurance coverage, the Company - in addition to all that is due under the contract - shall issue a life insurance policy in favour of the Insured, guaranteeing him/her a life annuity (re-valuable in an annual amount equal to the sum indicated in the Policy).



The sum insured indicated in the Policy is valid for the entire Insured Household and **represents the maximum disbursement that the Company shall pay in total, even in the case of an Insured Event affecting more than one insured persons.**

The Accident Life Annuity Cover ceases upon settlement of the first Claim that led to the payment of the annuity, but the Company is entitled to retain the Premium for the relevant current year. The collection of a Premium that is no longer due or greater than that due, after the conditions set forth above have occurred, does not constitute an implicit waiver of the agreements contained in the preceding paragraphs, and therefore the Company is only obliged, as provided for by Article 2033 of the Italian Civil Code, to return the greater Premium received.



IN ATTIVITÀ

Art. 3.1 Reimbursement of medical expenses due to accident

What is covered by the Insurance

The Policy provides for the reimbursement to the Insured of the following medical expenses incurred as a direct consequence of an Accident that is indemnifiable under the insurance coverage, up to the **annual Coverage Limit indicated in the Policy, to be understood as the maximum sum available for the entire Household:**

- a. during Hospitalisation (or in the event of surgery, including outpatient or day surgery) for:
- surgeons' and surgical team's fees;
 - operating room fees, operating material, therapeutic equipment and endoprotheses applied during surgery;
 - hospitalisation fees;
 - medical care, treatment, physiotherapy and rehabilitation treatments, medicines, examinations and diagnostic tests;
 - NHS co-payments (ticket) for previous medical services;
 - transport of the Insured to an Institute for Health Care and the return to home, carried out by any means;
- b. after Hospitalisation (or after surgery, including outpatient or day surgery) for:
- examinations and diagnostic tests, purchase of medicines, outpatient medical and nursing services occurring in the 180 days following the date of discharge from the first Hospitalisation; however, in relation to dental services, **expenses incurred for dental prostheses are excluded;**
 - physiotherapy and rehabilitation treatments completed within 180 days after the date of discharge from the first Hospitalisation.

Limitations of coverage apply

For physiotherapy and rehabilitation treatments, expenses are reimbursed up to a limit of 30% of the sum insured with a maximum of EUR 1,000.00.

The above services must be prescribed by the attending physician.

- c. in the absence of Hospitalisation for:
- examinations and diagnostic tests, purchase of medicines, outpatient medical and nursing services in the 120 days following the date of the Accident; however, in relation to dental services, **expenses incurred for dental prostheses are excluded;**
 - physiotherapy and rehabilitation treatments carried out within 120 days after the date of the Accident.

Limitations of coverage apply

For physiotherapy and rehabilitation treatments, expenses are reimbursed up to a limit of 20% of the sum insured with a maximum of EUR 1,000.00.

The above services must be prescribed by the attending physician.

The following expenses incurred as a direct consequence of the Accident are included:

- first purchase of any type of orthopaedic prosthesis made necessary by the Accident and for the purchase or lease (**for a maximum period of 1 year**) of orthopaedic wheelchairs,
- treatments and applications (including reconstructive plastic surgery, but excluding dental prostheses) carried out **within 2 years of the Accident**, with the aim of reducing or eliminating the consequences of aesthetic damage caused by the Accident.

Limitations of coverage apply

This Cover is provided with a 10% Uncovered Amount and a minimum of EUR 200.00 payable by the Insured for each Claim, coinciding with the entire course of treatment, relating to the same Accident, without prejudice to the specific limits indicated in letters b. and c. above.



IN CONTINUITÀ

Art. 4.1 Death by accident

What is covered by the Insurance

In the event of the Insured's death as a result of an Accident that is indemnifiable under the insurance coverage, the Company shall pay the sum insured for Death by Accident Cover in equal parts to the intestate heirs or heirs by will of the Insured.

The sum insured for each Insured, on the basis of which the Indemnity shall be calculated, shall be determined by dividing the sum insured for Death by Accident, as indicated in the Policy in the specific section, in equal parts, by the number of Household members at the time of the Insured Event, determined according to the criteria set forth in the article Insured.

✓ How is the sum insured for each Insured calculated?

EXAMPLE: If, at the time of the Insured Event, there are 3 Household members and the sum insured for death indicated in the Policy is EUR 90,000.00, the sum insured for death for each of the Insured is EUR 30,000.00.

Compensation for **death and permanent Disability are not cumulative**; however, if after the payment of an Indemnity for permanent Disability the Insured dies as a result of the same Accident, the Company shall pay the beneficiaries the difference between the Indemnity paid and the sum insured indicated in the Policy for Death by Accident Cover, if this is higher, and shall not seek reimbursement otherwise.

If the Insured disappears or is not found and death is presumed to have occurred as a result of an Accident that is indemnifiable under the insurance coverage, the Company shall pay the sum provided for Death by Accident Cover.

Payment is due once 180 days have elapsed since the submission of the petition for the declaration of presumed death proposed pursuant to Articles 60 and 62 of the Italian Civil Code.

Payment will not be made if elements have arisen in the meantime that render the event non-indemnifiable.

If, after payment, it turns out that the death did not occur or was in any case not caused by an indemnifiable accident, the Company is entitled to reimbursement of the full amount paid. Once the full amount paid has been repaid, the Insured may exercise their rights for any permanent Disability suffered.

In the event of the death of both parents insured under this Cover as a result of an Accident caused by the same event, the Company shall pay to their minor and adult cohabiting children who are permanently incapacitated for work the Indemnity due to each of them for the death of their parents, increased by 50%.

The allowance also applies to disabled adult children.





What is NOT covered by the Insurance?

Art. 5.1 Uninsurable persons

Persons residing abroad (with the exception of residents of the Republic of San Marino and the Vatican City State) and persons who, at the time of the activation of the Covers of this Module, are suffering from alcoholism, drug addiction, AIDS, epilepsy, degenerative brain diseases, or one of the following mental illnesses: organic brain syndromes, schizophrenic disorders, paranoid disorders, manic-depressive disorders, are not insurable.

Therefore:

- If the Company had been informed of the existence of any of the above circumstances prior to the activation of the Covers in this Module, it would not have consented to the activation itself;
- in the event of the occurrence during the validity of the Cover of any of the circumstances indicated above, the Policyholder and/or Insured must notify the Company, which may withdraw with immediate effect due to increase of the Risk¹ by notifying the other party in writing within one month from the day on which it received the notice or otherwise became aware of the cause of uninsurability.

In any event, there is no obligation for the Company to pay any Indemnity.

In addition, insurance coverage is not provided to persons who, at the time of the activation of the Covers in this Module, suffer or have suffered from one of the following serious illnesses: stroke, heart attack, diabetes undergoing insulin therapy, recognised Disability due to progressive illnesses, illnesses treated with cardiovascular surgery, oncological diseases, osteoporosis, arthrosis, paresis, plaque sclerosis, bone cancer.

It is understood that if the Company had been aware of the existence of any of the aforementioned pathologies prior to the activation of the Covers in this Module, it would not have consented to such activation and consequently no Indemnity is due. In the event of a diagnosis while the Covers are in force, the insurance coverage remains in force until the expiry of the Covers.

Art. 5.2 Exclusions

The following are excluded from insurance coverage:

- a. Accidents caused by intoxication while driving, abuse of mental health medication, use of narcotics or hallucinogenic substances. Intoxication is defined as an altered condition caused by the presence of a blood alcohol level in excess of 0.8 grams/litre;
- b. Accidents caused by surgery, examinations or medical treatment that are not necessary for the treatment of Injuries resulting from Accidents indemnifiable under the insurance coverage;
- c. Accidents resulting from wilful offences committed or attempted by the Insured, including in conspiracy with others;
- d. Accidents caused by war and insurrection, unless the Insured is taken by surprise by the outbreak of such events abroad. In this case, coverage operates up to a maximum period of 14 days from the start of hostilities;
- e. Accidents that are direct or indirect consequences of transmutation of the nucleus of the atom and/or radiation caused by artificial acceleration of atomic particles;
- f. Accidents that are direct or indirect consequences of chemical or biological contamination resulting from Terrorist activity or war;
- g. Accidents resulting from the use and driving of motor vehicles on circuits used for motor sports, except in the case of motorbike or car rallies;
- h. Accidents occurring during the practice - for any reason - of sporting activities;
- i. hernias, subcutaneous ruptures of tendons and heart attacks;



- j. accidents caused by earthquakes, floods or volcanic eruptions;
- k. accidents resulting from activities carried out on a professional or otherwise profit-making basis;
- l. Accidents caused by activities normally carried out by professionals (installation and maintenance of electrical, water and sanitary systems, painting of external walls, etc.).



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limits apply.

Cover	Deductible	Uncovered Amount	Limitations of Indemnity
Permanent disability due to accident	5% up to 15 percentage points	-	The sum insured indicated in the Policy is divided equally for each member of the Household at the time of the Insured Event.
Accident life annuity	65%	-	-
Reimbursement of medical expenses as a result of accident	-	10% with a minimum of EUR 200.00 per Claim	<ul style="list-style-type: none"> - Post-hospitalisation physiotherapy treatment reimbursement is limited to 30% of the sum insured indicated in the Policy with a maximum of EUR 1,000.00. - In the absence of Hospitalisation for physiotherapy treatments reimbursement shall be limited to 20% of the sum insured indicated in the Policy with a maximum of EUR 1,000.00.
Death by accident	-	-	The sum insured indicated in the Policy is divided equally for each member of the Household at the time of the Insured Event.



SPECIFIC TERMS AND CONDITIONS - COMMON PROVISIONS



Where does the coverage apply?

Art. 1.1 Where the Covers apply

For domestic Accidents, the Covers are valid within the premises of the Policyholder's residence as shown on his family status certificate.

For car driver accidents, the Covers apply worldwide.

Under what operating conditions do we insure?

Art. 2.1 Indemnifiability Criteria

The Company shall pay the agreed Indemnity only for the direct and exclusive consequences of the Accident eligible for indemnification under the Cover provided.

Therefore, the influence that the Accident may have had on the pre-existing physical or pathological conditions or conditions that have arisen after it, as well as the harm that they may cause to the Injuries produced by the Accident, are indirect consequences and therefore non indemnifiable.

In the case of pre-existing mutilations or physical anomalies, Indemnity for permanent Disability shall be paid only for the direct consequences of the Accident as if the Accident had affected the physically intact person, irrespective of the greater impairment resulting from the pre-existing condition.



What are my obligations? What obligations does the company have?

Art. 3.1 Change of residence

The Policyholder and the Insured must give immediate notice of any changes in the municipality of residence that occur during the validity of the Cover.

In the event of transfer of residence abroad, the Company may withdraw with immediate effect due to increase of the Risk² by notifying the Policyholder in writing within one month of the day on which it received the notice or otherwise became aware of the change.

Failure to notify may result in loss of the right to Indemnity. Premiums relating to the current insurance period when the withdrawal is communicated shall be due to the Company.



When and how do I pay?

Art. 4.1 Adjustment of premium and sums insured

Without prejudice to the provisions of the Modulo Generale with reference to the payment of the Premium, the commencement of the Covers and the means of payment of the Premium, if expressly provided for in the Policy, an adjustment of 1,5% of the sums insured and the Premium applies at each yearly expiry for all activated Covers.

However, the following items are not subject to adjustment:

- **Absolute Deductibles,**
- **sums determining Deductible brackets**
- **minimum and maximum Uncovered Amounts,**
- **all values expressed as percentages,**
- **limitations of Indemnity.**





When does the coverage begin and when does it end?

Art. 5.1 Duration of Activated Covers

The Covers activated have the duration specified in the Policy for each of them.



How can I cancel the Covers?

Art. 6.1 Cancellation and Extension of Activated Covers

Unless otherwise stated in the Policy, upon expiry, the duration of the activated Covers is extended for one year and so on. In this case, the Policyholder or the Company may prevent the tacit extension by giving notice of cancellation within the terms and according to the procedures indicated in the General Terms and Conditions of Insurance set out in the Modulo Generale. **Activated Covers cannot be cancelled individually.**



PROVISIONS APPLICABLE IN CASE OF A CLAIM



What are my obligations? What obligations does the company have?

Art. 1.1 Reporting an accident

The report of the Accident, with an indication of the place, day and time of the event and the causes that led to it, accompanied by a medical certificate, must be made in writing by the Policyholder, the Insured or another person on their behalf, within 10 days of becoming aware of it or having the possibility to do so.

The Insured must also provide the Company with a copy of the Policyholder/Insured's family status certificate.

For car driver accident coverage, the Insured must also provide a declaration containing the number of persons licensed to drive in accordance with the provisions in force as resulting from the Policyholder's/Insured's family status certificate.

Insurance coverage is, however, conditional on timely recourse to hospital or emergency room facilities. Appropriate medical certificate issued by such facilities must also be submitted to the Company, containing the manner and place of occurrence of the Accident.

The course of the Injuries must be documented by further medical certificates, until recovery.

The Insured or his family members must allow the Company to carry out the necessary investigations, analyses and assessments to be carried out in Italy.

The Company must be notified immediately in the event of death of the Insured caused by an Accident or if death occurs during the period of treatment.

Failure to comply with the obligations relating to reporting the Claim may result in the total or partial loss of the right to Indemnity³.

Art. 1.2 Payment of indemnity

Upon receipt of the documents necessary to establish the right to Indemnity and to quantify it in accordance with the Specific Terms and Conditions of these Covers, the Company shall:

- proceed with the payment;
- send the communication of the reasons why the Indemnity cannot be paid.

The payment or communication will in any case be made within thirty (30) days:

- upon receipt of the complete documentation, or
- after the conclusion of the assessment procedure, if any, with a deed of payment or report of an expert's report, initiated in accordance with these Specific Terms and Conditions.

This is without prejudice to any different terms and conditions provided for specific Covers, to which the customer is referred for specific verification.

The Company will in any case carry out the payment of any undisputed sums.

Art. 1.3 Methods of payment Reimbursement of medical expenses

Reimbursement is made once treatment has been completed and proper supporting documentation has been submitted in original.

In order to obtain reimbursement of the expenses, it is necessary to present the original tax-valid documents of the relevant pro-forma invoices, bills and receipts with full discharge, subject to the uncovered amount provided for in the summary table and in the Policy in the specific section.



If the Insured has presented the original of the pro forma invoices, bills and receipts to third parties in order to obtain reimbursement, the Company shall pay the amount due under the Reimbursement of medical expenses due to accident Cover, once it has received a copy of the certification of the expenses actually incurred, net of the amount to be paid by said third parties.

For expenses incurred abroad, reimbursements are made in Italy in the currency that is legal tender in Italy at the average exchange rate for the week in which the expense was incurred by the Insured, obtained from official quotations.

Art. 1.4 Disputes - Contractual expert procedure

In the event of disputes of a medical nature, the parties may refer the decision to a discussion between a doctor trusted by the Company and a doctor appointed by the Insured. The agreement is binding on the parties.

In the event of disagreement on disputed points, the two doctors appoint a third doctor with the consent of the parties.

In the event of disagreement between the two doctors on the appointment of the third one, the President of the Medical Association closest to the Insured's place of residence may appoint the third doctor, at the request of even only one of the parties.

The third doctor intervenes only in the event of disagreement and decisions on disputed points are taken by majority vote and are binding on the parties.

Each doctor is entitled to be assisted and supported by other doctors and/or specialists, who may intervene in the expert procedure, but have no decisive vote.

Each party bears the costs of its own doctor and the professionals appointed by its own doctor who assisted in the expert procedure. The expenses and fees of the third doctor are shared equally between the Insured and the Company.

The results of the expert operations are collected in a report drawn up in two copies, one for the Insured and one for the Company.

Art. 1.5 Waiver of recourse

The Company renounces its right of recourse⁴ towards any parties responsible for the indemnified damaging event, in favour of the Insured and their assignees, leaving them free to assert any claims against the parties responsible. It thus leaves intact the rights of the Insured and his assignees against those responsible.



How can I cancel the Covers?

Art. 2.1 Withdrawal in the event of a claim

The Policyholder or the Company may withdraw, with effect for all the Covers activated with this Module, as a consequence of the notification of any Claim relating to one or more of the Covers activated with this Module, made in accordance with the terms of the contract during the entire duration of the Cover. This right may be exercised within 60 days of payment or refusal of payment.

Withdrawal:

- must be communicated in writing by registered letter with return receipt or by Certified E-Mail;
- if it is exercised by the Policyholder, it shall take effect from the date of receipt of the notice;
- if it is exercised by the Company, it takes effect 30 days after the date of receipt of the notice.



In all cases, by the fifteenth day following the effective date of withdrawal, the Company shall reimburse the Policyholder for the portion of the Premium relating to the period of time in which the risk was not incurred, if any, excluding taxes.

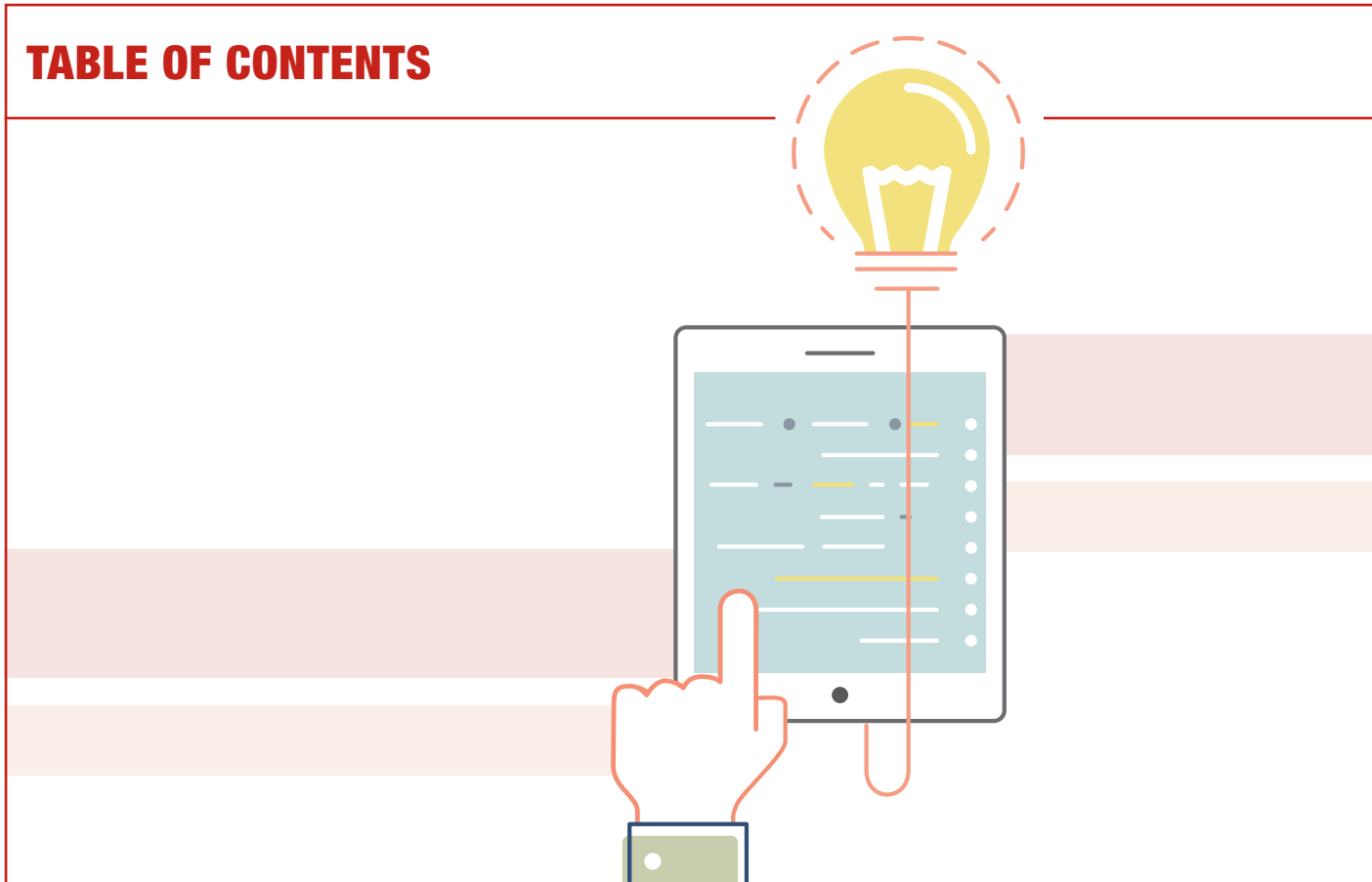
The payment or collection of Premiums due after the Claim report or any other action of the parties shall not be construed as their waiver of the right of withdrawal.

Withdrawal may be exercised according to the terms and conditions indicated in the Modulo Generale's General Terms and Conditions of Insurance, therefore, the termination of all the specific Covers of this Module following withdrawal due to a Claim shall also entail the simultaneous termination of the specific related Covers activated in the Modulo PREVENZIONE E ASSISTENZA.

- 1 Article 1898 of the Italian Civil Code.
- 2 Article 1898 of the Italian Civil Code.
- 3 Pursuant to Article 1915 of the Italian Civil Code.
- 4 Article 1916 of the Italian Civil Code.




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IMMAGINA VIVI ADESSO

This Information set for Modulo CUCCIULO - 22.10.2022 edition consists of:

- DIP Modulo CUCCIULO
- the Additional DIP for Modulo CUCCIULO
- Terms and Conditions of Insurance Modulo CUCCIULO

Immagina Adesso CUCCIULO with.....

- **In amicizia**, to resolve an unforeseen incident in private life entailing liability incident with economic protection
- **In agilità** to keep your four-legged friend, dog or cat, fit by covering its **veterinary expenses**
- **In accordo** to be supported by a **legal protection** in the event of an unforeseen incident involving your pet



Please note that you can change your choices over time according to your new needs. Discover Immagina Adesso CUCCIULO in the insurance solution you have chosen!

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Generali Italia S.p.A. - Tax code and registration with the Companies Register of Treviso - Belluno No. 00409920584 - VAT No. 01333550323 - Share Capital: EUR 1,618,628,450.00 fully paid-up - Certified e-mail (PEC): generalitalia@pec.generaligroup.com. Company registered in Italy with the IVASS Companies Register No. 1.00021, subject to the management and coordination of the sole Shareholder Assicurazioni Generali S.p.A. and belongs to the Generali Group, which is registered under No. 026 in the Register of Insurance Groups.

Full pre-contractual and contractual information on this insurance is provided in other documents.

What type of insurance is this?

This insurance covers:

- liability risks related to the ownership, custody and possession of pets in the family;
- veterinary expenses for dogs and cats owned by the Insured living permanently at his or her home and indicated in the Policy;
- legal defence in relation to the ownership, custody and possession of pets in the family.



What is covered by the Insurance?

The following Covers are provided per Section.

IN AMICIZIA

Civil liability for animals in family

- ✓ Liability for damages unintentionally caused to third parties as a result of an accidental event in connection with the ownership, possession and use of animals resulting in:
 - death and bodily injury to individuals;
 - death and physical injury to other animals;
 - damage, destruction or deterioration of property.
- ✓ The Cover also extends to:
 - temporary caretaker's civil liability;
 - participation of the animal in events;
 - damages from interruption or suspension of activities following a Claim caused by the animal;
 - training course in dog re-education.

IN AGILITÀ

VETERINARY EXPENSES:

- ✓ Reimbursement of veterinary expenses for surgery due to accident disease;
- ✓ Reimbursement of pre- and post-surgery expenses;
- ✓ Reimbursement of veterinary expenses when travelling;
- ✓ Costs resulting from the death of the animal.

The Covers cover the expenses incurred for dogs and cats owned by the Insured and permanently living at his or her home indicated in the Policy.

IN ACCORDO

- ✓ Legal defence of the Insured - ownership, custody and possession of pets:

The Legal Protection Cover covers judicial and extra-judicial assistance for the legal defence in connection with the following proceedings and disputes related to



What is not covered by the Insurance?

IN AMICIZIA:

The following damages are excluded:

- ✗ to things that the Insured and his family members have in their possession, custody or hold in any capacity whatsoever;
- ✗ arising from the exercise of activities prohibited under the law or the order of the Ministry of Health in force at the time of the Claim;
- ✗ of any kind resulting from water, air or soil pollution;
- ✗ arising from the ownership, driving or use of motor vehicles or trailers, as well as from the navigation of watercraft and motor boats and the use of aircraft;
- ✗ attributable to the breach of the obligations provided for by law or the order of the Ministry of Health in force at the time of the Claim;
- ✗ arising from the practice of hunting or the use of the animal in a manner prohibited by law;
- ✗ other animals owned by the Insured or his family members;
- ✗ resulting from professional or otherwise remunerated use of the animal;
- ✗ caused by animals during temporary hospitalisation in clinics, veterinary clinics, animal pensions and stables; suffered by persons riding or driving animals;
- ✗ caused by malicious acts of the Insured, fire explosion or burst caused by the animal;
- ✗ towed vehicles and the means used to transport them;
- ✗ animals, damage to crops and damage from contagion.

They also remain, however, excluded:

- ✗ punitive exemplary damages.

IN AGILITÀ

No expenses are reimbursable in the event of:

- ✗ wilful misconduct or gross negligence on the part of the Insured, his family members or any other relative or relative-in-law living with him, as well as the persons to whom the animal has been entrusted;
- ✗ transport that is not carried out by means of specially

the ownership, custody and possession of animals in the family in the context of private life:

- criminal proceedings suffered for a culpable offence or misdemeanour;
- disputes concerning claims by third parties for non-contractual liability arising from an alleged tort;
- disputes concerning claims against third parties for damage to domestic animals due to a tort;
- contractual liability disputes with suppliers of goods and services;
- opposition to be filed against an administrative penalty.

A telephone legal advice service is also provided for:

- ✓ properly address a legal dispute in coverage;
- ✓ correctly set up communications addressed to opposing parties, obtain clarification on applicable laws, decrees and regulations.

equipped wheeled and/or airborne vehicles and in accordance with the law;

- ✗ participation in hunting activities, sports competitions and similar events;
- ✗ use of the animal in violation of the legislation in force;
- ✗ Diseases or Accidents occurring before the commencement of the Policy;
- ✗ dietary therapies, including medicated foods, restoratives, mineral salts even if prescribed following surgery;
- ✗ for pregnancy, spontaneous or caesarean birth, castration, sterilisation and/or any other need of a reproductive nature and any kind of pathology linked to the reproductive system;
- ✗ for any type of dental surgery and/or dental hygiene;
- ✗ for surgery related to the removal of recurrent neoplasms;
- ✗ for surgery performed following cruciate ligament injury or rupture;
- ✗ for all surgeries related to luxation of the patella;
- ✗ for all surgeries performed on the elbow in dogs;
- ✗ for suppression and cremation for dangerousness, for post-mortem diagnostic tests, for behavioural problems;
- ✗ Diseases preventable by vaccines or preventive prophylaxis;
- ✗ Leishmania;
- ✗ Diseases or physical anomalies of a congenital nature or otherwise referable to hereditary factors, including examinations for the same;
- ✗ hernias in general;
- ✗ services for aesthetic purposes. Reconstructive plastic surgery necessitated by an accident is excluded;
- ✗ removal of grass ears;
- ✗ wars, acts of terrorism, floods, natural disasters, earthquakes, volcanic eruptions, strikes, transmutation of the nucleus of the atom, radiation.

IN ACCORDO:

The Cover is excluded for:

- ✗ damage suffered due to ecological, atomic, radioactive disaster;
- ✗ events resulting from popular uprisings, warlike events, acts of terrorism, strikes and lockouts;
- ✗ disputes and proceedings arising out of the ownership or operation of motor vehicles, watercraft and aircraft;
- ✗ tax matters;
- ✗ administrative matters;
- ✗ family law, inheritance and gift law;
- ✗ disputes whose value in litigation is less than EUR 250.00;
- ✗ disputes with insurance companies;
- ✗ disputes and proceedings arising from the ownership, custody or possession of animals other than pets.

The exclusions are included in the Terms and Conditions of Insurance and are in bold.



Are there limitations of coverage?

The Covers provide for limitations of indemnity, Deductibles and Uncovered Amounts that are summarised in the Policy.

- Deductible shall mean the portion of the damage expressed as a fixed amount that remains payable by the Insured in the event of a Claim.

- Uncovered Amount shall mean the percentage of indemnifiable damage for which the Insured remains liable.

In addition, there are Exclusion Periods, i.e. time periods after the date of activation of the Covers, during which the Covers do not apply in whole or in part. These terms are marked in the Terms and Conditions of Insurance in bold.

Specific limitations of Indemnity are contained in the Terms and Conditions of insurance and marked in bold.



Where does the coverage apply?

The insurance is effective within the territory of the Italian Republic, the Vatican City State and the Republic of San Marino. For Civil liability for animals in family, the insurance covers damage occurring worldwide.

For the Legal Protection, the insurance shall apply to Claims which occur and must be heard in the courts of all European countries, in the case of criminal proceedings or in tort damages; in the countries of the European Union, Switzerland, Principality of Monaco, Liechtenstein, in the case of civil law disputes of a contractual nature; in Italy, Vatican City and Republic of San Marino, in the other cases.



What are my obligations?

When taking out the Policy containing these Covers or when activating them on an existing Policy, true, correct and complete representations regarding the risk to be insured (Articles 1892, 1893 and 1894 of the Italian Civil Code) must be made.

Furthermore, during the period of validity of the Covers, written notice shall be given to the Company of any change that entails an increase or decrease in the insured risk (Articles 1897 and 1898 of the Italian Civil Code).



When and how do I pay?

Information on payment of the Premium is included in the DIP of the Modulo Generale.



When does the coverage begin and when does it end?

The Covers take effect at 12:00 p.m. on the day of activation for each one indicated in the Policy, if the Premium or the first Premium instalment has been paid; otherwise they take effect at 12:00 p.m. on the day of payment. If the Policyholder fails to pay the Premiums or subsequent Premium instalments, the insurance is suspended from 12:00 p.m. on the thirtieth day after the due date and resumes at 12:00 p.m. of the day of payment.

The term of the Covers are indicated in the Policy for each and, if tacit renewal is provided for, in the absence of cancellation, on expiration they are extended for a duration of one year and so on.

In general, the Covers apply to Claims occurring during their term, until their expiration.

Certain Covers are subject to a period of time, following the pertaining effective date, during which all or part of the Covers is ineffective.



How can I cancel the policy?

All notices shall be made in writing to the Agency to which the Policy including these Covers is assigned or to the Company by registered letter or by certified email.

In order to prevent the automatic extension of the Covers, if any, the Policyholder or the Company shall send the written notice of cancellation at least 30 days before the expiry date indicated in the Policy or the expiry of the year for which the insurance has been extended. The right of cancellation may be exercised in accordance with the rules of interdependence between Covers.

In case of coverage providing a term longer than five years, in the event of reduction in the Premium that is in any case envisaged for all covers with a multi-year term, the Policyholder may also exercise their right of withdrawal after five years with at least 30 days' notice and with effect from the end of the year in which the right of withdrawal was exercised.

Furthermore, the Policyholder or the Company shall have the right to withdraw for a Claim, with effect for all the Covers activated in this Module, even after each Claim relating to one or more of the same and up to the sixtieth day from the payment or refusal of the Indemnity, by sending the relevant notice within this term.

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Liability insurance for animals in the household, veterinary expenses for dogs and cats and Legal protection for animals in the household

Additional pre-contractual information document for damage insurance products (Additional DIP Car liability)

Insurance Company: GENERALI ITALIA S.p.A.

Product: Immagina Adesso - Modulo CUCCILO

22.10.2022 edition The Additional Non-life DIP is the latest available.



This document contains additional and complementary information to that contained in the pre-contractual information document for non-life insurance products (Non-life DIP), to help the potential Policyholder understand in more detail the characteristics of the product, the contractual obligations and the Company's financial situation.

The Policyholder shall read the Terms and Conditions of Insurance before executing the contract.

GENERALI ITALIA S.p.A. is a company belonging to the Generali Group; registered office is at Via Marocchesa, 14 - 31021 Mogliano Veneto (TV) - ITALY; telephone number: 041.5492111; website: www.generali.it; e-mail address info.it@generali.com; certified email address: generalitalia@pec.generaligroup.com.

The Company is authorised by the Italian Ministry of Industry, Trade and Crafts Decree No. 289 of 2 December 1927, and is registered under number 1.00021 with the Insurance Companies Register.

Shareholders' equity as at 31 December 2021: EUR 9,050,863,796 of which EUR 1,618,628,450 related to share capital and EUR 7,130,519,742 to total equity reserves. The figures refer to the latest approved financial statements. The Solvency and Financial Condition Report (SFCR) is available at <https://www.generali.it/note-legali>.

Solvency Capital Requirement: EUR 7,827,344,769.68

Minimum capital requirement: EUR 3,359,474,146.09

Eligible equity: EUR 19,238,700,398.43

Solvency ratio: 246% (this ratio represents the ratio between the amount of basic own funds and the amount of the Solvency Capital Requirement required by the Solvency 2 regulations in force since 1 January 2016).

The contract is governed by Italian law.

The Modulo CUCCILO is an insurance solution dedicated to animals in the family:

In amicizia: Liability for damage involuntarily caused to third parties as a result of an accidental event in connection with the ownership, possession and use of animals resulting in: death and bodily injury to persons, death and bodily injury to other animals, damage, destruction or deterioration of property;

In agilità: veterinary fees for dogs and cats;

In accordo: legal defence of the Insured in the context of private life in connection with the ownership, custody and possession of pets;

The Covers are effective, within the coverage limits indicated - for each of the Covers - in the Policy or in the Terms and Conditions of Insurance, if stated in the Policy and if the corresponding Premium has been paid.



What is covered by the Insurance?

There is no additional information to that provided in the Non-life DIP.

OPTIONS WITH PREMIUM REDUCTION

If the CUCCILO IN TOUCH option of the Modulo PREVENZIONE E ASSISTENZA is activated, there is a reduction in the Premium for the Cover for Civil liability for animals in family. In this case, insurance coverage is functionally linked:

- the CUCCILO IN TOUCH kit referred to in the loan for use or sale contract;
- services related to the Kit.

The kit and services are ancillary in nature and form an integral part of a single complex insurance offer.

The activation of the CUCCILO IN TOUCH option with the installation of the IN TOUCH Kit contributes to the prevention of the risks referred to in the insurance coverage and, therefore, a discount of up to 10% is applied to the Premium of the Cover for Civil liability for animals in family pursuant to Article 59-bis of IVASS Rules no. 40/2018.

The costs of each component of the CUCCILO IN TOUCH option are:

- Annual premium: EUR 33.00 for the first animal and EUR 1.00 for each subsequent animal.
- loan for use of the IN TOUCH kit: it is provided free of charge.
- IN TOUCH kit sale: fixed cost in case of purchase of EUR 49.00.
- annual service fee: EUR 72.00 in the case of a kit loaned for use and EUR 59.88 in the case of purchase of the kit .
- overall cost:
 - in the case of a loaned kit is EUR 105.00 per year for the first animal and EUR 73.00 per year for each subsequent animal;
 - in the case of a Kit on sale is EUR 92.88 per year plus the fixed cost of EUR 49.00 for the purchase of the Kit for the first animal and EUR 60.88 per year plus the fixed cost of EUR 49.00 for the purchase of the Kit for each subsequent animal.

OPTIONS WITH PAYMENT OF AN ADDITIONAL PREMIUM

There are no options with payment of an additional Premium.



What is NOT covered by the Insurance?

There is no additional information to that provided in the Non-life DIP.



Are there limitations of coverage?

IN AMICIZIA SECTION - CIVIL LIABILITY FOR ANIMALS IN FAMILY

The following specific limits apply per each Cover.

- **Civil liability for animals in family:** an absolute Deductible of EUR 100.00 shall apply for each Claim due to "damage, destruction or deterioration of property".
For dogs with a high risk of aggression or belonging to certain breeds listed in the Terms and Conditions of Insurance, the following shall apply per Claim:
 - an absolute Deductible of EUR 200.00 in the event of "damage, destruction or deterioration of property",
 - a 10% Uncovered Amount in the event of "death or bodily injury" of persons or animals; the Uncovered Amount shall be applied with a minimum limit of EUR 200.00 and a maximum limit of EUR 2,000.00,
 - the maximum amount of Indemnity for each Claim and insurance period is up to EUR 1,000,000.00, even if a higher coverage limit is specified in the Policy.
- **Temporary Caretaker's Liability:** In the event of bodily injury to the temporary caretaker resulting in permanent disability, compensation is provided with a limit of EUR 50,000.00 per insurance period and a Deductible of EUR 1,500.00 per Claim. Injuries sustained by the temporary caretaker of horses and medical expenses incurred as a result of the injuries are not covered.
- **Participation of the animal in events:** the Cover is afforded up to EUR 5,000.00 per insurance period, subject to a deductible of EUR 300.00 per Claim.
- **Damage due to interruption or suspension of activities following a claim caused by the animal:** Cover is afforded up to EUR 100,000.00 per insurance period with the application of a Deductible of EUR 300.00 per Claim.
- **Dog re-education training:** Cover is provided up to EUR 100.00 per Claim.

IN AGILITÀ SECTION - VETERINARY EXPENSES

The following specific limits apply per each Cover.

- **Reimbursement of veterinary expenses for surgery due to accident or disease:** provides for the reimbursement of expenses incurred with the application of a 10% Uncovered Amount with a minimum of EUR 100.00. In addition, it provides for the reimbursement of expenses incurred for in-patient fees, veterinary care and physiotherapy and rehabilitation treatments, medicines and tests provided by the veterinary facility during the period of Hospitalisation or day hospital or out-patient surgery only if they are incurred within 30 days following the surgery and relate to the cause of the surgery.
- **Reimbursement of pre- and post-surgery expenses:** provides reimbursement of expenses incurred in the 30 days preceding Hospitalisation or Day Hospital for Surgery or Outpatient Surgery and in the 30 days following. Reimbursement is made subject to a Deductible of EUR 75.00 per Claim.
- **Reimbursement of veterinary expenses while travelling** is covered up to EUR 300.00 per insurance period with a Deductible of EUR 75.00 per Claim.
- **Expenses resulting from the death of the animal:** is covered up to EUR 100.00 per insurance period.

IN ACCORDO SECTION - LEGAL PROTECTION

The following specific limits apply per each Cover.


- **Legal defence of the Insured - ownership, custody and possession of pets**
 - The Cover, in respect of claims for non-contractual damages as a result of an alleged tort of the Insured, shall operate in addition to and after exhaustion of what is due from the liability insurance, for expenses for defence and losing the case. In the event that third party liability policy does not exist or is not applicable, the Cover applies to the legal expenses necessary to protect the rights of the Insured in relation to the intervention of DAS, directly or through professionals appointed by it, for the out-of-court phase only;
 - For civil law disputes of a contractual nature with suppliers of goods and services related to the ownership, custody or possession of animals;
 - pets, the Cover operates provided that the value in dispute exceeds EUR 250.00;
- In the event of opposition before the competent authority against an administrative penalty of a pecuniary and/or non-pecuniary nature, tax and fiscal matters are always excluded. In cases of a sanction relating only to the payment of a sum of money, the Cover is valid provided that the value of the sanction, net of accessory charges, is equal to or greater than EUR 250.00.





What are my obligations? What are the company's obligations?


What to do in case of claim?	Reporting a claim: The Claim must be reported in writing within 3 days of the date on which it occurred or the Insured became aware of it, pursuant to Article 1913 of the Italian Civil Code , with the narration of the event, the indication of the date, place and cause of the Claim and its consequences, and the personal details of the injured parties and witnesses.
	Direct assistance/ assistance under agreement: no direct assistance under agreement is provided for the handling of Claims.
	Management by other companies: for the In Accordo - Legal Protection section, it is specified that the management of Claims is entrusted to D.A.S. Difesa Automobilistica Sinistri S.p.A., whose contact details and telephone numbers are indicated in the aforementioned section of the Terms and Conditions of insurance.
	Statute of limitations: rights arising from the contract other than the right to payment of Premium instalments (which is time-barred in one year from the individual due dates), are time-barred within two years from the day on which the event on which the right is based occurred, pursuant to Article 2952 of the Italian Civil Code. In liability insurance, the two-year period starts running on the day on which the third party has claimed compensation from the Insured or has instituted legal proceedings against the Insured to claim compensation.
Incorrect statements or reticence	There is no additional information to that provided in the Non-life DIP.

Obligations of the company	<p>For the Cover for Civil liability for animals in family, the Company, up to the Coverage Limit indicated in the Policy, is required to take charge of the claim made by the injured party against the Insured and assumes, on the Insured's behalf, the management of out-of-court and in-court disputes, both civil and criminal, including the mediation procedures for civil disputes envisaged by the regulations in force.</p> <p>The exercise of the right of withdrawal on the ground of reconsideration renders any Claim made ineffective.</p> <p>For the Covers of the In agilità section, after verifying the effectiveness of the Cover, assessing the damage and receiving the necessary documentation, the Company shall pay the Indemnity within 30 days, provided that no objection has been made.</p>
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 When and how do I pay?	
Premium	There is no additional information to that provided in the Non-life DIP.
Refund	<p>If the contract has been sold entirely by means of distance communication techniques, in case the Policyholder exercises their right of withdrawal, the Company shall, within 30 days of receipt of the notice of withdrawal, refund the Premium paid, net of tax.</p> <p>In the event of cancellation by the Company due to a Claim, the Policyholder shall be entitled, within 15 days from the effective date of the cancellation, to reimbursement of the instalment of Premium paid and not due, net of taxes.</p>

 When does the coverage begin and when does it end?	
Term	<p>Certain Covers are subject to a period of time, following the pertaining effective date, during which all or part of the Covers is ineffective.</p> <p>IN AGILITÀ SECTION - VETERINARY EXPENSES Cover for reimbursement of veterinary expenses for surgery due to accident or disease shall take effect at midnight on the thirtieth day following the date of activation indicated in the Policy, if at that time the Premium or the first instalment of Premium has been paid; otherwise, it shall take effect at midnight on the thirtieth day following the day of payment, without prejudice to the deadlines established in the Policy.</p> <p>IN ACCORDO SECTION - LEGAL PROTECTION For disputes of a contractual nature there is a 90-day Exclusion Period.</p>
Suspension	It is not possible to suspend the insurance coverage during the contract.

 How can I cancel the policy?	
Cooling-off period	If the contract has been placed entirely through distance communication techniques, the Policyholder may withdraw within 14 days from entering into the contract by written request to be sent to the Agency to which the policy is assigned or to the Company by registered letter with acknowledgement of receipt or certified email.
Termination	There is no additional information to that provided in the Non-life DIP.

 Who is this product aimed at?	
<p>Immagina Adesso - Modulo CUCCILOLO is intended as an elective target group for individuals and families with pets. The Module is addressed to the customer who has expressed the needs Protection of Assets, Protection of Property and Assistance and Rescue.</p>	



What costs do I incur?

Brokers for the sale of this insurance receive on average 22.30% of the taxable Premium paid by the Policyholder for commission-type remuneration.

HOW CAN I LODGE COMPLAINTS AND RESOLVE DISPUTES?

To the Insurance Company	The provisions of the Additional DIP of the Modulo Generale apply.
To IVASS	The provisions of the Additional DIP of the Modulo Generale apply.

BEFORE RESORTING TO THE JUDICIAL AUTHORITIES, alternative dispute resolution systems can be used such as:

Mediation	The provisions of the Additional DIP of the Modulo Generale apply.
Assisted Negotiation	The provisions of the Additional DIP of the Modulo Generale apply.
Other alternative dispute resolution systems	For the Covers of the In agilità Section - Veterinary Expenses, in the event of disputes relating to the determination and estimation of damages, the contractual expert's report provided for in the Terms and Conditions of Insurance may be used to settle such disputes.
	The application for the activation of the contractual expert report should be addressed to: Generali Italia S.p.A. - Via Marocchesa,14 - 31021 - Mogliano Veneto (TV) - e-mail: generaliitalia@pec.generaligroup.com
	For the In accordo - Legal Protection section, in the event of a disagreement between the Insured and DAS regarding the advisability of resorting to legal action and the subsequent handling of the dispute, the decision is referred to an arbitrator. In this case, the petition to initiate arbitration against DAS must be made by registered letter addressed to:
	D.A.S. Difesa Automobilistica Sinistri S.p.A. Via Enrico Fermi 9/B - 37135 Verona - Fax (045) 8351025 - certified e-mail: servizio.clienti@pec.das.it
	For the settlement of cross-border disputes, the provisions of the Additional DIP of the Modulo Generale shall apply.

NOTE: FOR THIS CONTRACT, THE COMPANY HAS AN INTERNET AREA RESERVED FOR THE POLICYHOLDER ("HOME INSURANCE"), THEREFORE AFTER EXECUTING IT YOU WILL BE ABLE TO CONSULT THIS AREA AND USE IT TO TELEMATICALLY MANAGE THE CONTRACT ITSELF.

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Module Structure

The **Modulo CUCCILOLO** is an integral part of the Immagina Adesso insurance contract and contains the Specific Terms and Conditions of the following Covers:

- In amicizia: Civil liability for animals in family
- In agilità: Veterinary expenses for dogs and cats
- In accordo: Legal protection

The Covers are effective if they are stated in the Policy and if the relevant Premium has been paid.

The Specific Terms and Conditions are made up in turn of:

- the Definitions;
- the rules specific to the individual Covers activated, which contain the specific discipline of those Covers.

SPECIFIC TERMS AND CONDITIONS - DEFINITIONS

In the Specific Terms and Conditions of this Module, the following terms are given the meanings specified herein:

SPECIFIC DEFINITIONS IN AMICIZIA

Animal	Animals owned by or in use by the Insured, excluding those used in the context of professional or otherwise remunerated activities and/or the possession of which is prohibited by law.
Deductible	Fixed amount to be borne by the Insured. This amount is deducted from the amount of the Indemnity/compensation.
Household	The persons named in the Insured's family status certificate. Minor children are always included in the household, even if they do not appear on the family status certificate.
Uncovered Amount	Fixed amount to be borne by the Insured, expressed as a percentage of the indemnity/compensation amount.

SPECIFIC DEFINITIONS IN AGILITÀ

Accident	Any event due to a fortuitous, violent and external cause that produces objectively ascertainable physical injuries.
Animal	Animals owned by the Insured, excluding those used in the context of professional or otherwise remunerated activities and/or the possession of which is prohibited by law.
Disease	Any altered state of health not resulting from an accident.
Hospitalisation	A stay in an Institute for Health Care involving at least one overnight stay.
Journey	Travelling for tourist purposes by the Insured that involves a distance of more than 100 km from the place of his or her residence and that involves a documented stay in an accommodation facility.
Outpatient surgery	Surgery performed without Hospitalisation, day hospital or Day surgery.
Surgery	Curative or diagnostic procedures performed by means of operating instruments or through the use of mechanical, thermal or light energy sources.
Traffic accident	An event occurring in streets or squares open to traffic involving stationary or moving vehicles, human beings or animals and resulting in injury to property, animals or persons.



SPECIFIC DEFINITIONS IN ACCORDO

Animal	Animals owned by the Insured, excluding those used in the context of professional or otherwise remunerated activities and/or the possession of which is prohibited by law.
Arbitration	It is an alternative procedure to ordinary civil courts, which the parties may use to resolve a dispute or prevent it from arising.
Assistance / Out-of-court phase	This is the activity consisting in the attempt to mediate between the parties in order to settle a dispute amicably and thus avoid recourse to the courts. It includes procedures such as civil mediation, assisted negotiation, arbitration and joint conciliation.
Costs of losing the case	These are the costs that the losing party in a civil case must pay to the prevailing party. The court shall decide whether and to what extent those costs are to be charged to one of the parties.
Court fees	These are the costs of the criminal trial that are imposed on the defendant in the event of his conviction.
DAS	D.A.S. Difesa Automobilistica Sinistri S.p.A..
Exclusion Period	The time period, following the date of activation of the Covers, during which the Covers, in whole or in part, are not effective.
Expert fees	These are those relating to the work of the expert appointed by the judge (court-appointed expert witness) or by the parties (party-appointed expert).
Infringement	It is an offence punishable by arrest and/or fine.
Non-contractual damage	It is the unjust damage resulting from a tort; typically, it is the damage suffered by a person or property as a result of the negligent behaviour of other persons. There is no contractual relationship between the injured party and the liable party or, if there is, it has no connection with the harmful event.
Occurrence (of the Claim)	The moment at which the breach, even if alleged, of a rule of law or contract begins. For the purposes of the validity of the Covers contained in the In Accordo:Legal Protection section, this moment must be subsequent to the moment of conclusion of the Policy and, if the contested conduct is continuous, the first breach shall be taken into account. More simply, the onset is not the moment at which the dispute or proceeding begins, but the moment at which the violation that gives rise to the dispute or proceedings occurs.
Offence	The offence is punishable by a fine or imprisonment.
Settlement	Agreement by which the parties, by making mutual concessions, put an end to a dispute that has already arisen or prevent one that might arise.



SPECIFIC TERMS AND CONDITIONS IN AMICIZIA: CIVIL LIABILITY FOR ANIMALS IN FAMILY



What is covered by the Insurance? Basic Covers

Art. 1.1 Insureds

The insured parties are the Policyholder/Insured named in the Policy and his/her household, namely:

- The persons named in the Insured's family status certificate at the time of the Claim;
- the persons listed in the policy under Civil Liability of cohabiting partners;
- the Insured's minor children, even if not cohabiting.

Art. 1.2 Civil liability for animals in family

What is covered by the Insurance

The Company shall indemnify the insureds, up to the Coverage Limit indicated in the Policy, for the amount that they are obliged to compensate (principal, interest and expenses), as civilly liable under the law, for:

- death or personal injury;
- death or physical injury to other animals;
- damage, destruction or deterioration of property

unintentionally caused to third parties as a result of an accidental event occurring in connection with the ownership, possession and use of animals.

How the coverage works

For the validity of the Cover, for the following types of animals only, identification in the Policy is required:

- dogs at high risk of aggression entered in the appropriate veterinary registers;**
- dogs belonging to one of the following breeds, or crosses obtained with them:**

Akita Inu, American Bulldog, American Staffordshire terrier, Bull terrier, Cane Corso, Cane da pastore di Charplanina, Cane da pastore dell'Anatolia, Cane da pastore dell'Asia centrale, Cane da pastore del Caucaso, Cane da Pastore Maremmano Abruzzese, Cane da Serra da Estreilla, Cane Lupo Cecoslovacco, Chow Chow, Dogo Argentino, Fila brasileiro, Mastino napoletano, Perro da canapo majoero, Perro da presa canario, Perro da presa Mallorquin, Pit bull, Pitt bull mastiff, Pit bull terrier, Rafeiro do alentejo, Rhodesian Ridgeback, Rottweiler, Tornjak, Tosa inu.

For the animals indicated in points a. and b., the Cover therefore does not apply in the absence of the indication of the animal's identification data in the Policy.

The Cover is only effective on the condition that the owner, or the person who has custody of the animal, is in possession of the requirements laid down by law or by the order of the Ministry of Health in force on the effective date of the Cover. Therefore, in the absence of this requirement, the insurance does not apply.

Limitations of coverage apply

An Absolute Deductible of EUR 100.00 shall apply for each Claim due to "damage, destruction or deterioration of property".

For the animals indicated in points a. and b. of the How coverage applies section:

- **for each Claim shall apply:**
 - **an absolute Deductible of EUR 200.00 in the event of "damage, destruction or deterioration of property";**
 - **a 10% Uncovered Amount in the event of "death, personal injury or bodily injury to other animals"; the Uncovered Amount will apply with a minimum limit of EUR 200.00 and a maximum limit of EUR 2,000.00;**



- **The maximum disbursement by the Company for each Claim and insurance period is however limited to the maximum amount of EUR 1,000,000.00, even if a higher coverage limit is indicated in the Policy.**

Art. 1.2.1 Temporary caretaker's civil liability

What is covered by the Insurance

Cover is also extended to **persons who are not part of the Insured's household and who temporarily take care, free of charge and as a courtesy, of the surveillance or custody of the animals.** This extension is valid for:

- civil liability arising to such **persons for damage, destruction or deterioration of property and for death or bodily injury to persons or animals** involuntarily caused to third parties, excluding the Insured themselves, as a result of an accidental event occurring in connection with the exercise of surveillance or custody on behalf of the Insured;
- physical injury to the temporary caretaker resulting in permanent disability.

What is NOT covered by the Insurance

They are not covered:

- **injuries sustained by the temporary horse keeper;**
- **medical expenses incurred as a result of the injuries suffered.**

Limitations of coverage apply

In the event of bodily injury to the temporary caretaker resulting in permanent disability, compensation shall be paid with a limit of EUR 50,000.00 per insurance period and a Deductible of EUR 1,500.00 per Claim.

Art. 1.2.2 Participation of the animal in events

What is covered by the Insurance

Cover is extended to damage caused by the animal during participation in fairs, competitions, exhibitions, shows and beauty contests.

Limitations of coverage apply

This extension is provided up to EUR 5,000.00 per insurance period, subject to a Deductible of EUR 300.00 per Claim.

Art. 1.2.3 Damage due to interruption or suspension of activities as a result of a claim caused by the animal

What is covered by the Insurance

The Company shall indemnify damage caused by the total or partial interruption or suspension of industrial, commercial, service, agricultural activities, as well as the use of assets only if resulting from a Claim that is indemnifiable under the terms of the activated Covers.

Are there limitations of coverage?

This coverage is provided up to EUR 100,000.00 per insurance period with the application of a Deductible of EUR 300.00 per Claim.

Art. 1.2.4 Training course for the re-education of dogs

What is covered by the Insurance

The Company shall reimburse the expenses incurred by the Insured to attend behavioural re-education training for the animal that has become necessary as a result of the animal's inclusion in the register of dogs at high risk of aggression at the veterinary services.



How the coverage works

This extension applies if the event that caused the animal to be entered in the register of dogs at high risk of aggression occurred during the contractual term.

Limitations of coverage apply

This extension is covered up to **EUR 100.00 per Claim**.



What is NOT covered by the Insurance?

Art. 2.1 Persons not considered third parties

Spouses, parents, children of the Insured and all members of his or her Household are not considered third parties.

Art. 2.2 Exclusions

Damages are not included:

- a. to things that the Insured and his family members have in their possession, custody or hold in any capacity whatsoever;
- b. arising from the exercise of activities prohibited under the law or the order of the Ministry of Health in force at the time of the Claim;
- c. of any kind resulting from water, air or soil pollution;
- d. arising from the ownership, driving or use of motor vehicles or trailers, as well as from the navigation of watercraft and motor boats and the use of aircraft;
- e. directly attributable to the breach of the obligations provided for by law or the order of the Ministry of Health in force at the time of the Claim;
- f. arising from the practice of hunting or the use of the animal in a manner prohibited by law;
- g. other animals owned by the Insured or his family members;
- h. resulting from professional or otherwise remunerated use of the animal, including breeding, handling and renting;
- i. caused by animals during temporary hospitalisation in clinics, veterinary clinics, animal homes and stables;
- j. suffered by the persons mounting or driving the animals except for the temporary caretaker;
- k. caused by wilful acts of the Insured, unless committed by persons for whom they are liable by law;
- l. by fire explosion or burst caused by the animal;
- m. towed vehicles and the means used to transport them;
- n. animals, damage to crops and damage from contagion.

Furthermore, punitive exemplary damages are in any case excluded.



Are there limitations of coverage?

Art. 3.1 Policy Coverage Limit

The coverage limit indicated in the Policy shall be understood to be **shared among all the Insured's animals and represents the Company's maximum disbursement per Claim, in compliance with the compensation sublimits set forth in the provisions relating to the individual Covers.**



SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limitations apply.

Cover	Deductible/Uncovered Amount	Limitations of Indemnity
All Covers	Deductible EUR 1,000.00 for damage in the United States of America and Canada, unless a greater amount is due to the application of the Uncovered Amount provided for death and injury to persons or other animals	
Civil liability for animals in family	Deductible Eur 100.00 per Claim for "damage, destruction or deterioration of property".	Coverage Limit indicated in the Policy
Civil liability for animals in family for damage to third parties caused by highly aggressive dogs or dogs on the list referred to in Article Civil liability for animals in family	EUR 200.00 deductible for damage, destruction or deterioration of property. Uncovered Amount 10% with a minimum of EUR 200.00 and a maximum of EUR 2,000.00 euro for death of and injury to persons or other animals	Coverage Limit indicated in the Policy up to EUR 1,000,000.00 per Claim and insurance period.
- Temporary caretaker's civil liability	Deductible EUR 1,500.00 per Claim in the event of bodily injury to the temporary caretaker	EUR 50,000.00 in the event of physical injury to the temporary caretaker
- Participation of the animal in events	Deductible EUR 300.00	EUR 5,000.00 per insurance year
- damages from interruption or suspension of activities following a claim caused by the animal	Deductible EUR 300.00	EUR 100,000.00 per insurance year
- Dog re-education training course		EUR 100.00 per Claim



Where does the coverage apply?

Art. 4.1 Territorial Scope

The Cover applies to damage occurring worldwide.

Limitations of coverage apply

With regard to the United States of America and Canada, the Deductible of EUR 1,000.00 per Claim shall apply, unless a greater amount is due to the application of the Uncovered Amount provided for "death, personal injury or bodily injury to other animals".



When and how do I pay?

Art. 5.1 Premium adjustment of insured sums

Without prejudice to the provisions of the Modulo Generale with reference to the payment of the Premium, the commencement of the Covers and the means of payment of the Premium, if expressly provided for in the Policy, an adjustment of 1,5% of the sums insured and the Premium applies at each yearly expiry.



However, the following items are not subject to adjustment:

- **Absolute Deductibles,**
- **minimum and maximum Uncovered Amounts,**
- **all values expressed as percentages,**
- **limitations of Indemnity.**



When does the coverage begin and when does it end?

Art. 6.1 Duration of Activated Covers

The Covers activated have the duration specified in the Policy for each of them.



How can I cancel the Covers?

Art. 7.1 Cancellation and Extension of Activated Covers

Unless otherwise stated in the Policy, upon expiry, the duration of the activated Covers is extended for one year and so on. In this case, the Policyholder or the Company may prevent the tacit extension by giving notice of cancellation within the terms and according to the procedures indicated in the General Terms and Conditions of Insurance set out in the Modulo Generale. **Activated Covers cannot be cancelled individually.**

The termination of all specific Covers of this Module as a result of cancellation shall also entail the simultaneous termination of the specific related Covers activated in the Modulo PREVENZIONE E ASSISTENZA.



PROVISIONS APPLICABLE IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 Obligations in the event of a claim

In the event of a Claim, the Insured must send a written report to the Company or to **the agency to which the policy is assigned within 3 days** from the date on which the Claim occurred (**within 6 days** if it occurred abroad) or from the day on which he or she became aware of it.

The report must contain:

- Policy number and name of the agency handling the contract;
- precise description of the event, date, place, causes and consequences of the event itself;
- names and addresses of the persons concerned and any witnesses.

In any event, the Insured shall:

- promptly notify the Company of any document served on him through a Bailiff;
- in the event of default, Article 1915 of the Italian Civil Code shall apply;
- provide the Company with all the necessary deeds and documents, regularised according to the tax regulations on stamp duties.

Art. 1.2 Management of disputes on damages and legal costs

As long as it is in its interest, the Company manages out-of-court and in-court disputes, both civil and criminal, on behalf of the Insured; appoints, if necessary, lawyers and experts, and will avail itself of all the rights and actions to which the Insured is entitled.

Expenses incurred in the defence of the suit brought against the Insured shall be borne by the Company, up to a limit of 25% of the Coverage Limit set forth in the Policy for the damage to which the claim refers. If the sum owed to the injured party exceeds the coverage limit, the costs are shared between the Company and the Insured in proportion to their respective interests.

The Company does not bear the Insured's expenses for lawyers or experts who are not appointed by the Company and is not liable for fines, penalties and criminal court fees.



How can I cancel the Covers?

Art. 2.1 Withdrawal in the event of a claim

The Policyholder or the Company may withdraw, with effect for all the Covers activated with this **Module, as a consequence of the notification of any claim relating to one or more of the Covers activated with this Module**, made in accordance with the terms of the contract during the entire duration of the Cover. This right may be exercised within 60 days of payment or refusal of payment.

Withdrawal:

- must be communicated in writing by registered letter with return receipt or by Certified E-Mail;
- if it is exercised by the Policyholder, it shall take effect from the date of receipt of the notice;
- if it is exercised by the Company, it takes effect 30 days after the date of receipt of the notice.

In all cases, by the fifteenth day following the effective date of withdrawal, the Company shall reimburse the Policyholder for the portion of the Premium relating to the period of time in which the risk was not incurred, if any, excluding taxes.



The payment or collection of Premiums due after the Claim report or any other action of the parties shall not be construed as their waiver of the right of withdrawal.

Withdrawal may be exercised according to the terms and conditions indicated in the Modulo Generale's General Terms and Conditions of Insurance; therefore, the termination of all the specific Covers of this Module following withdrawal due to a Claim shall also entail the simultaneous termination of the specific related Covers activated in the Modulo PREVENZIONE E ASSISTENZA.



SPECIFIC TERMS AND CONDITIONS IN AGILITÀ: VETERINARY EXPENSES FOR DOGS AND CATS



What is covered by the Insurance?

Art. 1.1 Insured animals

The insurance operates for the dog and/or cat specified in the Policy.

Art. 1.2 Validity of Covers

The Covers only apply to the dog and/or cat identified in the Policy with the following characteristics:

- owned by the Insured and living permanently at his or her place of residence;
- equipped with a health booklet, regularly updated and subject to the vaccinations and relevant recalls required by law under local rules or regulations;
- micro-chipped or tattooed;
- which is not used in the context of professional activities, with the exception of guide dogs used to accompany blind or disabled persons;
- the possession of which is not prohibited by law.

Specific conditions of applicability are provided for the Cover for Reimbursement of veterinary expenses for surgery due to accident or disease.

Art. 1.3 Reimbursement of veterinary expenses for surgery due to accident or disease

What is covered by the Insurance

The Company shall reimburse veterinary expenses for surgery resulting from an Accident or Disease occurring to the dog and/or cat during the period of validity of the insurance, up to the coverage limit indicated in the Policy.

When does the coverage begin and when does it end

COMMENCEMENT AND GAP PERIOD

The Cover is subject to the gap period indicated in the section When does coverage begin and when does end?, Article Commencement of the Cover - Gap period.

How the coverage works

The Cover applies to animals identified in the Policy that have reached the age of six months and until they reach the age of ten years. However, for animals that reach the upper age limit while the Cover is in force, the Cover remains valid until the annual expiry date; upon reaching that date the coverage ceases.

The surgery and any other therapeutic treatment must be performed or prescribed by a veterinary surgeon authorised to practise his/her profession in accordance with the legal regulations in force.

Art. 1.3.1 Reimbursement of expenses for surgery

What is covered by the Insurance

The following veterinary expenses are reimbursed within the coverage limit specified in the Policy:

- charges of the veterinary surgeon and assistants involved in the operation, operating theatre charges, surgery material, including prostheses applied during the surgery;
- in-patient charges, veterinary care and treatment, physiotherapy and rehabilitation treatments, medicines and tests provided by the veterinary facility during the period of In-patient or Day hospital or Out-patient surgery, only if incurred within 30 days following the surgery and related to the cause of the surgery.



Limitations of coverage apply

The reimbursement of the expenses listed above shall be made up to the coverage limit indicated in the Policy per insurance period and subject to the application of a 10% Uncovered Amount with a minimum of EUR 100.00.

Art. 1.3.2 Reimbursement of pre- and post-surgery expenses

What is covered by the Insurance

The following veterinary expenses are also reimbursed, up to the Coverage Limit indicated in the Policy, relating to:

- visits, examinations, analyses, diagnostic tests incurred **in the 30 days preceding** Hospitalisation or Day hospital for Surgery or Out-patient Surgery and **in the 30 days following**, only if related to the cause of the Surgery.

Are there limitations of coverage?

Reimbursement is made up to the maximum amount indicated in the Policy per insurance period and subject to the application of a Deductible of EUR 75.00 per Claim.

Art. 1.4 Reimbursement of travelling veterinary expenses

What is covered by the Insurance

The Company reimburses medical and veterinary expenses incurred due to sudden Disease or Accident occurring while travelling. Expenses for examinations, tests, diagnostic tests, necessary and non-postponable emergency surgeries performed by a veterinary surgeon on site are reimbursed.

Are there limitations of coverage?

The Cover is afforded up to EUR 300.00 per insurance period with the application of a Deductible of EUR 75.00 per Claim.

Art. 1.5 Expenses following the death of the animal

What is covered by the Insurance

The Company reimburses expenses related to legal obligations incurred following the **death of the animal as a result of a road accident or an indemnifiable surgery occurring during the period of validity of the Cover.**

Limitations of coverage apply

These expenses are reimbursed up to EUR 100.00 per year.



What is NOT covered by the Insurance?

Art. 2.1 Exclusions

The Company does not reimburse expenses resulting from:

- wilful misconduct or gross negligence on the part of the Insured, their family members or any other relative or relative-in-law living with them, and the persons to whom the animal covered by the Insurance has been entrusted;
- wars, acts of terrorism, floods, natural disasters, earthquakes, volcanic eruptions, strikes, transmutation of the nucleus of the atom, radiation caused by the artificial acceleration of atomic particles or by exposure to ionising radiation;
- transport that is not carried out by means of specially equipped wheeled and/or airborne vehicles and in accordance with the law;
- participation in hunting activities, sports competitions and similar events. This is without prejudice to participation in exhibitions, shows, trials and dog/feline competitions officially recognised by the E.N.C.I. or the A.N.F.I.;



- e. use of the animal in breach of the legislation in force, specifically mistreatment, organised fighting and prohibited shows;
- f. Diseases or Accidents occurring prior to the activation of the Cover;
- g. dietary therapies, including medicated foods, restoratives, mineral salts even if prescribed following surgery;
- h. for pregnancy, spontaneous or caesarean birth, castration, sterilisation and/or any other need of a reproductive nature and any kind of pathology linked to the reproductive system;
- i. for any type of dental surgery and/or dental hygiene;
- j. for surgery related to the removal of recurrent neoplasms;
- k. for surgery performed following cruciate ligament injury or rupture;
- l. for all surgeries related to luxation of the patella, regardless of whether it was caused by genetic malformations or traumatic events;
- m. for all surgeries performed on the elbow in dogs, irrespective of whether they were necessitated by genetic malformations or traumatic events;
- n. for suppression and cremation for dangerousness, for post-mortem diagnosis, for behavioural problems;
- o. Diseases preventable by vaccines or preventive prophylaxis;
- p. for Leishmania;
- q. Diseases or physical anomalies of a congenital nature or otherwise referable to hereditary factors, including examinations for the same;
- r. hernias in general;
- s. services for cosmetic purposes (e.g., tail cutting, ear cutting, etc.) even if performed abroad. This does not apply to reconstructive plastic surgery necessitated by an accident;
- t. anything not expressly specified in the individual benefits;
- u. removal of grass ears.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limitations apply.

Cover	Deductible/Uncovered Amount	Limitations of Indemnity
Reimbursement of veterinary expenses for surgery due to accident or disease		Sum insured indicated in the Policy per insurance year
Reimbursement of expenses for surgery	Uncovered Amount 10% with a minimum of EUR 100.00	
Reimbursement of pre- and post-surgery expenses	Deductible of EUR 75.00 per Claim	
Reimbursement of veterinary expenses when travelling	Deductible of EUR 75.00 per Claim	EUR 300,00 per insurance year
Costs resulting from the death of the animal.		EUR 100,00 per insurance year





Where does the coverage apply?

Art. 3.1 Territorial validity

The Covers are effective within the territory of the Italian Republic, the Vatican City State and the Republic of San Marino.



What are my obligations?

Art. 4.1 Right of visit of the animal

Throughout the duration of the Covers, the Company shall have the right to subject the animal for which the insurance coverage is provided to the checks and inspections it orders, and the Insured shall be obliged to allow and facilitate these and to provide the Company with any information requested.

Failure to comply with the obligation set forth in this article shall result in forfeiture of the right to Indemnity.

Art. 4.2 Animal care

The animal for which the insurance is provided must be kept with care and diligence, as required by the law provisions in force concerning the protection of pets.



When and how do I pay?

Art. 5.1 Adjustment of premium and sums insured

Without prejudice to the provisions of the Modulo Generale with reference to the payment of the Premium, the commencement of the Covers and the means of payment of the Premium, if expressly provided for in the Policy, an adjustment of 1,5% of the sums insured and the Premium applies at each yearly expiry.

However, the following items are not subject to adjustment:

- Absolute Deductibles,
- minimum and maximum Uncovered Amounts,
- all values expressed as percentages,
- limitations of Indemnity.



When does the coverage begin and when does it end?

Art. 6.1 Duration of Activated Covers

The Covers activated have the duration specified in the Policy for each of them.

Art. 6.2 Commencement of Cover - Gap Period

Veterinary Expenses Reimbursement Cover for surgery due to accident or disease provides for a 30-day ineffective period of coverage.

The Cover starts at midnight on the thirtieth day following the date of activation indicated in the Policy if at that time the Premium or the first instalment of Premium has been paid; otherwise it takes effect at midnight on the thirtieth day following the day of payment, without prejudice to the deadlines established in the contract.



If the Cover replaces, without interruption, another Cover provided by the Company and concerning the same insured animals and the same cover, the aforementioned commencement periods shall only apply in relation to the new coverages and/or the higher sums under this insurance coverage.



How can I cancel the Covers?

Art. 7.1 Cancellation and Extension of Activated Covers

Unless otherwise stated in the Policy, upon expiry, the duration of the activated Covers is extended for one year and so on. In this case, the Policyholder or the Company may prevent the tacit extension by giving notice of cancellation within the terms and according to the procedures indicated in the General Terms and Conditions of Insurance set out in the Modulo Generale. **Activated Covers cannot be cancelled individually.**

The termination of all specific Covers of this Module as a result of cancellation shall also entail the simultaneous termination of the specific related Covers activated in the Modulo PREVENZIONE E ASSISTENZA.



PROVISIONS APPLICABLE IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 Obligations in the event of a claim

In the event of a Claim, the Insured shall:

- a. **give written notice to the Company or the Agency to which the policy is assigned, stating the cause, day, time and place within three days of the Claim;**
- b. **have a veterinary surgeon intervene immediately so that the animal for which insurance is provided can be given the necessary care or treatment.**

The attending veterinary surgeon shall draw up, on the appropriate form provided by the Company or, failing this, on the professional's own headed paper, a detailed report attesting to the causes and modalities of the claim, which the insured shall submit to the Company, together with any other available documentation.

In the event of the death of the dog for which the insurance is provided, the insured shall also keep the remains of the dog at the disposal of the Company or its appointed advisors.

The documented and contrary provisions of the current Veterinary Police Rules remain unaffected. **Failure to comply with even one of the obligations set forth in this Article shall result in the loss of the right to compensation.**

Art. 1.2 Liquidation of damages - Disputes

The liquidation damages shall take place by agreement between the parties, or when one of the parties so requests, by means of two experts appointed by the Company and the insured respectively; in the event of disagreement between the experts, the latter may elect a third - **who must in any case be a graduate in veterinary medicine and be authorised to practice his profession in accordance with the laws in force** - and decisions shall be taken by majority vote. If one of the parties does not appoint its own expert, or if the experts do not agree on the appointment of the third party, the choice shall be made - at the request of the most diligent party - by the president of the court in whose jurisdiction the Claim occurred. For the purposes of this article, experts shall reside, at the insured's choice, either in the municipality of the ASL Veterinary Service closest to the insured party's place of residence, or at the headquarters of the agency to which the policy is assigned. **The experts make the final decision without any formality and their decision binds the parties, even if the dissenting party has not signed it. Each party bears the costs of its own expert: the costs of the third expert are borne equally by the Company and the policyholder.**

Art. 1.3 Payment of indemnity - Right of subrogation

Payment of the amounts due under this contract shall be made upon submission of the originals of the veterinary certificates and/or the duly receipted bills and receipts with fiscal value.

Upon receipt of the documents necessary to establish the right to Indemnity and to quantify it in accordance with the Specific Terms and Conditions, the Company shall:

- carry out the payment;
- send the communication of the reasons why the Indemnity cannot be paid.

The payment or communication will in any case be made within thirty (30) days:

- upon receipt of the complete documentation, or
- after the conclusion of the assessment procedure, if any, with a deed of payment or report of an expert's report, initiated in accordance with these Specific Terms and Conditions.

This is without prejudice to any different terms and conditions provided for specific Covers, to which the customer is referred for specific verification.



The Company will in any case proceed with the payment of any undisputed sums.

The above documentation must show the identity of the animal for which the insurance is provided and also, if justifying therapeutic treatments or diagnostic tests, the precise indication of the individual items of expenditure and the amount thereof. At the request of the Company, in the event of a claim that refers to the death of the dog, a copy of the death report notified to the E.N.C.I. (Italian Kennel Club) or to the competent authority where the herd books and dog registry are respectively kept must also be submitted.

The Company reserves the right to exercise the right of subrogation pursuant to Article 1916 of the Italian Civil Code towards third parties responsible for the Claim suffered by the insured animal and liquidated under the terms of this contract up to the amount paid to the Insured.



How can I cancel the Covers?

Art. 2.1 Withdrawal in the event of a claim

The Policyholder or the Company may withdraw, **with effect for all the Covers activated with this Module**, as a consequence of the notification of any claim relating to one or more of the Covers activated with this Module, made in accordance with the terms of the contract during the entire duration of the Cover. This right may be exercised within 60 days of payment or refusal of payment.

Withdrawal:

- must be communicated in writing by registered letter with return receipt or by Certified E-Mail;
- if it is exercised by the Policyholder, it shall take effect from the date of receipt of the notice;
- if it is exercised by the Company, it takes effect 30 days after the date of receipt of the notice.

In all cases, by the fifteenth day following the effective date of withdrawal, the Company shall reimburse the Policyholder for the portion of the Premium relating to the period of time in which the risk was not incurred, if any, excluding taxes.

The payment or collection of Premiums due after the Claim report or any other action of the parties shall not be construed as their waiver of the right of withdrawal.

Withdrawal may be exercised according to the terms and conditions indicated in the Modulo Generale's General Terms and Conditions of Insurance; therefore, the termination of all the specific Covers of this Module following withdrawal due to a Claim shall also entail the simultaneous termination of the specific related Covers activated in the Modulo PREVENZIONE E ASSISTENZA.

SPECIFIC TERMS AND CONDITIONS IN ACCORDO: LEGAL PROTECTION

PREAMBLE

In relation to the regulations introduced by Legislative Decree No. 209 of 7 September 2005 - Title XI, Chapter II, Articles 163 and 164, the Company has chosen to entrust the management of Legal Protection claims to D.A.S. Difesa Automobilistica Sinistri S.p.A., with registered office in via Enrico Fermi 9/B - Verona - toll-free number to call 800 880 880 - fax 045/8351023 - certified email address servizio.clienti@pec.das.it, hereinafter referred to as DAS.

All complaints, documents and any other elements relating to those Claims shall be sent to the latter.



What is covered by the Insurance?

Art. 1.1 Insureds

The insured parties are the Policyholder/Insured named in the Policy and his/her household, namely:

- The persons named in the Insured's family status certificate at the time of the Claim;
- the Insured's minor children, even if not cohabiting.

The Covers also operate in favour of persons authorised by the Policyholder to keep pets.

The Covers do not extend to those who keep animals on a professional basis.

Art. 1.2 Expenses included in the cover

What is covered by the Insurance

Within the Coverage Limit of the amount insured and the conditions provided in these Specific Terms and Conditions, the Company shall assume the risk of out-of-court and in-court assistance that is necessary to protect the rights of the Insured, as a consequence of a Claim for which the Cover apply.

This includes the following expenses:

- a. costs of out-of-court assistance;
- b. costs for the intervention of a lawyer appointed to deal with the Claim;
- c. Expert fees;
- d. Court fees;
- e. court costs in criminal proceedings⁽¹⁾;
- f. costs of losing the case awarded in favour of the other party, with the **exclusion of those arising from joint and several liability**;
- g. Costs resulting from a settlement authorised by DAS, including the opposing party's legal costs, **provided they have been authorised by DAS**;
- h. costs of investigating the subject, ownership, manner and dynamics of Claims;
- i. costs of investigations to search for evidence in criminal proceedings;
- j. expenses for drafting reports, complaints, applications to the judicial authorities
- k. expenses of arbitrators and legal counsel in the event that a dispute falling under the cover must be referred to and settled in Arbitration;
- l. indemnity, to be **borne exclusively by the Insured and with the exclusion of that deriving from obligations to assume joint and several liability, due to the mediation bodies, if not reimbursed by the opposing party for any reason, within the limits of what is set forth in the tables of indemnities due to public bodies**;
- m. standard court fee towards the costs of legal proceedings, **if not reimbursed by the other party in the event of its losing the case**;
- n. enforcement costs for each enforcement order, **up to two attempts**.



Art. 1.3 Legal defence of the Insured - ownership, custody and possession of pets

What is covered by the Insurance

The Cover covers the protection of the Insured's rights in the context of private life, in **relation to the ownership, custody and possession of pets**. The Cover insures the legal defence of the Insured in the event that:

- a. is subject to criminal proceedings for a culpable offence or misdemeanour;
- b. must participate in disputes relating to tort claims brought by third parties, as a result of an alleged wrongful act of the Insured.

Limitations of coverage apply

The Cover operates in addition to and after exhaustion of what is due from the liability insurance, for defence and losing the case costs⁽²⁾. In the event that the Third Party Liability Policy, although duly in force, cannot be activated, either because it is not operative due to an exclusion or because the case in question is not included among the insured risks, the Cover is valid for the legal expenses necessary to protect the rights of the Insured in relation to the intervention of DAS, directly or through professionals appointed by DAS, for the extra-judicial phase only;

- c. has to claim for compensation for damage to domestic animals suffered by the Insured as a result of a tort of a third party;
- d. has to make civil law disputes of a contractual nature with suppliers of goods and services related to the ownership, custody or possession of pets, **provided that the value in dispute exceeds EUR 250.00;**
- e. must lodge an opposition before the competent authority against an administrative sanction of a pecuniary and/or non-pecuniary nature.

What is NOT covered by the Insurance

Tax matters are always excluded.

Limitations of coverage apply

In cases of a sanction relating only to the payment of a sum of money, the Cover is valid provided that the value of the sanction, net of accessory charges, is equal to or greater than EUR 250.00.

When does the coverage begin and when does it end

COMMENCEMENT AND EXCLUSION PERIOD

In the event of disputes of a contractual nature, the Cover is subject to the Exclusion Period indicated in the Article Exclusion Period and applicability of the Cover in the section When does coverage begin and when does it end?

Art. 1.4 Telephone legal advice

What is covered by the Insurance

In addition to the agreed Covers, DAS offers a telephone legal advice insurance service.

The service is active:

- **within the scope of the matters provided for in Article 4 Legal defence of the Insured - ownership, custody and possession of animals;**
- **Monday to Friday from 8 a.m. to 6 p.m. toll-free on 800 880 880 and on +39 02 8295 1155 for requests from abroad.**

The Insured may call during office hours (and obtain legal advice) for:

- properly address a legal dispute in coverage;
- correctly set up notices addressed to counterparties, such as claims for compensation or formal warnings;
- obtain clarification on laws, decrees and regulations in force.





What is NOT covered by the Insurance?

Art. 2.1 Exclusions

It does not include the payment of fines or penalties and tax charges that may arise during or at the end of the litigation, with the exception of the VAT shown on the invoices of the professionals appointed, if the Insured cannot deduct it, and the payment of the standard court fee.

The following damages are also not included:

- a. damage suffered due to ecological, atomic, radioactive disaster;
- b. events resulting from popular uprisings, warlike events, acts of terrorism, strikes and lockouts;
- c. disputes and proceedings arising out of the ownership or operation of motor vehicles, watercraft and aircraft;
- d. tax matters;
- e. administrative matters, with the exception of coverages provided for in the article Legal defence of the Insured - ownership, custody and possession of domestic animals, letters a. and e.;
- f. family law, inheritance and donations law;
- g. disputes whose value in litigation is less than EUR 250.00, unless a higher value is indicated in the individual Covers;
- h. disputes with insurance companies;
- i. disputes and proceedings arising from the ownership, custody or possession of animals other than pets.

In the event of disputes between several insured persons, Cover shall operate exclusively in favour of the Policyholder.



Are there limitations of coverage?

SUMMARY TABLE OF DEDUCTIBLES, UNCOVERED AMOUNTS AND LIMITATIONS OF INDEMNITY

The following main limitations apply.

Cover	Deductible/Uncovered Amount	Limitations of Indemnity
Legal defence of the Insured - ownership, custody and possession of pets		Coverage Limit indicated in the Policy



Where does the coverage apply?

Art. 3.1 Where the Covers apply

The Covers cover Claims that arise and must be processed and enforced:

- in all European states, in the event of non-contractual damages and criminal proceedings;
- in the countries of the European Union, Switzerland, Liechtenstein and the Principality of Monaco, in the event of disputes of a contractual nature;
- in Italy, the Vatican City State and the Republic of San Marino, in case of opposition to administrative sanctions.

The telephone legal advice service is active in Italy, the Vatican City State and the Republic of San Marino.





When and how do I pay?

Art. 4.1 Adjustment of premium and sums insured

Without prejudice to the provisions of the Modulo Generale with reference to the payment of the Premium, the commencement of the Covers and the means of payment of the Premium, if expressly provided for in the Policy, an adjustment of 1,5% of the sums insured and the Premium applies at each yearly expiry.

However, the following items are not subject to adjustment:

- **Absolute Deductibles,**
- **minimum and maximum Uncovered Amounts,**
- **all values expressed as percentages,**
- **limitations of Indemnity.**



When does the coverage begin and when does it end?

Art. 5.1 Duration of Activated Covers

Activated Covers have the duration specified in the Policy.

Art. 5.2 Exclusion Period and applicability of the Cover

In the event of disputes of a contractual nature, there is a 90-day Exclusion Period.

The terms under which the Cover operates are specified in the article Occurrence of a claim and applicability of the Cover, contained in the section What are my obligations? What are the Company's obligations? of the PROVISIONS APPLICABLE IN CASE OF A CLAIM.



How can I cancel the Covers?

Art. 6.1 Cancellation and extension of activated Covers

Unless otherwise stated in the Policy, upon expiry, the duration of the activated Covers is extended for one year and so on. In this case, the Policyholder or the Company may prevent the tacit extension by giving notice of cancellation within the terms and according to the procedures indicated in the General Terms and Conditions of Insurance set out in the Modulo Generale. **Activated Covers cannot be cancelled individually.**

The termination of all specific Covers of this Module as a result of cancellation shall also entail the simultaneous termination of the specific related Covers activated in the Modulo PREVENZIONE E ASSISTENZA.

PROVISIONS APPLICABLE IN CASE OF A CLAIM



What are my obligations? What are the company's obligations?

Art. 1.1 Occurrence of the claim and applicability of the Cover

A Claim shall be deemed to have occurred when

- a. the first event giving rise to the right to damages occurs, in cases of claims for in tort damage;
- b. the first act of establishing the infringement is carried out, in cases of opposition to administrative sanctions;
- c. the first breach, even if presumed, of a rule of law or contract by the Insured occurred, in the remaining cases.

If the event giving rise to the Claim continues through several successive breaches of the same nature, the Claim shall be deemed to have occurred at the time of the occurrence of the first breach, even if alleged.

The Cover relates to Claims arising:

- a. **from midnight on the day of activation of the Cover, in the event of non-contractual damages, criminal proceedings or appeal/objection to administrative sanctions;**
- b. **90 days after the activation of the Cover, in the case of disputes of a contractual nature.**

It should be noted that:

- a. **in relation to the Exclusion Period referred to in b. above, in the event that this Cover replaces another Cover taken out with the Company with similar coverage, without interruption, the period shall run from the day on which the replaced Cover took effect, for the benefits and sums insured under the latter, i.e., from the day on which this Cover takes effect, in respect of the different benefits or higher sums provided for thereunder;**
- b. **The Cover shall also apply prior to notification to the Insured of the notice of investigation, in the case of spontaneous presentation⁽³⁾, summons and⁽⁴⁾ forced escorting⁽⁵⁾.**

The Claim is unique in all respects, if there are:

- a. **disputes, brought by or against one or more persons and concerning the same or related claims;**
- b. **proceedings, even of a different nature, due to the same event-fact in which one or more Insured are involved.**

Art. 1.2 Reporting a claim and choice of lawyer

The management of Legal Protection Claims is entrusted to D.A.S. Difesa Automobilistica Sinistri S.p.A., as provided for by Legislative Decree no. 209 of 7 September 2005 - Title XI, Chapter II, Articles 163 and 164.

To report a claim, the **Insured must promptly report the incident to DAS by calling the toll-free number 800 880 880 and the number +39 02 82 951 155 for requests from abroad.**

DAS collects the complaint, indicates the documents required to activate the Cover, provides all the information on Claim management, and issues a file identification number.

The Insured shall, at his or her own expense, regularise all documentation in accordance with tax regulations on stamp duties.

In the absence of appropriate documentation to support the report, DAS shall not be liable for any delay in the management of the Claim.

In the event of criminal proceedings, the Insured shall be obliged to report the Claim at the time when the criminal proceedings begin or at the time when he/she becomes aware of his/her involvement in the criminal investigation.



The Insured must notify DAS of each act, formally notified to him/her in accordance with the regulations in force, promptly and, in any event, within the time limit for the defence. In the event of default, Article 1915 of the Italian Civil Code shall apply.

At the same time as reporting the Claim or at the time of the commencement of any legal proceedings, the Insured may indicate to DAS a lawyer - **who practises in a locality that is part of the district of the court where the judicial office competent to decide the claim is located, or who practises in the district of the court where the Insured resides** - to whom the case may be entrusted for legal follow-up, should the attempt at amicable settlement not have a positive outcome.

The choice of lawyer made by the Insured applies from the out-of-court phase, if a situation of conflict of interest with DAS arises.

Art. 1.3 Claims management

Upon receipt of the Claim⁽⁶⁾, **DAS reserves the right to handle the out-of-court phase, directly or through professionals appointed by it, and to make every possible attempt to settle the dispute amicably. To this end, the Insured shall grant DAS, if so requested by it, power of attorney for the handling of the dispute. In this out-of-court phase, DAS will consider whether to resort to or join a mediation procedure, reserving the choice of mediation body in the former case. If the amicable settlement is unsuccessful, if the claims of the Insured have a chance of success, DAS shall forward the case to the lawyer appointed in accordance with the Article Reporting a claim and choice of lawyer.**

For each state of litigation and level of judgment, the Insured:

- a. **must report the Claim promptly and in any event within the time useful for its defence;**
- b. **must keep DAS informed of any circumstances relevant to the provision of benefits under the insurance coverage;**
- c. **before instructing a lawyer or expert witness, it must notify DAS and have obtained confirmation to proceed;**
- d. **before signing an economic agreement or a cost estimate of the appointed lawyer or expert, it must obtain confirmation to proceed from DAS. DAS will in any case neither incur nor reimburse the expenses of the lawyer for activities that were not actually performed and detailed in the bill;**
- e. **may not directly agree with the opposing party, without the prior authorisation of DAS, any Settlement or agreement for the settlement of the dispute, whether out-of-court or in court, which entails charges to be borne by DAS. Except in cases of proven urgency - with the resulting impossibility for the Insured to request prior approval - which shall be ratified by DAS following verification of the actual urgency and cost-effectiveness of the operation.**

The Company and DAS are not liable for the work of lawyers and experts.

Art. 1.4 Disagreement on Claims management - Arbitration

In the event of a difference of opinion between the Insured and DAS on the possibility of a positive outcome, or in any case one that is more favourable to the Insured, of a Judgment or an appeal to a higher court, the matter, at the request of one of the parties to be formulated by registered letter, may be referred to an arbitrator on whose designation the parties must agree.

If no agreement is reached, the arbitrator is appointed by the president of the court of competent jurisdiction, as provided by law.

The arbitrator shall decide according to equity and the costs of arbitration shall be borne by the losing party. If the decision of the arbitrator is unfavourable to the Insured, the latter may also proceed on its

own behalf and at its own risk, with the right to obtain from DAS the reimbursement of the expenses incurred, and not liquidated by the opposing party, if the result thus obtained is more favourable than the result previously envisaged or acquired by DAS itself, in fact or in law.

Art. 1.5 Recovery of sums

All sums liquidated or in any case recovered for capital and interest are the exclusive responsibility of the Insured, while DAS is entitled to any sums liquidated in favour of the Insured himself judicially or extra-judicially for costs, fees and expenses.

Art. 1.6 Time barring

Claims arising from insurance coverage shall be time barred within two years from the day on which the event on which the claim is based occurred⁽⁷⁾. It follows from this that claims and/or communications received more than two years after the time when the right to benefits could have been claimed shall result in the loss of the Insured's right to benefits.

Article 1.7 Exclusion of liability

The Company and DAS are not liable for the work of lawyers and experts.

DAS shall not be liable for any delays in the provision of benefits that are caused by the lack of appropriate documentation supporting the Insured's claims.



How can I cancel the Covers?

Art. 2.1 Withdrawal in the event of a claim

The Policyholder or the Company may withdraw, **with effect for all the Covers activated with this Module**, as a consequence of the notification of any Claim relating to one or more of the Covers activated with this Module, made in accordance with the terms of the contract during the entire duration of the Cover. This right may be exercised within 60 days of payment or refusal of payment.

Withdrawal:

- must be communicated in writing by registered letter with return receipt or by Certified E-Mail;
- if it is exercised by the Policyholder, it shall take effect from the date of receipt of the notice;
- if it is exercised by the Company it takes effect 30 days after the date of receipt of the notice.

In all cases, by the fifteenth day following the effective date of withdrawal, the Company shall reimburse the Policyholder for the portion of the Premium relating to the period of time in which the risk was not incurred, if any, excluding taxes.

The payment or collection of premiums due after the claim or any other act of the parties shall not be interpreted as a waiver of the right of withdrawal. Withdrawal may be exercised according to the terms and conditions indicated in the Modulo Generale's General Terms and Conditions of Insurance, therefore, the termination of all the specific Covers of this Module following withdrawal due to a Claim shall also entail the simultaneous termination of the specific related Covers activated in the Modulo PREVENZIONE E ASSISTENZA.

1 Article 535 of the Italian Code of Criminal Procedure.

2 Pursuant to Article 1917 of the Italian Civil Code.

3 Article 374 of the Italian Code of Criminal Procedure.

4 Article 375 of the Italian Code of Criminal Procedure.

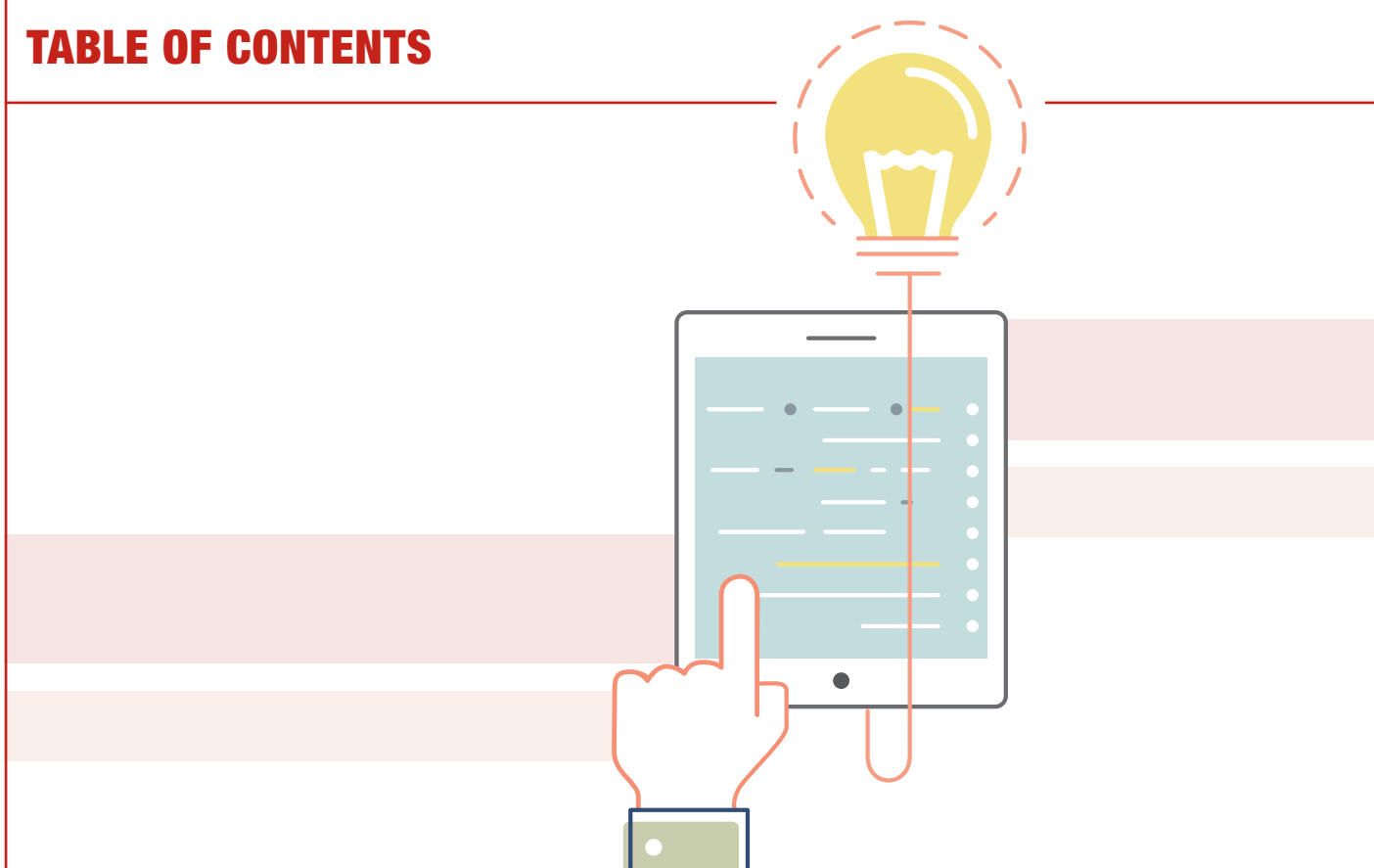
5 Article 376 of the Italian Code of Criminal Procedure.

6 Pursuant to Article 164 paragraph 2 letter a) of the Private Insurance Code - Legislative Decree 209/05.

7 Pursuant to Article 2952 of the Italian Civil Code.



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