

ACCIDENT AND INJURY INSURANCE
FOR AMATEUR MOUNTAIN ACTIVITIES
AIG MULTISPORT POLICY No. IAH0015338

Consorzio Skipass Paganella

IMPORTANT INFORMATION

The purpose of this notice is to communicate, in the interest of the insured parties, the information necessary to assess the adequacy of the contract with respect to their insurance demands and needs.

The policy is the contract that governs the relationship with the policyholder and/or the insured and under which any claims and complaints are handled.

It is important to read carefully all the policy documents listed below:

- DIP (Pre-contractual Information Document)
- Additional DIP (Additional Pre-contractual Information Document)
- Insurance conditions including glossary or, in the cases provided for by law, their extract with an indication of how to obtain the full version
- Privacy Policy

Adequacy of the contract with respect to the policyholder's insurance demands and requirements

This policy is developed for and is suitable for the insurance requests and needs of any customer of the ski area managed by **Consorzio Skipass Paganella** who purchases at the resort ticket office a bikepass/ season pass **valid for one or more days** and at the same time this insurance, and who intends to obtain coverage **for the entire period of validity of the ski pass/ season pass** from the day of stipulation, with reference to:

- A. Rescue costs on the slopes and first aid medical expenses; medical transfer/return of the Policyholder to his/her domicile, driver available for return home;
- B. Third-party liability in the event of a collision at the ski area; Legal protection;
- C. For 3-or more day ski-pass: Reimbursement of unused bikepass/season ticket due to injury; Reimbursement of unused ski equipment rental due to injury; Reimbursement of unused ski lessons due to injury; Reimbursement of unused bikepass/season-ticket due to total closure of slopes due to adverse weather conditions;

Furthermore, the customer:

- does not require and has no need to take out insurance in respect of collisions and/or accidents occurring as a result of participation in competitive competitions (including amateur competitions) nor in respect of activities carried out on a professional or otherwise remunerated basis;

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- does not require and has no need to take out insurance against collisions and/or accidents occurring during transport on the ski lifts, including embarking and disembarking;
- does not request and has no need to take out insurance covering accidents and/or injuries occurring outside the approved bike park in Italy and in the following neighbouring countries: France, Switzerland, Austria and Slovenia - which can be accessed with the bikepass in use at the time of the Claim.
- is aware that insurance cover does not apply in the event of wilful misconduct or gross negligence or for all intentional acts committed by the policyholder or persons for whom he/she is legally responsible;
- is aware that insurance cover does not apply if the policyholder is intoxicated or under the influence of drugs, narcotics or medication that has not been prescribed by a doctor; consequences resulting from a pre-existing medical condition are also excluded from accident cover, letter A;
- is aware that indemnities may include some amounts to be borne by the policyholder (deductibles/excesses).

AIG and **Consorzio Skipass Paganella** do not provide advice on this insurance product. However, AIG's insurance policy was specifically designed taking into consideration the needs of the Consorzio Skipass Paganella customers who purchase a bikepass/season ticket at its ticket offices at the resort, and was therefore the most suitable policy to meet their demands and requirements, as well as the only one to be distributed by Consorzio Skipass Paganella optionally bundled with these types of products.

By purchasing this policy, the Contracting Party/Policyholder acknowledges that, based on the distributor's assessment, the policy satisfies its demands and requirements insofar as the Contracting Party/Policyholder meets the above stated conditions.

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AIG MULTISPORT

GROUP POLICY WITH INDIVIDUAL AND OPTIONAL SUBSCRIPTION
NR. IAH0015338

POLICYHOLDER - Consorzio Skipass Paganella

THIS INFORMATION SET CONTAINING:

DAMAGE DIP [Pre-contractual Information Document]
ADDITIONAL DAMAGE DIP
GENERAL CONDITIONS OF INSURANCE INCLUDING GLOSSARY
PRIVACY POLICY

MUST BE DELIVERED TO THE POLICYHOLDER BEFORE THE POLICY IS SIGNED.

IMPORTANT WARNING

PLEASE READ THE CONTRACT CAREFULLY BEFORE SIGNING IT, PAYING PARTICULAR ATTENTION TO THE CLAUSES THAT, PURSUANT TO ART. 166 OF THE INSURANCE CODE, ARE HIGHLIGHTED IN BOLD (INDICATING PARTICULAR RELEVANCE) AS THEY CONTAIN: FORFEITURES, NULLITY, LIMITATIONS OF GUARANTEES OR CHARGES TO BE BORNE BY THE CONTRACTING PARTY OR SIMILAR CLAUSES.



DOCUMENT DRAWN UP IN ACCORDANCE WITH THE GUIDELINES OF THE TECHNICAL COMMITTEE ANIA - CONSUMERS' ASSOCIATIONS - INTERMEDIARIES' ASSOCIATIONS FOR "SIMPLE AND CLEAR CONTRACTS"

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Reimbursement of expenses, third party liability, legal protection and assistance insurance for playing some amateur sports
Information document relating to the insurance product Company

Product: AIG Multisport
Company: AIG Europe S.A. – Rappresentanza Generale per l'Italia

Member State of registration: Luxembourg: Company operating in Italy under the regime of establishment.
Registration on the list of EU companies authorised to operate under the regime of establishment No. I00146
Date of last update: April 2022

This document is for information purposes only and is intended to provide a brief overview of the main contents of your insurance policy. Please read the information below carefully. You can find comprehensive policy information by reading the full policy information set

What type of insurance is it?

The product AIG MULTISPORT is a Group Policy with optional subscription, contracted with Consorzio Skipass Paganella, covering certain risks related to playing some amateur sports as briefly described in this document.



What is insured?

The following are covered under this policy, subject to the limits and conditions set out in the policy:

✓ **Section A - Rescue Expenses, First Aid Medical Expenses**

(i) Costs of rescue operations on the slopes by means of a toboggan

Maximum insured amount: Euro 200.00

(ii) General rescue expenses

Maximum insured amount: Euro 200.00

(iii) First aid medical expenses

Maximum insured amount: Euro 500.00

✓ **Section B - Medical Transfer/Return of the Policyholder to his/her domicile, 24H Assistance**

(i) The Medical Transfer/Return of the Insured to his/her domicile (a guarantee applicable only to Policies with a duration of at least 3 consecutive days – Package 2)

Maximum insured amount: Euro 5,000.00

(ii) Driver available for the return to domicile

Maximum insured amount: Euro 200.00



What is NOT insured?

The main exclusions are:

- ✗ any event occurring outside of Equipped Skiing Areas, Bike parks, Sports Grounds, Swimming Pools, Gyms as defined;
- ✗ Intentional acts, misconduct on the part of the Policyholder and/or Contracting Party and/or persons for whom he/she is responsible in accordance with the Law;
- ✗ involvement of the Policyholder in any malicious, unlawful or criminal act, as well as participation in theft, robbery or other crime;
- ✗ any other damage related to the reported event and not covered by this insurance;
- ✗ Medical problems that the Policyholder had prior to the start date of application of the policy;
- ✗ any event which makes it impossible to use this insurance, including prohibitions decided by local, national or international authorities;
- ✗ participation in competitive competitions of any kind (including amateur);
- ✗ use of ski passes or other access tickets for sports grounds, bike parks, swimming pools or gyms in violation of the applicable regulations.

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<p>✓ Section C – Civil Liability <u>Maximum insured amount for personal injury:</u> Euro 250,000 <u>Maximum insured amount for damage to property:</u> Euro 10,000</p> <p>✓ Section D – Legal Protection <u>Maximum insured amount:</u> Euro 1,000.00</p> <p>✓ Section E - Reimbursement of unused passes due to accident (Section applicable only to policies with a duration of at least 3 consecutive days - Package 2) <u>Maximum insured amount:</u> pro-rata reimbursement for the period not used</p> <p>✓ Section F – Reimbursement of unused sports equipment rental due to accident (Section applicable only to policies with a duration of at least 3 consecutive days – Package 2) <u>Maximum insured amount:</u> Euro 40 per day</p> <p>✓ Section G – Reimbursement of unused sports lessons due to accident (Section applicable only to policies with a duration of at least 3 consecutive days – Package 2) <u>Maximum insured amount:</u> Euro 60 per day</p> <p>✓ Section E - Reimbursement of unused passes due to adverse weather (Section applicable only to policies with a duration of at least 3 consecutive days - Package 2) <u>Maximum insured amount:</u> pro-rata reimbursement for the period not used</p>	<p>With respect to Civil Liability coverage:</p> <ul style="list-style-type: none"> ✗ All damages that are not material; ✗ all consequential damages; ✗ all damages arising from the ownership, possession, use and driving of motor vehicles; <p>The main exclusions are listed here; for the complete list, please refer to the Additional DIP and the Policy Schedule</p>
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Are there limits to coverage?

Collisions and accidents caused or occurred as a result of or in connection with the following are always excluded from all contractual coverage:

- ! suicide or attempted suicide of the Policyholder and its consequences, or acts of self-harm or intentional exposure to danger (except in an attempt to save life);
- ! tornadoes, hurricanes, earthquakes, volcanic eruptions, floods, sea storms, avalanches, tidal waves, landslides, natural disasters, climatic events;
- ! use of drugs, narcotics, narcotic substances, similar substances and medications not prescribed by a licensed medical authority, and the consequences thereof;
- ! occurring while intoxicated as a result of the use of alcoholic beverages and toxic substances;
- ! any event involving the Policyholder under 18 years of age who is not wearing a protective helmet;
- ! transport on ski lifts, including boarding and disembarking from them;
- ! use of the ski pass, bikepass or entry ticket against the regulations.

- ! The following activities are also always excluded:
1. adventure races;

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2. biathlon;
3. downhill with bobsled / skeleton;
4. heliskiing
5. acrobatic skiing/snowboarding
6. snowmobile skidoo
7. ski jump
8. any activity carried out within snow parks;
9. all types of organised races and competitions
10. BMX acrobatic/obstacle
11. all forms of cycling other than road cycling and/or on cycle paths, bike parks, and/or on hiking trails that do not qualify as Tourist (T) in Appendix 2;
12. triathlon, Enduro and other Gravity and similar disciplines;
13. all kinds of motor sport;
14. kite surfing.



Where does the coverage apply?

The Insurance is valid within the limits and conditions set out in the Policy:

- (i) as for amateur activities in the snow, on all ski slopes in Italy and Europe that can be accessed with the ski pass in use at the time of the accident;
- (ii) as to amateur activities other than those carried out on snow, in Italy and in Europe.



What are my obligations?

- The obligation to provide true, accurate and complete information on the risk to be insured;
- The obligation to notify the Insurer of any intervening circumstance or change which may result in an aggravation or reduction of the insured risk;
- The obligation to pay the insurance premium according to the methods and timing indicated by the Intermediary;
- Obligation to notify the Insurer of the existence of a different insurance contract covering the same risk;
- The obligation of the Policyholder to send written notice to the Insurer as soon as possible to inform it of any Compensation Claim or circumstance presented against the Policyholder;
- Obligation on the Policyholder to defend himself against any Claim and to contest it;
- Obligation to provide the Insurer with all reasonable assistance and cooperation in the investigation, defence, settlement or appeal stages related to any Claim;
- The obligation not to admit, assume any liability, enter into any agreement with the other party, approve any Compensation Claim or incur any Defence Costs without the prior written authorisation of the Insurer;
- The obligation of the Policyholder, in the event of a Compensation Claim, to take reasonable steps to reduce or diminish the damage;
- The obligation not to assign this Insurance and any rights hereunder without the prior written consent of the Insurer;



When and how do I pay?

The insurance premium shall be paid prior to the effective date of the Policy by purchasing the insurance at the cash desks of the Contracting Party's area together with the bikepass/entry ticket.



When does coverage begin and when does it end?

The Insurance is of temporary duration and takes effect from the date and time of the day indicated in the Policy. The guarantees are effective on condition that the Premium has been paid prior to the start date of the Policy. It is understood that the Policy must be purchased prior to the commencement of the covered sporting activities.

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The Insurance ceases at midnight on the last day of its duration as established in the Policy, without tacit renewal.



How can I cancel my Policy?

The Insurance is not tacitly renewed on expiry and therefore cancellation is not required.

In accordance with the regulations on the distance selling of insurance products, the Contracting Party may exercise the right of withdrawal within 14 days of the execution of the contract or the date of receipt of the contractual documentation, whichever is later.

In this case, the Company will refund any Premium already paid, net of any statutory taxes. However, pursuant to article 67-terdecies of Legislative Decree 206/2005, if the insured requests that the insurance services under this policy commence before the expiry of the withdrawal period, the Premium shall be refunded on a pro rata basis, in proportion to the period during which the contract took effect.

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Insurance Policy for reimbursement of expenses, third party liability, legal protection and assistance for some amateur sports

Additional pre-contractual information document for non-life insurance products (Additional Non-Life Insurance DIP)

Company: AIG Europe S.A. – Rappresentanza generale per l'Italia Prodotto: "AIG MULTISPORT"

Date of last update: April 2022

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 Contracting Party to understand in more detail the characteristics of the product, the contractual obligations and the financial position of the company.

The Contracting Party must read the conditions of insurance before signing the contract.

AIG Europe SA - Rappresentanza Generale per l'Italia.

- The Italian branch of the Luxembourg company AIG Europe S.A. with registered office in 35 D Avenue J.F. Kennedy, L-1855, Luxembourg and belonging to the AIG group.
- Enrolment number in the Insurance Companies Register: I.00146 enrolment of 16/3/2018
- ISVAP business code D947R
- Secondary office in Italy: Piazza Vetra n. 17, Post code: 20123, Milan; Tax Code 97819940152/VAT n. 10479810961; REA Milan n. 2530954; tel. +39 02.36.90.1; website: www.aig.co.it ; e- mail: info.italy@aig.com ; certified email: insurance@aigeurope.postecert.it .
- Operating regime in Italy: freedom of establishment
- Competent supervisory authority: supervisory authority for the Luxembourg insurance market Commissariat Aux Assurances.

With regard to the balance sheet of AIG Europe S.A. (AESA), the following should be noted. Effective December 1, 2018, AIG Europe Limited (AEL) has first transferred its UK operations to another UK-based AIG Group company. Subsequently, on the same day, AEL has merged by incorporation into AESA. AESA, a newly established company, does not yet have any financial statements to account for this merger.

AESA's balance sheet is shown below: the figures refer to the latest approved financial statements for the period: December 1, 2020 - November 30, 2021.

The amount of the equity of AIG Europe SA is € 1,981.3 million, of which the part relating to share capital is € 47.2 million and the part relating to equity reserves is € 1,934.1 million

Minimum Capital Requirement (MCR) € 664.1 million

Solvency Capital Requirement (SCR) € 1,475.7 million;

Own funds eligible for coverage € 1,701.1 million (for MCR) and € 2,114.8 million (for SCR);

The Capital Requirements Coverage Ratio, as a ratio of Eligible Own Funds to Solvency Capital Requirement is 256.16% (Eligible Funds to MCR) or 143.3% (Eligible Funds to SCR); the report on the

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solvency and financial condition of the company (SFCR) can be consulted by clicking the link <https://www.aig.lu/en/about-aig>.

Italian law applies to the contract.



What is insured?

The guarantees in the package selected based on the Policy term are all automatically included in the coverage and cannot be purchased individually.

The Insurance is valid only and exclusively in the event of a request for intervention of the Rescue Service, at the place where the accident occurred.

The guarantees are listed below.

SECTION A

RESCUE COSTS, FIRST AID MEDICAL COSTS

Guarantees are limited to the reimbursement of expenses actually incurred by the Policyholder. If the Policyholder is entitled to reimbursement from one or more reimbursement or expense-taking organisations, the Company will be required to reimburse only the difference between the actual expenses incurred and the guaranteed expenses, which will remain with the Policyholder after reimbursement.

This section provides for the reimbursement of the following expenses:

- **Costs of rescue operations on the slopes by means of a toboggan**

When, following an Collision and/or Accident of the Policyholder on the ski slopes, a rescue operation has been carried out on the slopes by means of a toboggan, the Company shall bear, according to the terms and conditions of the policy, the ordinary costs of rescue by means of a toboggan on the slopes if this has been organised and carried out by a Slope Rescue Service.

- **General rescue expenses**

When, following an Collision and/or Accident of the Policyholder on the ski slopes, a rescue operation has been carried out, the Company shall bear, according to the terms and conditions of the policy, the ordinary costs of rescue if this has been organised and carried out by a Slope Rescue Service.

- **First aid medical expenses**

Following a Collision and/or Accident of the Policyholder, the Company shall bear, according to the terms and conditions of the policy, the medical expenses of first aid incurred by the Policyholder immediately after the accident.

SECTION B

MEDICAL TRANSFER/RETURN, 24-HOUR ASSISTANCE, DRIVER AVAILABLE FOR RETURN HOME

- **The Medical Transfer/Return of the Policyholder to his/her domicile (a guarantee applicable only to Policies with a duration of at least 3 consecutive days – Package 2)**

Following a collision and/or accident of the Policyholder for which the Policyholder has benefited from the "First aid medical expenses" guarantee when the Policyholder is declared, in the opinion of the attending physicians on site endorsed by the doctors of the Assistance Operating Central Unit, fit

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	<p>to travel, the Assistance Operating Central Unit shall provide for the return of the Policyholder to his/her own domicile or to a hospital facility in the place of residence.</p> <ul style="list-style-type: none"> • Driver available for the return to domicile <p>Following an Collision and/or Injury of the Policyholder for which the Policyholder has benefited from the guarantee "First aid medical expenses", if the Policyholder has previously reached the ski slopes or the place where he/she practised the sport, with his/her own vehicle, is unable to drive, and none of the passengers travelling with him/her is able to replace him/her at the wheel, the Assistance Operating Central Unit, within the terms of the policy, shall provide a driver to take the vehicle and any passengers travelling with the Policyholder back to the Policyholder's domicile.</p>
<p>SECTION C CIVIL LIABILITY</p>	<p>The Company undertakes to indemnify the Policyholder, according to the terms and conditions of the policy, from the amount that the Policyholder is required to pay, as civilly liable pursuant to the law, by way of compensation for damage involuntarily caused to Third parties, to be understood as:</p> <ol style="list-style-type: none"> personal Injury to Third Parties; damage to or loss of property belonging to Third Parties, only as a result of personal injury to Third Parties <p>as a consequence of a collision between the Policyholder and the Third Party in the Equipped Skiing Area or during the practice of the other sporting activities described in the policy, provided that</p> <ol style="list-style-type: none"> a report is drawn up immediately after the event by the piste rescue service describing the dynamics and significant data of the Incident or in activities other than skiing, a report with the dynamics and significant data of the Incident is drawn up by a First Aid Station. <p>If the Policyholder is a minor of 18 years of age, in addition to his/her personal liability, the liability of the parent/guardian/tutor or any other person assigned to the supervision and care of the minor is also covered in the cases provided for by law and under the conditions of the Policy. If, on the other hand, the Policyholder is an adult, coverage under this policy does not extend to any liability the adult has for the act committed by the minor for which he or she is liable in any capacity.</p>
<p>SECTION D LEGAL PROTECTION</p>	<p>Following an accident or collision between the Policyholder and other subjects who are practising a sporting activity for which a Slope Rescue operation has been carried out and for which there is a report drawn up by a First-aid Station within the terms indicated in the Policy, the Company shall pay, according to the terms and conditions of the policy, legal expenses and court costs necessary to resolve judicial or out-of-court disputes in which the Policyholder is involved, on the condition that the Company, the intermediary or the Contracting Party of the Insurance are not the counterparty.</p>
<p>SECTION E REIMBURSEMENT OF</p>	<p>Under the terms and conditions of the policy, AIG reimburses the portion of the cost of the unused ski pass in the event of skiing or the portion of the cost</p>

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<p>UNUSED PASSES DUE TO ACCIDENT (Section applicable only to Policies with a duration of at least 3 consecutive days – Package 2)</p>	<p>of the unused entry ticket to the facility where the Accident/Injury occurred, such as gyms, bike parks, swimming pools, sports fields.</p>
<p>SECTION F REIMBURSEMENT OF UNUSED SPORT EQUIPMENT RENTAL DUE TO AN ACCIDENT (Section applicable only to Policies with a duration of at least 3 consecutive days – Package 2)</p>	<p>Under the terms and conditions of the policy, the Company shall reimburse the portion of any rental costs of sports equipment not used for the practice of the sport insured by the Policy during the period of validity of the Policy. The cover applies on condition that the Accident of the Policyholder is such that it does not allow him/her to resume the performance of the activity which is the object of the insurance, and such impossibility must be certified by a doctor and documented by an instrumental investigation verifiable by a doctor appointed by the Company.</p>
<p>SECTION G REIMBURSEMENT OF UNUSED SKI LESSONS DUE TO ACCIDENT (Section applicable only to Policies with a duration of at least 3 consecutive days – Package 2)</p>	<p>Under the terms and conditions of the policy, the Company reimburses the portion of the cost of sports lessons already paid for and not enjoyed during the period of validity of the Policy.</p> <p>The cover applies on condition that the Accident of the Policyholder is such that it does not allow him/her to resume the performance of the activity which is the object of the insurance, and such impossibility must be certified by a doctor and documented by an instrumental investigation verifiable by a doctor appointed by the Company.</p>
<p>SECTION H REIMBURSEMENT OF UNUSED PASSES DUE TO ADVERSE WEATHER CONDITIONS (Section applicable only to Policies with a duration of at least 3 consecutive days – Package 2)</p>	<p>If, in the event of adverse weather conditions, all the lifts where the ski pass regularly purchased by the Contracting Party is valid are closed, the Company shall reimburse the part of the cost of any ski passes not used. Only lifts that are closed for the entire ski day will be considered closed exclusively due to the following events:</p> <ol style="list-style-type: none"> 1. wind intensity and direction; 2. temperature; 3. avalanche risk; 4. snow excess. <p>The Policyholder shall be entitled to reimbursement of the ski pass not used due to adverse weather conditions only if the ski pass has not been used for the entire period for which reimbursement is requested.</p> <p>In the event of closure, due to adverse weather conditions, of all the Swimming pools, Bike parks, Sports grounds where the entry ticket regularly purchased by the Contracting Party is valid, the Company shall reimburse the part of the cost of unused tickets.</p> <p>Only outdoor sports grounds and facilities that cannot be used throughout the day due to weather conditions that compromise the safety of sports activities will be considered closed. The Policyholder shall be entitled to reimbursement</p>

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	of the entry ticket not used due to adverse weather conditions only if has not been used for the entire period for which reimbursement is requested.
 What is NOT insured?	
Risks excluded for all policy sections	<p>If, by virtue of any law or regulation applicable to the Company, its parent or its controlling company at the time the Policy becomes effective or at any time thereafter, should it be unlawful to provide coverage to the Policyholder as a result of an embargo or other applicable sanction, the Company, its parent or controlling company, shall not provide any coverage or assume any obligation or provide any defence to the Policyholder or arrange for any payment for defence costs or provide any form of indemnity on behalf of the Policyholder to the extent that it would constitute, precisely, a violation of such sanction or embargo.</p> <ul style="list-style-type: none"> - The following activities are excluded from the Policy in any case: <ul style="list-style-type: none"> 15. adventure races; 16. biathlon; 17. downhill with bobsled / skeleton; 18. heliskiing 19. acrobatic skiing/snowboarding 20. snowmobile skidoo 21. ski jump 22. any activity carried out within snow parks; 23. all types of organised races and competitions 24. BMX acrobatic/obstacle 25. all forms of cycling other than road cycling and/or on cycle paths, bike parks, and/or on hiking trails that do not qualify as Tourist (T) in Appendix 2; 26. triathlon, Enduro and other Gravity and similar disciplines; 27. all kinds of motor sport; 28. kite surfing. - Activities carried out at a professional level, subject to remuneration and, nonetheless, carried out as part of competitions, tournaments or related training are always excluded. - They are also always excluded from all contractual guarantees Collisions and Accidents caused or occurred as a result of or in connection with: <ul style="list-style-type: none"> a. any event occurring outside of Equipped Skiing Areas, Bike parks, Sports Grounds, Swimming Pools, Gyms; b. intentional acts, wilful misconduct or gross negligence on the part of the Policyholder and/or Contracting Party and/or persons for whom he/she is responsible in accordance with the Law; c. involvement of the Policyholder in any malicious, unlawful or criminal act, as well as participation in theft, robbery or other crime; d. suicide or attempted suicide of the Policyholder and its consequences, or acts of self-harm or intentional exposure to danger (except in an attempt to save life);

AIG Europe S.A. Rappresentanza Generale per l'Italia (General Representative for Italy) - Piazza Vetra, 17 - 20123 Milan.

Tel: +39 02 36901, Fax: +39 02 3690222, www.aig.co.it - Company Register Milan / Tax Code 97819940152/VAT n. 10479810961 - REA (economic and administrative index) Milan no. 2530954.

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	<ul style="list-style-type: none"> e. any other damage related to the reported event and not covered by this insurance; f. civil or foreign war, invasion, insurrection, revolution, martial law, use of military power or usurpation of governmental or military power, strikes, riots of any kind, civil unrest, effects resulting from a source of radioactivity, epidemics, pollution; g. tornadoes, hurricanes, earthquakes, volcanic eruptions, floods, sea storms, avalanches, tidal waves, landslides, natural disasters, climatic events; h. exposure to or contamination from nuclear, chemical, or biological substances regardless of the contributing causes; i. use of drugs, narcotics, narcotic substances, similar substances and medications not prescribed by a licensed medical authority, and the consequences thereof; j. state of intoxication of the Policyholder, with the presence in the blood of an alcohol level equal to or greater than the maximum set forth by the law which regulates motor traffic in the country in which the Policyholder is at the time of the accident; k. use or possession of weapons, including hunting and war weapons; l. any event which makes it impossible to use this insurance, including prohibitions decided by local, national or international authorities; m. ski-touring or skiing outside the Equipped Skiing Areas; n. participation in competitive competitions of any kind (also amateur ones), including elimination trials, officially organised exercises or training for such events; o. transport on ski lifts, including boarding and disembarking from them; p. use of ski passes or other access tickets for sports grounds, bike parks, swimming pools and gyms in violation of the applicable regulations; q. any event involving the Policyholder under the age of 18 who does not wear a protective helmet in the Equipped Skiing Area in violation of the provisions of Art. 17 of the Decree
<p>Exclusions applied to the guarantees in SECTION A - Rescue Expenses</p>	<p>The following are always excluded from insurance coverage:</p> <ul style="list-style-type: none"> a. consequences or relapses of a pre-existing medical condition; b. facts that may be criminally punishable according to the legislation of the country in which the Policyholder is located; c. medical expenses or other expenses related to surgical treatment not considered urgent in the opinion of the doctors in charge on site and that can be postponed after the return home; d. spa, rehabilitation or physiotherapy treatments, expenses for eyeglasses, contact lenses, prostheses of any kind, wheelchairs and similar walking aids, routine examinations and tests or check-ups, preventive tests or treatments, examinations and control tests in the absence of an Accident or Collision included in the coverage, e. expenses for cosmetic or reconstructive surgery and wellness treatments, expenses for acupuncture sessions, massage therapy, treatments provided by a chiropractor or osteopath; f. expenses and treatments not prescribed by a licensed medical

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Registered office: Avenue John F. Kennedy no. 35D, L-1855 Luxembourg - Share Capital Euro 47,176,225

	<p>authority;</p> <p>g. medical expenses incurred after returning home or, in any case, not immediately after the accident;</p> <p>h. expenses for telephone calls.</p>
<p>Exclusions applied to the guarantees in SECTION B - Medical transfer/return of the Policyholder to his/her domicile, driver available for the return home</p>	<p>The following are always excluded from insurance coverage:</p> <ol style="list-style-type: none"> a. direct organisation, or in any case without the prior authorisation of the Assistance Operating Central Unit, of all the assistance services provided for; b. road expenses (tolls, fuel), cab or customs fees, and restaurant/hotel expenses, except as provided for in the Policy; c. in case of hospitalisation, the cost of a single room, unless indicated for medical reasons; d. consequences or relapses of a pre-existing medical condition; e. facts that may be criminally punishable according to the legislation of the country in which the Policyholder is located; f. nervous or mental disorders; g. expenses for telephone calls. <p>All assistance services are also not payable:</p> <ol style="list-style-type: none"> h. in the event that the Policyholder disregards the guidelines of the Assistance Operating Central Unit, that is: i. the voluntary discharge of the Policyholder occurs against the advice of the medical staff of the facility where he/she is hospitalized; j. the Policyholder or whoever on his/her behalf voluntarily refuses medical transport/return to own domicile on the date and by the means indicated by the doctors of the Assistance Operating Central Unit. In this case, the Company shall immediately suspend assistance, guaranteeing the reimbursement of further hospital and surgical expenses only up to the amount corresponding to the cost of the rejected transport/return.
<p>Exclusions applied to the guarantees in SECTION C – Civil Liability</p>	<p>The following are expressly excluded from the Policy</p> <ol style="list-style-type: none"> a. any liability arising from loss of or damage to a property: (i) owned by the Policyholder, a Family Member or a person in the employ of the Policyholder; (ii) or which the Policyholder, a Family Member or a person in the employ of the Policyholder has in their care, custody or control; b. any injury, loss or damage: (i) by family members, or a person employed by the Policyholder; (ii) arising out of or in connection with the professional or business activity of the Policyholder; (iii) arising out of a contract entered into by the Policyholder; (iv) occurring during off-track activities; c. Participation in competitive competitions in any capacity, including training for such competitions, subject only to non-professional amateur competitions and without cash prizes. d. all damages that are not material. Material damage means objectively

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Registered office: Avenue John F. Kennedy no. 35D, L-1855 Luxembourg - Share Capital Euro 47,176,225

	<p>ascertainable damage to property resulting in deterioration or other type of damage, while non-material damage includes, but is not limited to: economic, financial, psychological, etc. damage;</p> <p>e. all consequential damages;</p> <p>f. damages caused by sexual, moral or psycho-physical harassment and/or abuse;</p> <p>g. theft damage;</p> <p>h. all damages arising from the ownership, possession, use and driving of motor vehicles;</p> <p>i. claims for which the Policyholder has made transactions of any kind with the injured party without the prior approval of the Company, including the recognition of partial or total liability;</p> <p>j. claims for which the Policyholder has not transmitted to the Company the "Reconstruction of the dynamics of the claim" form, fully completed or signed;</p> <p>k. all damage caused to the ski slope operator's structures, equipment, fixed and/or mobile installations.</p>
Exclusions applied to the guarantees in Section D – legal protection	Compensation claims arising from criminal, wilful or intentional acts carried out by the Policyholder are excluded from the insurance cover.
 Are there limits to coverage?	
<p>The company's commitment is in relation to the maximum amounts and, if applicable, to the insured amounts agreed upon with the Contracting Party. There are sub-limits for some coverages as per the Policy Conditions.</p> <p>The subjects who have subscribed to the Group Policy are understood to be insured for the following Benefits, Maximum Amounts and Deductibles, per person and per period of insurance, as indicated in Annex 1 to the Policy - Table of guarantees.</p>	
 What are my obligations? What obligations does the company have?	
What to do in case of a claim?	<ul style="list-style-type: none"> • Guarantees referred to in Section A - Reimbursement of First aid medical expenses <p>The Insurance is only valid in the event of intervention following the Accident, by the Emergency Service or if the Policyholder immediately goes to the Emergency Room.</p> <p>In order to request compensation, the Policyholder must send a written request with a brief description of the claim or the claim form - attached to this Policy - duly completed (Annex 4) by registered mail no later than 10 days from the occurrence of the accident, to the following address:</p> <p style="text-align: center;">AIG Europe S.A. Rappresentanza Generale per l'Italia - Piazza Vetra, 17 – 20123 - MILAN or by e-mail to the following address:</p>

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Registered office: Avenue John F. Kennedy no. 35D, L-1855 Luxembourg - Share Capital Euro 47,176,225

sinistri.multisport@igsonline.it

- **Guarantee referred to in Section B - Medical transfer/return of the Policyholder to his/her domicile, Driver available**

In order to take advantage of the assistance services, the Policyholder must necessarily contact the AIG Assistance Operating Central Unit, available 24 hours a day, at the following number

+39.039.65.54.61.08

indicating:

- a. surname and first name of the Policyholder;
- b. number of the ski pass in the event of an Accident or Injury on the Equipped Skiing Area;
- c. number of the ticket purchased in the case of amateur activities other than skiing;
- d. nature of the Collision or Accident;
- e. telephone number where the Policyholder can be reached for subsequent contacts with the Assistance Operating Central Unit.

- **Guarantees referred to in Section C – Civil Liability**

In order to request compensation, the Policyholder must send a written request with a brief description of the claim or the claim form - attached to this Policy - duly completed (Annex 4) by registered mail **no later than 10 days from the occurrence of the claim**, to the following address:

AIG Europe S.A.

Rappresentanza Generale per l'Italia - Piazza Vetra, 17 – 20123 – MILAN

or by e-mail to the following address:

sinistri.multisport@igsonline.it

In addition, the Policyholder shall:

1. promptly notify the Company of any item or circumstance that might justify a compensation claim against him/her and submit any other documents pertaining to the claim and/or insured circumstances;
2. collaborate by providing all the information that the Company needs to be able to act on behalf of the Policyholder. The Policyholder shall not negotiate, settle, settle out of court, accept or reject any compensation claim without the written authorisation of the Company.

- **Guarantees referred to in Section D – Legal Protection**

In order to request compensation, the Policyholder must send a written request with a brief description of the claim, or the claim form - attached to this Policy - duly completed (Annex 4) by registered mail with return receipt, **strictly no later than 10 days from the occurrence of the accident, to:**

IGS s.r.l.

Via Ligabue, 2 - 04100 - Latina (LT)

or via e-mail to: tutela.legale@igsonline.it

Also:

1. the Policyholder undertakes to follow the guidelines provided by the Company in the management of any compensation claim;
2. in the event that the Policyholder is summoned to pay compensation

AIG Europe S.A. Rappresentanza Generale per l'Italia (General Representative for Italy) - Piazza Vetra, 17 - 20123 Milan.

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Subsidiary office of AIG Europe S.A. - Registered in Luxembourg under number R.C.S. B 218806.
Registered office: Avenue John F. Kennedy no. 35D, L-1855 Luxembourg - Share Capital Euro 47,176,225

	<p>for any damages caused to Third parties covered by this Policy, the Policyholder has the right to choose the lawyer to whom he/she will entrust the judicial protection of his/her interests provided that the professional is:</p> <ol style="list-style-type: none"> a. licensed in accordance with applicable law; b. registered with the Court of the district of the Court where the judicial offices competent to decide the controversy are located, where possible; the Policyholder must recover all the expenses incurred by the Company and pay to the latter the recovered amounts. <ul style="list-style-type: none"> • Guarantees referred to in the remaining Sections E, F, G and H <p>In order to request compensation, the Policyholder must send a written request with a brief description of the claim or the claim form - attached to this Policy - duly completed (Annex 4) by registered mail strictly no later than 10 days from the occurrence of the accident, to the following address: AIG Europe S.A. Rappresentanza Generale per l'Italia - Piazza Vetra, 17 – 20123 - MILAN or via e-mail to: sinistri.multisport@igsonline.it</p> <p>In any event, the Policyholder must attach the documentation required under the policy provisions to the claim.</p>
<p>Limitation period</p>	<p>Pursuant to art. 2952 of the Italian Civil Code, the right to payment of premium instalments are barred by prescription one year after the individual due dates. Other rights arising from the insurance contract are barred by prescription two years after the day when the event referring to the right in question occurred. In liability insurance, the time limit commences on the day on which the third party claims compensation from the Policyholder or brings a legal action against the Policyholder.</p> <p>The communication to the Insurer of the claim submitted by the damaged third party or of the legal action brought by it interrupts the limitation period until the claim of the damaged third party has become due and collectable or is barred by prescription.</p>
	<p>Direct or outsourced assistance: the management of the Assistance Service referred to in Section B has been entrusted by the Company to International Care Company SpA, Via Paracelso, 24, 20864 Agrate Brianza (MB).</p>
	<p>Management by other companies: For the management of claims under the policy, AIG avails itself of the company IGS s.r.l. via Ligabue, 2 - 04100 - Latina (LT), e-mail: sinistri.multisport@igsonline.it .</p>
<p>Inaccurate or reticent statements</p>	<p>Inaccurate or reticent declarations on the part of the Policyholder or the Policyholder relating to circumstances which affect the assessment of risk, may lead to the total or partial loss of the right to compensation, as well as the cancellation of the insurance in accordance with art. 1892 of the Italian Civil Code, or the withdrawal of the Company in accordance with art. 1893 of the Italian Civil Code; in the case of insurance in the name or on behalf</p>

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Registered office: Avenue John F. Kennedy no. 35D, L-1855 Luxembourg - Share Capital Euro 47,176,225

	of third parties, the provision of art. 1894 of the Italian Civil Code applies.
Obligations of the company	The payment of the compensation shall be made within 30 days from the date on which the Company, having received all the information, documents or assessments necessary to verify the applicability of the guarantee, receives the signed receipt.
 When and how do I pay?	
Premium	There is no additional information to the non-life DIP.
Reimbursement	There is no additional information to the non-life DIP.
 When does coverage begin and when does it end?	
Duration	There is no additional information to the non-life DIP.
Suspension	There is no additional information to the non-life DIP.
 How can I cancel my Policy?	
Reconsideration after stipulation	In accordance with the regulations on the distance selling of insurance products, the Contracting Party may exercise the right of withdrawal within 14 days of the execution of the contract or the date of receipt of the contractual documentation, whichever is later. In this case, the Company will refund any Premium already paid, net of any statutory taxes. However, pursuant to article 67-terdecies of Legislative Decree 206/2005, if the insured requests that the insurance services under this policy commence before the expiry of the withdrawal period, the Premium shall be refunded on a pro rata basis, in proportion to the period during which the contract took effect.
Termination	There is no provision for termination of the contract by the contractor.

AIG Europe S.A. Rappresentanza Generale per l'Italia (General Representative for Italy) - Piazza Vetra, 17 - 20123 Milan.

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Who is this product aimed at?

This Policy is a Group Insurance Contract, with optional participation, through which the Contracting Party makes available to its customers, resident or domiciled in a member state of the European Union, insurance coverage to protect against some risks associated with playing certain amateur sports.



What costs shall I bear?

Brokerage costs: The average share of the premium (after tax) received by intermediaries is 14.9%. The figure is calculated on the basis of the accounting records relating to the last financial year of the insurance company whose financial statements have been approved

HOW TO FILE COMPLAINTS AND RESOLVE DISPUTES?

To the insurance company

You may file complaints directly with the company using the following addresses:

**AIG Europe S.A.
Rappresentanza Generale per l'Italia
Complaint Service
Piazza Vetra n.17 - 20123 Milan
Fax 02 36 90 222; e-mail: servizio.reclami@aig.com**

The Company shall be responsible for acknowledging the complainant and informing him/her that the complaint has been processed within 10 days of its receipt. In addition, the Company shall communicate the results of the complaint within a maximum period of 30 days from the date of receipt of the complaint.

If the complaint is submitted on behalf of a consumer (a natural person acting for non-business purposes), and if the complainant is not satisfied with the response received, or has not received a response at all, it is possible to request that the complaint be reviewed by the Executive Manager, based at the Company's Luxembourg registered office. To do so, simply write to the above contact details making a request: the complaints service will forward the complaint to the Executive Manager. Alternatively, you may write to AIG Europe SA "Service Reclamations Niveau Direction" (Complaints Service at Directorate level): 35D Avenue JF Kennedy L- 1855 Luxembourg – Grand Ducato del Lussemburgo or by email to: aigeurope.luxcomplaints@aig.com.

To IVASS

Complaints may be sent to IVASS regarding the violation of the provisions of the Insurance Code (legislative decree. 209/2005 as amended), of the relevant implementing regulations and of the regulations set out in the Consumer Code (Legislative Decree. 206/2005 as amended) relating to the

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Registered office: Avenue John F. Kennedy no. 35D, L-1855 Luxembourg - Share Capital Euro 47,176,225

	<p>marketing of financial services.</p> <p>Complaints already made to the Company may also be forwarded to IVASS in the event of an unsatisfactory outcome or late response. In this regard, complaints concerning the contractual relationship, in particular from the point of view of the attribution of responsibility, the effectiveness of the service, the quantification and payment of the amounts due to the beneficiary or the management of claims must be formulated in the first instance to the Insurer so that they can be submitted to IVASS.</p> <p>Moreover, if the complainant is domiciled in Italy, it is in any case possible to address complaints to IVASS by requesting the opening of the FIN-NET procedure for cross-border disputes. IVASS shall refer the matter to the authority that has joined the FIN-NET system of the Member State where the Company has its registered office (Luxembourg), if any.</p> <p>Below is the contact information for IVASS:</p> <p>Insurance Supervisory Body (IVASS)</p> <p>Via del Quirinale, 21 00187 Rome</p> <p>fax 06.42133206, pec (certified e-mail): ivass@pec.ivass.it . About: www.ivass.it</p> <p>Complaints can be submitted to IVASS using the form available on the website of the Supervisory Body in the Complaints section, which can also be accessed via the link on the website https://www.ivass.it/consumers/complaints/index.html .</p> <p>The new complaint must contain:</p> <p>a) name, surname and domicile of the complainant, with a possible telephone number; b) identification of the person or persons whose actions are complained about; c) brief description of the reason for the complaint; d) a copy of the complaint submitted to the Insurer by the insurance intermediary or the insurance intermediary on the attached list and any acknowledgement of the same; e) any document that may be useful to describe the circumstances more fully.</p> <p>In the absence of the aforementioned information, IVASS may request additional information from the complainant.</p>
<p>To the Commissariat Aux Assurances (CAA)</p>	<p>If the complaint is made in the interest of a consumer (natural person acting for non-business purposes), the complaint may be addressed to the <i>Commissariat aux Assurances (CAA)</i>, the competent authority of the Grand Duchy of Luxembourg where AIG Europe S.A. has its registered office. An out-of-court dispute resolution procedure shall be opened at the latter authority. The CAA may disregard a complaint if it is currently, or has been previously, the subject of litigation or arbitration. The procedure can be activated only after a complaint has been addressed to the Company and</p>

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Registered office: Avenue John F. Kennedy no. 35D, L-1855 Luxembourg - Share Capital Euro 47,176,225

	<p>no later than one year after that time if the response is deemed unsatisfactory or has remained unanswered.</p> <p>The CAA's references are as follows: The Commissariat aux Assurances 11, rue Robert Stumper, L-2557 Luxembourg, Grand-Duché de Luxembourg, Tel: (+352) 22 69 11 - 1, caa@caa.lu See the guidelines on the following website page: http://www.caa.lu/fr/consommateurs/resolution-extrajudiciaire-des-litiges . All requests to the CAA must be made in Luxembourgish, German, French or English.</p>
<p>BEFORE REFERRING TO THE JUDICIAL AUTHORITY it is possible, and in some cases necessary, to make use of alternative dispute resolution systems, such as</p>	
Arbitration	<p>All disputes relating to this insurance contract, including, by way of example, those concerning its validity, interpretation, performance and termination, shall be settled by means of regular or informal arbitration if this is provided for in the conditions of insurance or if, following the occurrence of the dispute, the parties sign an arbitration agreement.</p>
Mediation	<p>By contacting a Mediation Body among those listed by the Ministry of Justice and available on the website www.giustizia.it (Law 9/8/2013, n. 98). Pursuant to art. 5, paragraph 1 and paragraph 1-bis, Legislative Decree 28/2010 on the subject of insurance contracts, mediation is a condition for proceeding with the judicial request.</p> <p>If the complaint is made in the interest of a consumer (natural person acting for purposes other than professional ones), in the event of dissatisfaction with the outcome of the complaint made by the company, you may also contact the Luxembourg bodies whose references are available on the AIG Europe S.A. website http://www.aig.lu/ . All inquiries sent to the mediation bodies must be made in Luxembourgish, German, French or English.</p>
Assisted Negotiation	<p>By request from your attorney to the Company. This procedure is a procedural condition for legal proceedings in disputes relating to compensation for damage caused by the circulation of vehicles and boats</p>
Other dispute resolution systems	<p>For the resolution of cross-border disputes, it is possible to submit the complaint directly to the competent foreign system, i.e. that of the country in which the insurance company that stipulated the contract has its head office (which can be found by accessing the website http://ec.europa.eu/finance/fin-net/members_en.htm), or to IVASS, requesting activation of the FIN-NET procedure. IVASS shall forward the complaint to this system, notifying the complainant.</p> <p>Only for contracts stipulated online, the European Online Dispute Resolution platform (the ODR Platform), to attempt a possible out-of-court resolution of</p>

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any disputes. The ODR Platform is managed by the European Commission, pursuant to Directive 2013/11/EU and EU Regulation No. 524/2013, in order to enable the independent, impartial and transparent out-of-court resolution of disputes related to contractual obligations arising from contracts of sale or services executed online between a consumer residing in the European Union and a professional operating in the European Union, through the intervention of an ADR (Alternative Dispute Resolution) body. For more information on the European ODR Platform and to initiate an alternative dispute resolution procedure related to the Contract, you can access the following link: <http://ec.europa.eu/odr>. The e-mail address of AIG Europe S.A. that the consumer may indicate in the ODR Platform is servizio.reclami@aig.com.

FOR THIS CONTRACT, THE COMPANY DOES NOT HAVE A WEB AREA RESERVED FOR THE CONTRACTING PARTY (HOME INSURANCE), THEREFORE, AFTER SIGNING YOU WILL NOT BE ABLE TO CONSULT THIS AREA, NOR USE IT TO MANAGE THE CONTRACT ELECTRONICALLY

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Registered office: Avenue John F. Kennedy no. 35D, L-1855 Luxembourg - Share Capital Euro 47,176,225

GENERAL INSURANCE CONDITIONS

CONTENTS

Glossary Page 3

General Provisions Page 5

- Art. 1 Declarations related to the circumstances of the risk Page 5
- Art. 2 Other Insurances Page 5
- Art. 3 Aggravation of risk Page 5
- Art. 4 Decrease in risk Page 5
- Art. 5 Place of jurisdiction Page 5
- Art. 6 Form of communications Page 6
- Art. 7 Payment and means of payment of the Premium Page 6
- Art. 8 Fiscal charges Page 6
- Art. 9 Law applicable to the contract Page 6
- Art. 10 Proof of contract and reference to legal regulations Page 6
- Art. 11 Limitation period Page 6
- Art. 12 Currency of payment Page 6
- Art. 13 Right of withdrawal Page 6
- Art. 14 Insurance on behalf of others Page 6

Effectiveness of the Insurance Page 6

- Art. 15 Object of the Insurance Page 6
- Art. 16 Commencement, duration and termination of guarantees Page 7
- Art. 17 Insurable and insured persons Page 7
- Art. 18 Territorial validity Page 7
- Art. 19 Benefits Page 7
- Art. 20 Conditions related to the state of health applicable to all Policy sections Page 7
- Art. 21 Deductibles Page 7
- Art. 22 Subrogation Page 7

Guarantees provided by the Insurance Page 7

- Art. 23 Slope Rescue Service Page 7
- Art. 24 Application of the guarantees Page 8
- Art. 25 Object of the cover Page 8
- SECTION A - EMERGENCY EXPENSES, FIRST AID MEDICAL EXPENSES Page 8**
- Art. 26 Nature of the services and guarantees of Section A Page 8
- Art. 26.1 Costs of rescue operations on the slopes by means of a toboggan Page 9
- Art. 26.2 General rescue expenses Page 9
- Art. 26.3 First aid medical expenses Page 9

SECTION B – MEDICAL TRANSFER/RETURN OF THE POLICYHOLDER TO HIS/HER DOMICILE, 24H ASSISTANCE DRIVER AVAILABLE FOR THE RETURN TO DOMICILE Page 9

- Art. 27 – Nature of the services and guarantees of Section B Page 10
- Art. 27.1 Medical transfer/return of the Insured to his/her domicile (a guarantee applicable only to policies with a duration of at least 3 consecutive days – Package 2) Page 10
- Art. 27.2 Driver available for the return policyholder to his/her domicile page 10

SECTION C – CIVIL LIABILITY Page 10

- Art. 28 - Object of the guarantee Page 10



SECTION D – LEGAL PROTECTION Page 11

Art. 29 - Object of the guarantee Page 11

Art. 30 - Choice of legal counsel Page 11

Art. 31 – Disagreement on the management of the claim Page 12

SECTION E - REIMBURSEMENT OF UNUSED PASSES DUE TO ACCIDENT (Section applicable only to policies with a duration of at least 3 consecutive days - Package 2) Page 12

Art. 32 - Object of the guarantee Page 12

SECTION F – REIMBURSEMENT OF UNUSED SPORTS EQUIPMENT RENTAL DUE TO ACCIDENT (Section applicable only for policies with a duration of at least 3 consecutive days - Package 2) Page 12

Art. 33 - Object of the guarantee Page 12

SECTION G - REIMBURSEMENT OF UNUSED SPORTS LESSONS DUE TO ACCIDENT (Section applicable only to policies with a duration of at least 3 consecutive days - Package 2) Page 13

Art. 34 - Object of the guarantee Page 13

SECTION H – REIMBURSEMENT OF PASSES NOT USED DUE TO ADVERSE WEATHER CONDITIONS (This section applies only

to policies with a duration of at least 3 consecutive days - Package 2) Page 13

Art. 35 - Object of the guarantee Page 13

Limitations and exclusions Page 13

Art. 36 - Sanctions Page 13

Art. 37 – Exclusions applied to all guarantees Page 13

Art. 38 – Exclusions applied to the guarantees in Section A -
Rescue and First Aid Medical Expenses Page 15

Art. 39 – Exclusions applied to the guarantees in Section B
Medical transfer/return, 24-hour assistance, driver available for return home Page 15

Art. 40 – Exclusions applied to the guarantees in Section C – Civil Liability Page 15

Art. 41 - Exclusions applied to the guarantees in Section D – Legal protection Page 16

Provisions governing claims Page 16

Art. 42 – Obligations in the event of a claim Page 16

Art. 42.1 – Guarantees referred to in Section A -
Reimbursement of First aid medical expenses Page 16

Art. 42.2 - Guarantees referred to in Section B
Medical transfer/return, 24-hour assistance, driver available for return home Page 17

Art. 42.3 – Guarantees referred to in Section C - Civil Liability Page 17

Art. 42.4 - Guarantees referred to in Section D – Legal Protection Page 17

Art. 42.5 Guarantees referred to in Sections E, F, G and H Page 18

Art. 43 – Documents necessary for reporting the claim Page 18

Art. 44 - General conditions applied to claims Page 19

Annex 1 – Table of guarantees Page 20

Annex 2 - Classification of trails Page 23

Annex 3- Regulatory appendix Page 25

Annex 4 - Claim Report Form Page 28



GLOSSARY

Free waters

Seas, lakes and rivers in relation to which there is no ban on bathing or navigation.

Insurance Subscriber

The person who individually subscribes to this Group Policy to insure himself and/or others.

AIG MULTISPORT

The name of this insurance product.

Open

Public or private area where access by the Policyholder is not prohibited.

Approved ski area

The snow-covered surface, even artificially, open to the public, including slopes, ski-lifts and snowmaking equipment, usually reserved for the practice of snow sports. The area, including signage, is identified by the regions and autonomous provinces, after consultation with the operators. During the summer season, the 'skiable area' is defined here as the same area, even if not covered with snow.

Policyholder

The subject with residence and/or domicile in a member state of the European Union whose interest is protected by the Insurance.

Insurance or Policy

This insurance contract

Sports practice field

Area equipped in accordance with regulations for the practice of a given, specific sport to which access is subject to the acquisition of an entry ticket or reservation.

Assistance Operating Central Unit

The facility whose responsibility it is to provide immediate assistance on behalf of the Company in cases covered by the Policy. The Service is available 24 hours a day 365 days a year.

Company

AIG Europe S.A. - Rappresentanza Generale per l'Italia
Piazza Vetra, 17- 20123 Milan (Italy)
Website <http://www.aig.co.it>

Contracting Party

Consorzio Skipass Paganella which has issued this Group Insurance Policy for individual subscription.

Decree

Legislative Decree No. 40 of February 28, 2021, implementing Article 9 of Law No. 86 of August 8, 2019, concerning safety measures in winter sports.

Domicile

Place where the individual has established the principal place of business and interests.

Family members



Husband, wife, parent, father-in-law/mother-in-law, brothers, sisters, sons, daughters, partners, grandparents, grandchildren, sons-in-law, daughters-in-law, brothers-in-law, sisters-in-law, stepmother, stepfather, stepchildren, stepdaughters, stepbrothers, stepsisters, cohabitants, provided that they are properly certified, of the Policyholder.

Deductible

The amount of compensation relating to an Indemnifiable Claim that remains the responsibility of the Contracting Party/Policyholder and is therefore not indemnified by the Company.

War

War, declared or undeclared, or warlike activities, including the use of military force by any sovereign state for economic, geographic, nationalistic, political, racial, religious, or other purposes.

Collision

The accidental collision between the Policyholder and a third party occurring during the exercise of the activity which is the object of the Insurance and which has caused an Injury to the Policyholder and/or objectively ascertainable material damage to the Policyholder for which it has been necessary to call the Slope Rescue Service at the place where the Accident occurred.

Accident

The event that occurs to the Policyholder during the activity that is the object of the Insurance, due to a fortuitous, violent and external cause that produces objectively ascertainable bodily injuries and that has required the **intervention, in the place of occurrence of the Accident, of the Slope Rescue Service and the emergency transport to a medical facility.**

Personal Injury

Any physical injury sustained by a person.

Maximum amount

The amount up to which the Company provides coverage, per person, no matter the number of claims and persons affected.

Gymnasium

A facility equipped for the practice of specific disciplines and complying with current safety regulations, to **which access is subject to the acquisition of an entry ticket or booking.**

Swimming pool

A facility equipped for swimming that complies with current safety regulations and **can be accessed after obtaining an entry ticket or reservation.**

Premium

The amount due by the Contracting Party to the Company for coverage of risks under this Policy.

Residency

The place where the individual has his or her usual residence as shown on the registry certificate.

Hospitalisation

Medical treatment received at an in-patient facility **where a minimum stay of 24 consecutive hours is required.** In-patient facility means a hospital or clinic licensed to perform acts and administer treatment on sick or injured persons, possessing the necessary local administrative permits to perform such practices and staffed with qualified personnel.

Rescue Service

The civilian or military rescue organisation or the specialised public or private organisation duly authorised to provide the rescue service to the Policyholder at the place of occurrence of the Accident.



Information Set

The following documents: DIP [Pre-contractual Information Document], additional DIP, Policy subscription form, general conditions including glossary, as well as privacy notice.

Claim

The occurrence of the harmful event for which the guarantee is granted under this Insurance Policy. Claims arising from the same event constitute one and the same claim.

Third-parties

Any natural or legal person, with the **exclusion of the Policyholder, his/her family members, spouse, ascendants, descendants, relatives-in-law as well as any other person living with him/her, his/her representatives, whether or not they are employed by the Policyholder, in the exercise of their functions.**

GENERAL PROVISIONS

INTRODUCTION

This Policy is an Group Insurance Contract with optional subscription through which the Contracting Party provides insurance coverage to its customers, according to the terms and conditions set forth in these Conditions of Insurance.

Art. 1 - Declarations relating to the circumstances of the risk

Inaccurate or reticent declarations on the part of the Contracting Party and the Policyholder related to circumstances which affect the assessment of the risk, may lead to the total or partial loss of the right to indemnity, as well as the cancellation of the insurance in accordance with articles 1892, 1893 and 1894 of the Italian Civil Code.

Art. 2 – Other insurances

In the event of a claim, the Policyholder and/or Contracting Party must notify the Company in writing of the existence and subsequent stipulation of other insurances for the same risk and in the event of a claim, must notify all the Insurers and indicating to each the name of the others, as set forth in article 1910 of the Italian Civil Code. In the event of a claim, the Company shall be required to pay only that portion of the loss in excess of another Policy.

Art. 3 - Aggravation of risk

The Contracting Party/Policyholder must notify the Company in writing of any increase in risk. Aggravations of risk not known or accepted by the Company may entail the total or partial loss of the right to indemnity as well as the termination of the Insurance, pursuant to art. 1898 of the Italian Civil Code.

Art. 4 – Decrease in risk

In the event of a decrease in risk, the Company is required to reduce the Premium or the subsequent Premium instalments upon communication by the Contracting Party/Policyholder (art. 1897 of Italian Civil Code) and to renounce the relative right of withdrawal.

Art. 5 – Place of Jurisdiction

For any dispute related to this contract, the Judicial Authority of the place of residence of the Policyholder/Contracting Party is competent.

Art. 6 - Form of communications



All communication which the Policyholder must provide shall be valid only if made in writing to the Company or the Broker to whom the Policy is assigned. Any change made to the Insurance is not valid unless it results from a Deed of Change signed by the Parties.

Art. 7 – Payment and means of payment of the Premium

Each Insurance Subscriber may purchase the Insurance Policy at the ski resort of the Contracting Party together with the ski pass by paying the Premium at the ticket office. The Premium is a single premium and shall be paid in advance for the entire Insurance Term.

Art. 8 – Fiscal charges

Taxes related to the Insurance are the responsibility of the Insurance Subscriber.

Art. 9 – Law applicable to the contract

This contract is governed by the law of the Italian Republic.

Art. 10 – Proof of contract and reference to legal regulations

The contractual relationships are determined exclusively by these General Policy Conditions and its Appendices and Annexes. For all that is not governed by the contract, the provisions of the law in force apply.

Art. 11 – Limitation period

Any right against the Company is prescribed within two years from the date of the claim that gave rise to the right to the service and/or guarantee in accordance with the provisions of art. 2952 of the Italian Civil Code.

Art. 12 - Currency of Payment

Indemnities and refunds are paid in Italy and in Euro.

In the case of expenses incurred in countries that do not belong to the European Union or that belong to the European Union but have not adopted the Euro as currency, the reimbursement shall be calculated at the exchange rate recorded by the European Central Bank on the day when the Policyholder has incurred the expenses.

Art. 13 - Right of withdrawal

In accordance with the regulations on the distance selling of insurance products, in the assumption of the distance sale, the Policyholder may exercise the right of withdrawal within 14 days of the execution of the contract or the date of receipt of the contractual documentation, whichever is later.

In this case, the Company will refund any Premium already paid, net of any statutory taxes. However, pursuant to article 67-terdecies of Legislative Decree 206/2005, if the insured requests that the insurance services under this policy commence before the expiry of the withdrawal period, the Premium shall be refunded on a pro rata basis, in proportion to the period during which the contract took effect.

Art. 14 Insurance on behalf of others

If this Insurance is stipulated on behalf of others, the obligations arising from the Policy must be fulfilled by the Contracting Party, except for those which by their nature can only be fulfilled by the Policyholder, as provided for in art. 1891 of the Italian Civil Code.

EFFECTIVENESS OF THE INSURANCE

Art. 15 - Object of the insurance

This contract constitutes insurance to cover Accidents and Injuries related to the performance, in the places and facilities indicated in this Policy, of the amateur sports activities included in the cover.

The insurance coverages are provided up to the Maximum Insured Amounts, and with the reimbursement limits indicated therein for each individual service.



The insurance is valid only and exclusively in the event of a request for intervention, at the place where the accident occurred, by the Rescue Service or in the event that the Policyholder immediately goes to the Emergency Room on the same day on which the event occurred

Art. 16 - Commencement, duration and termination of the guarantees

The Insurance is of temporary duration and takes effect from the date and time of the day indicated in the Policy. The guarantees are effective on condition that the Premium has been paid prior to the start date of the Policy. It is understood that the Policy must be purchased prior to commencing the sporting activity. The Insurance shall cease at midnight on the expiry date set forth in the Policy without tacit renewal.

Art. 17 - Insurable and insured persons

This insurance is provided in favour of the Policyholder identified by the Insurance Subscriber at the time of subscription the Group Policy, having Residence and/or Domicile in a Member State of the European Union, in relation to each of which the relative insurance premium has been calculated and paid.

Art. 18 – Territorial validity

The Insurance is valid within the **limits and conditions set out in the Policy**:

- (i) as for amateur activities in the snow, on all ski slopes in Italy and Europe that can be accessed with the ski pass in use at the time of the Accident;
- (ii) as to amateur activities other than those carried out on snow, in Italy and in Europe.

Art. 19 - Benefits

The insured services, with the relative reimbursement limits, limitations and exclusions, are defined in the following section "Guarantees provided by the Insurance".

Art. 20 - Conditions related to the state of health applicable to all the Policy sections

The Policy contains some contractual clauses that make the insurance coverage (or exclusion of insurance coverage) dependent on the health status of the Policyholder. **Specifically, it is established and agreed that coverage is never provided for medical problems that the Policyholder had prior to the effective date of the Policy.**

Art. 21 - Deductibles

The individual sections of the Policy may provide for the settlement of the claim, subject to the application of the set out deductibles to be charged to the Policyholder, the amount of which shall be determined according to the provisions of the respective sections.

Art. 22 - Subrogation

Where compensation has been paid, the Company shall be subrogated, up to the limit of such compensation, to the rights and actions of the Policyholder against any party responsible for the damage. These provisions do not apply, except in the case of fraud, with regard to subrogation actions against children, descendants, ascendants, or subjects who habitually live with the Policyholder, as cohabitants or employees (domestic helpers, drivers and similar).

GUARANTEES PROVIDED BY THE INSURANCE

The Insurance Subscriber may purchase one of the two packages provided in Annex 1 - Tables of Guarantees.

The guarantees in the package selected based on the Policy term are all automatically included in the coverage and cannot be purchased individually.

Art. 23 – Rescue Service



The skiing insurance applies only and exclusively in the event of a request for intervention, at the place where the accident occurred, by the Slope Rescue Service; the Policyholder must inform the Slope Rescue Service that he/she is covered by the Insurance, showing that he/she is in possession of a regular ski pass and proof of purchase of the insurance, proving that he/she has the right to use the Equipped Skiing Areas where he/she is, as well as all the documents that will be requested in order to carry out the necessary verifications. The Slope Rescue Service shall verify, at the time of the intervention, if the person involved in the Collision and/or Accident is in possession of the Insurance, the name of the Policyholder and his/her identity

The Insurance for sporting activities other than skiing is valid only and exclusively in the event of a request for intervention, at the place where the Accident occurred, by the Rescue Service or in the event that the Policyholder goes immediately to the Emergency Room on the same day on which the event occurred. The Insurance is only valid if it was purchased prior to the daily commencement of the activity covered by the Insurance.

Art. 24 – Application of the guarantees

The insured items, with the relative reimbursement limits, limitations and exclusions, are defined in Annex 1 - Table of Guarantees. The skiing insurance under this Policy is not applicable to Accidents occurring in violation of the rules of conduct for the users in the Equipped Skiing Areas as per articles 17 (obligation to use protective helmets) and 31 (prohibition of skiing while intoxicated as a result of the use of alcoholic beverages and toxic substances) of the Decree.

All coverages under this Policy are provided on a **second-risk basis with respect to what is covered by other insurance policies in force and taken out by the Policyholder or Contracting Party. Therefore, the indemnities are settled net of any other indemnities due from other policies in force and/or social and/or compulsory insurance.**

In addition, unless otherwise stated, maximum amounts, deductibles and non-covered fees are applied per claim/event.

Art. 25 Object of the cover

Based on the duration of the Insurance and the contents of Annex 1 - Tables of Guarantees, the Policyholder shall have access to the benefits referred to in Sections A, B, C, D, E, F, G, H of the Policy in the event of Accidents and Injuries related to the performance:

- a) in an **Equipped Skiing Area**, of the following **amateur activities** on the snow: skiing, in its various forms, snowboarding, cross-country skiing, sledging and tobogganing.
- b) of the following **amateur activities** in **sports grounds**: football, basketball, volleyball, tennis, paddle, bocce, badminton, golf, horse riding
- c) in **swimming pools**, of the following **amateur activities**: swimming, diving.
- d) in **open waters**, of the following **amateur activities**: swimming up to 200 metres from beaches and 100 metres from reefs **provided there is no bathing prohibition**, SUP (Stand-Up Paddle), windsurfing, canoeing, kayaking and similar, **sailing in non-cabinised sailboats with the exclusion of crossings**
- e) in **gyms**, of the following **amateur activities**: yoga, Pilates, free-body exercises, fitness and gymnastics in general
- f) **outdoors**, of the following **amateur activities**: horseback riding **provided that it is not solo**, hiking on all types of qualified trails with the exception of the Less Difficult (EEA-PD) and Difficult (EEA-D) via ferratas as per Annex 2, climbing up **to grade II on the UIAA scale provided that it is not solo**, cycling on roads, cycle paths, bike parks and on tourist trails (T) as per Annex 2, running within a **radius of 10 km from the holiday resort.**

The Policyholder shall have access to the guarantees and benefits up to the relevant Maximum Amounts and with the reimbursement limits indicated therein for each individual service exclusively under the conditions of the following sections.

SECTION A - RESCUE COSTS, FIRST AID MEDICAL EXPENSES

Art. 26 - Nature of the services and guarantees of Section A

The following guarantees are limited to the reimbursement of expenses actually incurred by the Policyholder. If the Policyholder is entitled to reimbursement from one or more reimbursement or expense-taking organisations, the Company will be required to



reimburse only the difference between the actual expenses incurred and the guaranteed expenses, which will remain with the Policyholder after reimbursement.

Art. 26.1 - Costs of rescue operations on the slopes by means of a toboggan

When, following a Collision and/or Accident of the Policyholder on the ski slopes, a rescue operation has been carried out on the slopes by means of a toboggan, the Company shall bear, **up to the maximum amount indicated in Annex 1 - Table of guarantees, the ordinary costs of rescue by means of a toboggan on the slopes if this has been organised and carried out by a Slope Rescue Service. The guarantee is limited to the slopes where the ski pass in the possession of the Policyholder is valid for the day or days for which he/she purchased the Policy.**

Art. 26.2 General rescue expenses

When, following a Collision and/or Accident of the Policyholder, a rescue operation has been carried out, the Company shall bear, **up to the maximum amount indicated in Annex 1 - Table of guarantees, the ordinary costs of rescue if this has been organised and carried out by a Slope Rescue Service. In the event that injuries such as fractures or dislocations are not diagnosed as a result of the Accident being rescued, a limit of 200 Euro will be applied to the reimbursement of rescue costs. This cover cannot be cumulated with the preceding 26.1 Rescue costs on toboggan runs.**

Art. 26.3 - First aid medical expenses

Following a Collision and/or Accident of the Policyholder the Company shall bear, **up to the maximum amount indicated in Annex 1 - Table of guarantees, the medical expenses of first aid incurred by the Policyholder immediately after the accident. The Insurance is valid exclusively in the event of intervention following the Accident, by the Rescue Service or if the Policyholder immediately goes to the Emergency Room on the same day on which the event occurs and a report is drawn up by an emergency room that certifies, on the basis of the Policyholder's declaration, that the Accident occurred during the period of insurance cover and within the area for which the Insurance operates.**

In the case of skiing, the guarantee is limited to the slopes where the ski pass in the possession of the Policyholder is valid for the day or days for which he/she purchased the Policy.

In all other cases, limited to Accidents occurring in the circumstances described in Art. 25 and subject to all exclusions and limitations set forth in the Policy.

SECTION B - MEDICAL RE-ENTRY, 24-HOUR ASSISTANCE, DRIVER AVAILABLE FOR RETURN HOME

The management of the Assistance service referred to in this Section has been entrusted by the Company to

**International Care Company S.p.A.
Via Paracelso, 24, 20864 Agrate Brianza (MB).**

The Company, maintaining the scope and limits of the Assistance services unchanged, has the right to entrust the Assistance service to another authorised company; in this case, the Contracting Party must be notified of the new Assistance company without this constituting grounds for termination of the contract.

The Assistance services shall follow the course of this Policy of which they form an integral part; said services are therefore ineffective in the event of suspension, cancellation or in any case loss of effectiveness of the Policy itself. The Assistance services may be requested directly by the Policyholder/Contracting Party or by a member of his/her household.

In all the cases foreseen by the guarantees specified below, only the medical authorities of the Assistance Operating Central Unit are authorised to decide on the eventual transfer back home, the choice of means of transport and the place of Hospitalisation and, if necessary, they may contact the attending physician who has intervened on site and/or the general practitioner of the Policyholder. Reservations are made by the Assistance Operating Central Unit, which has the right to request any unused transfer tickets from the Policyholder.



Any type of expenses incurred by the Policyholder in relation to the guarantees provided pursuant to this section of the Policy shall be paid directly by the Assistance Operating Central Unit **only if approved and coordinated by the Unit itself**, except for expenses incurred for reasons of urgency when the Policyholder was unable to contact the Assistance Operating Central Unit in a timely manner, even through third parties. **In this case, the onus will be on the Policyholder to prove the urgency of the expenses incurred and the impossibility of contacting the Assistance Operating Central Unit, and the medical expenses incurred will be reimbursed.**

The Assistance Operating Central Unit will not be responsible for delays or impediments in the provision of services under the guarantees described in this section B in case of strike, riot, popular unrest, reprisals, restrictions on free movement, any act of sabotage or terrorism, civil or foreign war, emission of heat or irradiation from the disintegration of the nucleus of the atom, radioactivity or other fortuitous causes or force majeure.

Art. 27 – Nature of the services and guarantees of Section B

In order to take advantage of the following assistance services, the Policyholder is required to contact the Assistance Operating Central Unit

Art. 27.1 - Medical transfer/return of the Policyholder to his/her own domicile (this guarantee applies only to policies with a duration of at least 3 consecutive days - Package 2)

Following a collision and/or accident of the Policyholder **for which the Policyholder has benefited from the "First aid medical expenses"** guarantee when the Policyholder is declared, in the opinion of the attending physicians on site endorsed by the doctors of the Assistance Operating Central Unit, fit to travel, the Assistance Operating Central Unit shall provide for the return of the Policyholder to his/her own domicile or to a hospital facility in the place of residence. **The date and method of the Policyholder return to his/her domicile, as well as the most suitable means of transport are decided and selected by the Assistance Operating Central Unit on the basis of the above-mentioned conditions.** The return may be by first class train, ambulance, airliner or private medical plane.

Art. 27.2 – Driver available for return to domicile

Following a Collision and/or Accident of the Policyholder **and for which the Policyholder has benefited from the "First aid medical expenses" guarantee**, if the Policyholder had previously reached the ski slopes or the location where he/she practised the sporting activity described in Art. 25 with his/her own vehicle, is not in a condition to drive, and none of the possible passengers travelling with him/her is able to replace him/her at the wheel for objective reasons, the Assistance Operating Central Unit - after having been previously contacted and having ascertained through the contact with the attending physicians on site the impossibility of the Policyholder to drive the vehicle - provides a driver to bring the vehicle and possibly the passengers who were travelling with the Policyholder to the residence of the Policyholder according to the shortest route, taking charge of the organisation and the cost of the driver and of his return ticket after the intervention. **All other costs related to the return (fuel, tolls, insurance, etc.) are entirely and exclusively borne by the Policyholder.**

SECTION C – CIVIL LIABILITY

Art. 28 - Object of the guarantee

The Company undertakes to indemnify the Policyholder, up **to the amount specified in Annex 1 - Table of guarantees, with the related limits of reimbursement, deductibles, non-covered fees and exclusions**, of what the Policyholder is required to pay, as civilly liable pursuant to the law, by way of compensation (capital, interest and expenses) for damage involuntarily caused to Third parties, to be understood as:

- c. personal Injury to Third Parties;
- d. damage to or loss of property belonging to Third Parties, only as a result of personal injury to Third Parties

as a **consequence of a collision between the Policyholder and the Third Party in the Equipped Skiing Area where the ski pass in the possession of the Policyholder permits access, or while practising the other sporting activities described in Art. 25, provided that**



- (iii) a report is drawn up immediately after the event by the slope rescue service describing the dynamics and significant data of the Incident or
- (iv) in activities other than skiing, a report is drawn up with the dynamics and significant data of the Accident by a First Aid Station under the terms indicated in Art. 26.3 above.

Pursuant to and in accordance with art. 1917 of the Italian Civil Code, the Company shall bear the expenses incurred in resisting the action brought by the injured Third Party within the limits of a quarter of the insured amount, or, where an amount greater than the insured capital is due to the injured party, in proportion to the respective interests of the Company and the Policyholder. It is understood that, if the Policyholder is a minor of 18 years of age, in addition to his/her personal liability, the liability of the parent/guardian/preceptor or any other person assigned to the supervision and care of the minor is also covered in the cases provided for by law and under the conditions of the Policy. If, on the other hand, the Policyholder is an adult, coverage under this policy does not extend to any liability the adult has for the act committed by the minor for which he or she is liable in any capacity.

SECTION D – LEGAL PROTECTION

For the management of Claims under this cover, the Company avails itself of the services of the following company

IGS s.r.l.
Via Ligabue, 2 - 04100 - Latina (LT)
e-mail: tutela.legale@igsonline.it

Art. 29 - Object of the guarantee

Following an accident or collision between the Policyholder and other persons who are practising an activity defined by the preceding art. 25 for which a rescue operation has been carried out on the slopes and a **report has been drawn up by a provincial first-aid centre in the terms indicated in the preceding art. 26.3**, the Company shall bear, within the **amount indicated in Annex 1 - Table of guarantees**, the legal expenses and court costs necessary to resolve judicial or out-of-court disputes in which the Policyholder is involved, **on condition that the Company, the intermediary or the Contracting Party of the Insurance is not the counterparty.**

The Company shall bear, **within the limits of the total maximum amount indicated in Annex 1, Table of Guarantees**, the burden of judicial and out-of-court expenses in civil and criminal proceedings as indicated below:

1. expenses for the intervention of an attorney
2. expert fees
3. the costs of court proceedings in the trial;
4. any expenses of the opposing lawyer, in the event of a settlement authorised by the Company, or those of the losing party in the event of conviction of the Policyholder.

If, in disagreement with the Policyholder, the Company believes that legal action is not likely to succeed or that the costs associated with it would exceed any amount recoverable upon a judge ruling, the parties may refer the decision as to whether to bring the legal action to an arbitrator.

Art. 30 - Choice of legal counsel

The Policyholder, only for the judicial phase and in any case when it is necessary to defend himself/herself in a criminal trial, has the right to freely choose the lawyer to whom he/she will entrust the protection of his/her interests, provided that he/she is registered:

- a) in the court where the Judicial Office with jurisdiction over the dispute is located;
- b) in the court of the place of residence of the Policyholder.

If option b) is chosen, if the appointed lawyer has to be domiciled, IGS s.r.l. shall provide the latter with the name of the domiciliary lawyer and will cover all domicile expenses, in accordance with the provisions of art. 29 above.

During the judicial phase, the Policyholder shall inform IGS s.r.l. of the name of the chosen lawyer.



If the Policyholder does not provide any indication, IGS s.r.l. may appoint a lawyer directly.

In any case, the Policyholder must give a regular mandate for the management of the dispute to the lawyer thus identified, as well as inform him/her completely and truthfully about all the facts, provide evidence, provide any possible information and obtain the necessary documents to allow the Company and/or IGS s.r.l. to defend his/her rights and interests.

However, the Policyholder has the right to freely choose his/her own lawyer in the event of a conflict of interest with the Company or IGS s.r.l..

The Company is not responsible for the actions of the Attorneys.

Art. 31 – Disagreement on the management of the claim

In the event of a difference of opinion between the Policyholder and I.G.S. s.r.l. on the possibility of a positive outcome, or in any case an outcome more favourable to the Policyholder, of a Judgement or an appeal to the Superior Judge, the question, 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 such agreement is reached, the arbitrator shall be designated by the President of the Court of the competent jurisdiction, pursuant to law.

The arbitrator shall decide on a fair basis and the costs of arbitration shall be borne by the losing party. Should the decision of the arbitrator be unfavourable to the Policyholder, he/she may proceed, on his/her own account and risk, with the right to obtain from I.G.S. reimbursement of the expenses incurred and not paid by the counterpart, in the event that the result thus obtained is more favourable than that previously envisaged or acquired from I.G.S., in fact and in law.

SECTION E - REIMBURSEMENT OF UNUSED PASSES DUE TO ACCIDENT (Section applicable only to policies with a duration of at least 3 consecutive days - Package 2)

Art. 32 - Object of the guarantee

Following an Accident and/or Injury of the Policyholder and a **report** has been drawn up by a **First Aid Station within the terms indicated in Art. 26.3 above**, and for which the Policyholder has benefited from the "First Aid Medical Expenses" guarantee, AIG shall reimburse the part of the cost of the ski pass not used in the case of skiing or the part of the cost of the entrance ticket to the facility where the Accident/Injury occurred, such as gyms, swimming pools, bike parks, sports practice fields not used.

The cover applies on condition that the Accident of the Policyholder is such that it does not allow him/her to resume the performance of the activity which is the object of the insurance, and such impossibility must be certified by a doctor and documented by an instrumental investigation verifiable by a doctor appointed by the Company. The Policyholder shall have the right to reimbursement of the skipass not used or other entry ticket, following a Collision and/or Accident, only in the case that the skipass or the entry ticket has not been used for the entire period for which the reimbursement was requested

SECTION F – REIMBURSEMENT OF UNUSED SPORTS EQUIPMENT RENTAL DUE TO ACCIDENT (Section applicable only to policies with a duration of at least 3 or more consecutive days – Package 2)

Art. 33 - Object of the guarantee

Following an Accident and/or Injury to the Policyholder for which the Policyholder has benefited from the "First Aid Medical Expenses" guarantee, the Company shall reimburse - within the limits and with the deduction of the uncovered sum indicated in **Appendix 1 - Table of Guarantees** - the portion of any rental costs of sports equipment not used for the practice of the sport insured by this Policy during the period of validity of the Policy.

The cover applies on condition that the Accident of the Policyholder is such that it does not allow him/her to resume the performance of the activity which is the object of the insurance, and such impossibility must be certified by a doctor and documented by an instrumental investigation verifiable by a doctor appointed by the Company.



SECTION G - REIMBURSEMENT OF UNUSED SPORTS LESSONS DUE TO ACCIDENT (Section applicable only to policies with a duration of at least 3 or more consecutive days - Package 2)

Art. 34 - Object of the guarantee

Following an Accident and/or Injury for which the Policyholder has benefited from the "First Aid Medical Expenses" guarantee, the Company shall reimburse - **within the limits and with the deduction of the uncovered sum indicated in Appendix 1 - Table of Guarantees** , the portion of the cost of sports lessons already paid for and not used during the period of validity of this Policy.

The cover applies on condition that the Accident of the Policyholder is such that it does not allow him/her to resume the performance of the activity which is the object of the insurance, and such impossibility must be certified by a doctor and documented by an instrumental investigation verifiable by a doctor appointed by the Company.

SECTION H - REIMBURSEMENT OF PASSES DUE TO ADVERSE WEATHER CONDITIONS – (Section applicable only to policies with a duration of at least 3 or more consecutive days - Package 2)

Art. 35 - Object of the guarantee

If, in the event of adverse weather conditions, **all the lifts** where the ski pass regularly purchased by the Contracting Party is valid are closed, the Company shall reimburse the part of the cost of any ski passes not used.

Only lifts that are closed for the entire ski day will be considered closed exclusively due to the following events:

- 1. wind intensity and direction;**
- 2. temperature;**
- 3. avalanche risk;**
- 4. snow excess.**

The Policyholder shall be entitled to reimbursement of the ski pass not used due to adverse weather conditions only if the ski pass has not been used for the entire period for which reimbursement is requested.

In the event of closure, due to adverse weather conditions, of **all the Swimming pools, Bike parks, Sports grounds where the entry ticket regularly purchased by the Contracting Party** is valid, the Company shall reimburse the part of the cost of unused tickets.

Only outdoor sports grounds and facilities that cannot be used throughout the day due to weather conditions that compromise the safety of sports activities will be considered closed. The Policyholder shall be entitled to reimbursement of the entry ticket not used due to adverse weather conditions only if has not been used for the entire period for which reimbursement is requested.

LIMITATIONS AND EXCLUSIONS

Art. 36 – Sanctions

If, by virtue of any law or regulation applicable to the Company, its parent or its controlling company at the time the Policy becomes effective or at any time thereafter, should it be unlawful to provide coverage to the Policyholder as a result of an embargo or other applicable sanction, the Company, its parent or controlling company, shall not provide any coverage or assume



any obligation or provide any defence to the Policyholder or arrange for any payment for defence costs or provide any form of indemnity on behalf of the Policyholder to the extent that it would constitute, precisely, a violation of such sanction or embargo.

Art. 37 – Exclusions applied to all guarantees

The following activities are excluded from the Policy in any case:

1. adventure races;
2. biathlon;
3. downhill with bobsled / skeleton;
4. heliskiing
5. acrobatic skiing/snowboarding
6. snowmobile skidoo
7. ski jump
8. any activity carried out within snow parks;
9. all types of organised races and competitions
10. BMX acrobatic/obstacle
11. all forms of cycling off the road and/or on cycle paths, bike parks, and/or hiking trails;
12. triathlon, Enduro and other Gravity and similar disciplines;
13. all kinds of motor sport;
14. kite surfing.

Activities carried out at a professional level, subject to remuneration and, nonetheless, carried out as part of competitions, tournaments or related training are always excluded.

They are also always excluded from all contractual guarantees Collisions and Accidents caused or occurred as a result of or in connection with:

- a. any event occurring outside of Equipped Skiing Areas, Bike parks, Sports Grounds, Swimming Pools, Gyms;
- b. intentional acts, wilful misconduct or gross negligence on the part of the Policyholder and/or Contracting Party and/or persons for whom he/she is responsible in accordance with the Law;
- c. involvement of the Policyholder in any malicious, unlawful or criminal act, as well as participation in theft, robbery or other crime;
- d. suicide or attempted suicide of the Policyholder and its consequences, or acts of self-harm or intentional exposure to danger (except in an attempt to save life);
- e. any other damage related to the reported event and not covered by this insurance;
- f. civil or foreign war, invasion, insurrection, revolution, martial law, use of military power or usurpation of governmental or military power, strikes, riots of any kind, civil unrest, effects resulting from a source of radioactivity, epidemics, pollution;
- g. tornadoes, hurricanes, earthquakes, volcanic eruptions, floods, sea storms, avalanches, tidal waves, landslides, natural disasters, climatic events;
- h. exposure to or contamination from nuclear, chemical, or biological substances regardless of the contributing causes;
- i. use of drugs, narcotics, narcotic substances, similar substances and medications not prescribed by a licensed medical authority, and the consequences thereof;
- j. state of intoxication of the Policyholder, with the presence in the blood of an alcohol level equal to or greater than the maximum set forth by the law which regulates motor traffic in the country in which the Policyholder is at the time of the accident;
- k. use or possession of weapons, including hunting and war weapons;
- l. any event which makes it impossible to use this insurance, including prohibitions decided by local, national or international authorities;
- m. ski-touring or skiing outside the Equipped Skiing Areas;

- n. participation in competitive competitions of any kind (also amateur ones), including elimination trials, officially organised exercises or training for such events;
- o. transport on ski lifts, including boarding and disembarking from them;
- p. use of ski passes or other access tickets for sports grounds, bike parks, swimming pools and gyms in violation of the applicable regulations;
- q. any event involving the Policyholder under the age of 18 who does not wear a protective helmet in the Equipped Skiing Area in violation of the provisions of Art. 17 of the Decree

Art. 38 – Exclusions applied to the guarantees in SECTION A - Rescue Expenses and first aid medical expenses

The following are always excluded from insurance coverage:

- r. consequences or relapses of a pre-existing medical condition;
- s. facts that may be criminally punishable according to the legislation of the country in which the Policyholder is located;
- t. medical expenses or other expenses related to surgical treatment not considered urgent in the opinion of the doctors in charge on site and that can be postponed after the return home;
- u. spa, rehabilitation or physiotherapy treatments, expenses for eyeglasses, contact lenses, prostheses of any kind, wheelchairs and similar walking aids, routine examinations and tests or check-ups, preventive tests or treatments, examinations and control tests in the absence of an Accident or Collision included in the coverage,
- v. expenses for cosmetic or reconstructive surgery and wellness treatments, expenses for acupuncture sessions, massage therapy, treatments provided by a chiropractor or osteopath;
- w. expenses and treatments not prescribed by a licensed medical authority;
- x. medical expenses incurred after returning home or, in any case, not immediately after the accident;
- y. expenses for telephone calls.

Art. 39. Exclusions applied to the guarantees in SECTION B - Medical transfer/return of the Policyholder to his/her domicile, driver available for the return home

The following are always excluded from insurance coverage:

- z. direct organisation, or in any case without the prior authorisation of the Assistance Operating Central Unit, of all the assistance services provided for;
- aa. road expenses (tolls, fuel), cab or customs fees, and restaurant/hotel expenses, except as provided for in the Policy;
- bb. in case of hospitalisation, the cost of a single room, unless indicated for medical reasons;
- cc. consequences or relapses of a pre-existing medical condition;
- dd. facts that may be criminally punishable according to the legislation of the country in which the Policyholder is located;
- ee. nervous or mental disorders;
- ff. expenses for telephone calls.

All assistance services are also not payable:

- gg. in the event that the Policyholder disregards the guidelines of the Assistance Operating Central Unit, that is:
- hh. the voluntary discharge of the Policyholder occurs against the advice of the medical staff of the facility where he/she is hospitalized;
- ii. the Policyholder or whoever on his/her behalf voluntarily refuses medical transport/return to own domicile on the date and by the means indicated by the doctors of the Assistance Operating Central Unit. In this case, the Company shall immediately suspend assistance, guaranteeing the reimbursement of further hospital and surgical expenses only up to the amount corresponding to the cost of the rejected transport/return.

Benign conditions or injuries that can be treated on the spot are not eligible for the medical transfer/return of the Policyholder to his/her domicile, pursuant to art. 28.1



Art. 40 – Exclusions applied to the guarantees in SECTION C – Civil Liability

The following are expressly excluded from the Policy

- ll. any liability arising from loss of or damage to a property: (i) owned by the Policyholder, a Family Member or a person in the employ of the Policyholder; (ii) or which the Policyholder, a Family Member or a person in the employ of the Policyholder has in their care, custody or control;
- mm. any injury, loss or damage: (i) by family members, or a person employed by the Policyholder; (ii) arising out of or in connection with the professional or business activity of the Policyholder; (iii) arising out of a contract entered into by the Policyholder; (iv) occurring during off-track activities;
- nn. Participation in competitive competitions in any capacity, including training for such competitions, subject only to non-professional amateur competitions and without cash prizes.
- oo. all damages that are not material. Material damage means objectively ascertainable damage to property resulting in deterioration or other type of damage, while non-material damage includes, but is not limited to: economic, financial, psychological, etc. damage;
- pp. all consequential damages;
- qq. damages caused by sexual, moral or psycho-physical harassment and/or abuse;
- rr. theft damage;
- ss. all damages arising from the ownership, possession, use and driving of motor vehicles;
- tt. claims for which the Policyholder has made transactions of any kind with the injured party without the prior approval of the Company, including the recognition of partial or total liability;
- uu. claims for which the Policyholder has not transmitted to the Company the "Reconstruction of the dynamics of the claim" form, fully completed or signed;
- vv. all damage caused to the ski slope operator's structures, equipment, fixed and/or mobile installations.

Art. 41 - Exclusions applied to the guarantees in SECTION D – Legal protection

Compensation claims arising from criminal, wilful or intentional acts carried out by the Policyholder are excluded from the insurance cover.

PROVISIONS GOVERNING CLAIMS

Art. 42. Obligations in the event of a claim

Having verified the effectiveness of the Guarantees, having received the complete documentation necessary for the evaluation, and having carried out the necessary assessments, the Company shall determine the indemnity due, shall notify the entitled parties in writing and, having received notice of their acceptance, shall make payment within 30 days of the date on which the settlement deed was signed.

Art. 42.1 – Guarantees referred to in Section A - Reimbursement of First aid medical expenses

The Insurance is only valid in the event of intervention following the Accident, by the Emergency Service or if the Policyholder immediately goes to the Emergency Room.

In order to request compensation, the Policyholder must send a written request with a brief description of the claim or the claim form - attached to this Policy - duly completed (Annex 4) by registered mail no later than 10 days from the occurrence of the claim, to the following address:

AIG Europe S.A.
Rappresentanza Generale per l'Italia - Piazza Vetra, 17 – 20123 – MILAN

or by e-mail to the following address:
sinistri.multisport@igsonline.it



Art. 42.2- Guarantee referred to in Section B - Medical transfer/return of the Policyholder to his/her domicile, 24H Assistance, Driver available

In order to take advantage of the assistance services, **the Policyholder must contact the Assistance Operating Central Unit, available 24 hours a day, at the following number**

+39.039.65.54.61.08

indicating:

- f. surname and first name of the Policyholder;
- g. number of the ski pass in the event of an Accident or Injury on the Equipped Skiing Area;
- h. number of the ticket purchased in the case of amateur activities other than skiing;
- i. nature of the Collision or Accident;
- j. telephone number where the Policyholder can be reached for subsequent contacts with the Assistance Operating Central Unit.

None of the benefits referred to in this article apply if the Policyholder has not contacted the Assistance Operating Central Unit to request the necessary authorization.

Art. 42.3 – Guarantees referred to in Section C - Civil Liability

In order to request compensation, the Policyholder must send a written request with a brief description of the claim or the claim form - attached to this Policy - duly completed (Annex 4) by registered mail no later than 10 days from the occurrence of the accident, to the following address:

**AIG Europe S.A.
Rappresentanza Generale per l'Italia - Piazza Vetra, 17 – 20123 - MILAN**

or by e-mail to the following address:

sinistri.multisport@igsonline.it

To prevent fraudulent compensation claims, Policyholders' personal information is electronically stored and may be transferred to a centralized system. This data is stored in accordance with data protection regulations.

In addition, the Policyholder shall:

- 1. promptly notify the Company of any item or circumstance that might justify a compensation claim against him/her and submit any other documents pertaining to the claim and/or insured circumstances;**
- 2. collaborate by providing all the information that the Company needs to be able to act on behalf of the Policyholder. The Policyholder shall not negotiate, settle, settle out of court, accept or reject any compensation claim without the written authorisation of the Company.**

Art. 42.4 - Guarantees referred to in Section D – Legal Protection

To request compensation, the Insured must send a written request with a brief description of the Claim or the claim report form - annexed to this Policy - duly completed (Annex 4) by registered mail with return receipt no later than 10 days from the occurrence of the Accident, to:

**IGS s.r.l.
Via Ligabue, 2 - 04100 - Latina (LT)**

or via e-mail to: tutela.legale@igsonline.it



If a damage compensation claim is made against the Policyholder, in order for the Policyholder to be able to make use of this coverage, he/she must immediately notify IGS s.r.l. which will provide the Policyholder with its own trusted lawyers to handle the dispute and whom the Policyholder must necessarily use, **under penalty of forfeiting the right to insurance coverage under this guarantee.**

Also:

1. the Policyholder undertakes to follow the guidelines provided by the Company in the management of any compensation claim;
2. in the event that the Policyholder is summoned to pay compensation for any damages caused to Third parties covered by this Policy, the Policyholder has the right to choose the lawyer to whom he/she will entrust the judicial protection of his/her interests provided that the professional is:
 - a. licensed in accordance with applicable law;
 - b. registered with the Court of the district of the Court where the judicial offices competent to decide the controversy are located, where possible; the Policyholder must recover all the expenses incurred by the Company and pay to the latter the recovered amounts.

Art. 42.5 – Guarantees referred to in the remaining Sections E, F, G and H

In order to request compensation, the Policyholder must send a written request with a brief description of the claim or the claim form - attached to this Policy - duly completed (Annex 4) by registered mail strictly no later than 10 days from the occurrence of the accident, to the following address:

AIG Europe S.A.
Rappresentanza Generale per l'Italia - Piazza Vetra, 17 – 20123 - MILAN

or via e-mail to:
sinistri.multisport@igsonline.it

To prevent fraudulent compensation claims, Policyholders' personal information is electronically stored and may be transferred to a centralized system. This data is stored in accordance with data protection regulations.

Art. 43 – Documents necessary for reporting the claim

The following documents must be attached to the claim notification sent by registered mail with advice of delivery or by e-mail to sinistri.multisport@igsonline.it :

For all guarantees:

- ✓ Original bikepass (or photocopy in case of bikepass loaded on a chip card).
- ✓ Original entry ticket where required by the type of activity or alternatively document proving the activity (or photocopy in the case of an entry ticket loaded on an electronic card) for amateur sports activities other than skiing covered under this Policy.

Also by sending later:

- ✓ Any item, invoice or certificate suitable to prove the materiality of the event giving rise to the right or benefit of the insurance benefit.

Also:

- ✓ For the guarantee referred to in section E – Reimbursement of unused bikepasses/entry ticket due to accident, a medical declaration must be provided attesting to the impossibility of carrying out the activity that is the object of the insurance and a declaration from the Contracting Party attesting to the days of unused ski-passes;
- ✓ For the guarantee referred to in section F – Reimbursement of unused ski equipment rental due to accident, a medical declaration must be provided attesting the impossibility of carrying out the activity that is the object of the Insurance and a declaration from the renter attesting to the part of the rental not used;



- ✓ For the guarantee referred to in section G – Reimbursement of unused sports lessons due to accident, a medical declaration must be provided attesting the impossibility of carrying out the activity that is the object of the Insurance and a declaration of the sporting school attesting the hours of lessons not used;
- ✓ For the guarantee referred to in section H - Reimbursement of bikepasses/entry ticket not used due to adverse weather conditions, a declaration by the Contracting Party must be provided stating the cause and duration of the closure of the structures/facilities, as well as confirmation of the closure of the facilities themselves with the related reason.

The payment of the compensation shall be made within 30 days from the date on which the Company, having received all the information, documents or assessments necessary to verify the applicability of the guarantee, receives the signed receipt.

Art. 44 - General conditions applied to claims

1. The Insurer shall not be liable for loss or damage caused by the failure of the Policyholder to take reasonable measures to safeguard its property.
2. The Policyholder shall use all reasonable efforts to avoid or mitigate any damage that could result in a compensation claim under this Policy.
3. The Policyholder must retain Policy documents for the purpose of proof of cover. In the event of a claim, these documents must be delivered in advance to the Company in order to obtain the performance of the guaranteed service.
4. The Policyholder must cooperate with the Company so that the Company may seek recourse against other parties or other Insurers to recover any amounts paid. For this purpose, the Policyholder must provide the Company with all the information requested and complete any necessary forms.
5. Any person who attempts to make a fraudulent compensation claim or uses fraudulent means to make a compensation claim may face legal action by the Company. In addition, the fraudulent claim will not be compensated and the Policy may be cancelled.
6. The Policyholder must provide AIG with all documents necessary for the purpose of handling the claim. You will be responsible for any costs associated with acquiring these documents.
7. At the request of the Company, the Policyholder must agree to undergo a medical examination. In the event of the death of the Policyholder, the Company may request an autopsy exam.
8. The Policyholder must reimburse the Company, within one month of the relevant request, any amount settled but not covered by this Policy.



ANNEX 1 – TABLE OF GUARANTEES

Individuals who have taken out the AIG MULTISPORT policy are insured for the following Benefits, Maximum Amounts and Deductibles, which are per person and per period of insurance:

PACKAGE 1 – POLICIES WITH DAILY DURATION		
Guarantee	Maximum amount	Deductible/Uncovered fee
Civil liability - Personal injury	€ 250.000	10% with a minimum amount of € 500
Civil liability - Damage to property (only following personal injury)	€ 10.000	10% with a minimum amount of € 500
Legal protection	€ 1.000	None
Costs of rescue operations on the slopes by means of a toboggan (Skiing)	€ 200	None
Rescue costs during sporting activities (excluding skiing)	€ 200	None
Reimbursement of first aid medical expenses	€ 500	None
Driver available for the return to domicile	€ 200	None



PACKAGE 2 - POLICIES WITH DURATION FROM 3 TO MORE DAYS

Guarantee	Maximum amount	Deductible/Uncovered fee
Civil liability - Personal injury	€ 250.000	10% with a minimum amount of € 500
Civil liability - Damage to property (only following personal injury)	€ 10.000	10% with a minimum amount of € 500
Legal protection	€ 1.000	None
Costs of rescue operations on Italian slopes by means of a toboggan (skiing)	€ 200	None
Rescue costs during sporting activities (excluding skiing)	€ 200	None
Reimbursement of first aid medical expenses	€ 500	None
Driver available for the return to domicile	€ 200	None
Medical transfer/return of the Policyholder to his/her domicile	€ 5.000	None
Pro-rata reimbursement of ski pass/entry ticket in case of accident	Pro-rata	None
Pro-rata reimbursement of the cost of sports equipment hire following injury	€40/day	€ 20
Pro-rata reimbursement of unused sports lessons due to injury	€60/day	€ 20
Pro-rata reimbursement of ski-pass/entry ticket following total closure of facilities for a whole day due to bad weather	Pro-rata	None

PACKAGE 3 – POLICIES WITH SEASONAL DURATION		
Guarantee	Maximum amount	Deductible/Uncovered fee
Civil liability - Personal injury	€ 500.000	10% with a minimum amount of € 500
Civil liability - Damage to property (only following personal injury)	€ 10.000	10% with a minimum amount of € 500
Legal protection	€ 1.000	None
Costs of rescue operations on Italian slopes by means of a toboggan (skiing)	€ 200	None
Rescue costs during sporting activities (excluding skiing)	€ 200	None
Reimbursement of first aid medical expenses	€ 500	None
Driver available for the return to domicile	€ 200	None
Medical transfer/return of the Policyholder to his/her domicile	€ 5.000	None
Pro-rata reimbursement of ski pass/entry ticket in case of accident	Pro-rata	None
Pro-rata reimbursement of the cost of sports equipment hire following injury	€40/day	€ 20
Pro-rata reimbursement of unused sports lessons due to injury	€60/day	€ 20
Pro-rata reimbursement of ski-pass/entry ticket following total closure of facilities for a whole day due to bad weather	Pro-rata	None

ANNEX 2 - TRAIL CLASSIFICATION

This path classification is validated for events occurring in Italy, for events occurring outside the Italian territory the local classification will be taken into account on the basis of the description and applicability of the definitions below.

T = Tourist

It includes routes on small roads, mule tracks or easy paths. The routes are well marked and pose no uncertainty or difficulty in orientation. Generally, routes classified as 'T' take place below 2,000 metres above sea level and are often the access route to refuges or alpine pastures, If developed in an alpine or mountainous area, it requires a certain knowledge of the mountain environment and physical training for walking.

Also included in this definition are local paths on cart tracks, mule tracks or clear paths. The 'tourist' trail runs in the immediate vicinity of villages, tourist resorts and communication routes and is of particular interest for walks of a cultural, tourist or recreational nature.

E = Hiking

These itineraries almost always take place on paths or tracks over various types of terrain (e.g. pastures, scree, stony ground), which are usually signposted. There may be flat or slightly sloping sections with residual snow; if the hiker falls, the slide stops in a short space of time and without danger.

At times, these trails are on open terrain, untracked, but not problematic, and always with adequate signposting. Or they may take place on steep slopes. In this case, exposed sections are usually protected with barriers, or secured with cables.

There are single passages on rock, which are not exposed, short and not tiring or demanding thanks to equipment (ladders, rungs, cables) that do not require the use of specific equipment such as harnesses, carabiners, etc.

Type 'E' trails require a certain sense of direction, some experience and knowledge of the mountainous terrain, hiking training, and appropriate footwear and equipment.

Almost all military mule tracks or those connecting neighbouring valleys fall into this category.

EE = for Experienced Hikers

These are generally signposted routes, but involve the ability to move over particular terrain.

Paths and tracks can be found on:

- impervious and treacherous terrain (e.g. steep and/or slippery slopes of grass, or mixed rock and grass, or rock and debris);
- varied terrain, often at relatively high altitudes (scree, short, non-steep snowfields, open slopes without landmarks, etc.);
- rocky stretches, with slight technical difficulties (equipped routes, via ferrata among the less demanding ones, etc.);
- Excluded from this classification are routes on glaciers, even if flat and/or apparently without crevasses, because crossing them would require the use of a rope and ice axe and knowledge of the relevant belaying manoeuvres.

They require general mountain experience and good knowledge of the Alpine environment. It is necessary to be sure-footed and free of dizziness.

Equipment, gear and physical training must be adequate.

EEA = for experienced hikers with equipment (via ferrata or equipped)

These are equipped routes or via ferratas for which the use of self-belaying devices is necessary: harnesses, dissipators, carabiners, lanyards. Personal protective equipment is also necessary: helmet, gloves.

EEA - F (easy via ferrata)

Lightly exposed and undemanding equipped trail with long stretches. The route is highly protected, with good signposts. Metal structures are limited to the cable or chain attached for the sole purpose of improving safety.

EEA - PD (Little Difficult Via Ferrata)



A moderately developed and poorly exposed ferrata. The route is usually articulated with channels, chimneys and a few short vertical sections, facilitated by fixtures such as chains, cables, rungs or even metal ladders.

EEA - D (difficult via ferrata)

A ferrata of some development that requires good physical training and solid technique. The route is often vertical and in some cases even crosses a few short overhangs, very articulated, with long stretches of exposure. The route is equipped with wire ropes and/or chains, rungs and/or metal ladders.

EAI = Hiking in a Snowy Environment

Itineraries in a snowy environment that require the use of snowshoes, with clear and recognisable routes, with easy access routes, at the bottom of the valley or in wooded areas that are not inaccessible or on open and not very exposed ridges. Generally low gradients and difficulties guarantee safe travel.

ANNEX 3- REGULATORY APPENDIX

This section recalls the main regulations set forth in the contract so that the Contracting Party can better understand the legal references.

ITALIAN CIVIL CODE

Art. 1341.

General Terms and Conditions.

The general terms and conditions drawn up by one of the Contracting Parties shall be effective with respect to the other, if at the time of conclusion of the contract the latter was aware of them or should have been aware of them based on ordinary diligence. In any event, terms and conditions which set forth, in favour of the person who drafted them, limitations of liability, the right to withdraw from the contract or to suspend its performance, or which impose on the other Contracting Party time-barring, limitations on the right to raise objections, restrictions on freedom of contract in relations with third parties, tacit extension or renewal of the contract, arbitration clauses or derogations from the jurisdiction of the courts, shall have no effect unless they are specifically approved in writing.

Art. 1342.

Contract concluded by means of specific forms.

In contracts concluded by signing specific forms, aimed to govern in a uniform manner some contractual relationships, the clauses added to the forms shall prevail over the clauses originally set out in the forms if the added clauses are inconsistent with them, even if the latter have not been deleted.

The provision of the second paragraph of the previous article shall also be complied with.

Art. 1891.

Insurance on behalf of others or on behalf of the person entitled to it.

If the insurance is taken out on behalf of someone else or on behalf of a person entitled to it, the Contracting Party must fulfil the obligations arising from the contract, except for those which by their nature can only be fulfilled by the Policyholder.

The rights arising from the contract belong to the Policyholder, and the Contracting Party, even if in possession of the Policy, cannot enforce them without the express consent of the Policyholder.

The Policyholder shall be entitled to enforce any defence that may be asserted against the Contracting Party in compliance with the contract.

For reimbursement of premiums paid to the Insurer and of contract expenses, the Contracting Party shall have a lien on the amounts due by the Insurer in the same rank as claims for conservation costs.

Art. 1892.

Misrepresentation and reticence with intent or gross negligence.

Inaccurate statements and reticence attributable to the Contracting Party, relating to circumstances such that the Insurer would not have given its consent or would not have given it under the same conditions if it had known the true state of affairs, are grounds for cancellation of the contract when the Contracting Party has acted wilfully or with gross negligence.

The Insurer shall forfeit its right to contest the contract if, within three months of the day on which it became aware of the inaccuracy of the declaration or the reticence, it does not declare to the Contracting Party that it intends to exercise its right of appeal.

The Insurer shall be entitled to the premiums for the period of insurance in progress at the time of the request for cancellation and, in any event, to the premium agreed upon for the first year. If the claim occurs before the expiry of the period indicated in the preceding paragraph, the Policyholder shall not be obliged to pay the insured amount.

If the insurance covers more than one person or more than one thing, the contract apply to those persons or things to which the misrepresentation or reticence does not relate.

Art. 1893.

Misrepresentation and reticence without malice or gross negligence.



If the Contracting Party has acted without malice or gross negligence, inaccurate declarations and reticence are not cause for the termination of the contract, but the Insurer may withdraw from the contract by means of a declaration to be made to the Policyholder within three months from the day on which it became aware of the inaccuracy of the declaration or the reticence. If the claim occurs before the inaccuracy of the declaration or reticence is known to the Insurer, or before the Insurer has declared to withdraw from the contract, the amount due shall be decreased in proportion to the difference between the agreed premium and the premium that would have been applied if the true state of affairs had been known.

Art. 1894.

Insurance in the name and on behalf of third parties.

In the case of insurance in the name or on behalf of third parties, if the latter have knowledge of the inaccuracy of the declarations or reticence concerning the risk, the provisions of articles 1892 and 1893 apply in favour of the Insurer.

Art. 1897.

Risk Decrease.

If the Contracting Party communicates to the Insurer changes that produce such a decrease in the risk that, had it been known at the time of the conclusion of the contract, it would have led to the stipulation of a lower premium, the Insurer, starting from the due date of the premium or of the instalment of the premium subsequent to the aforesaid communication, may only demand the lower premium, but has the right to withdraw from the contract within two months from the day on which the communication was made.

The declaration of withdrawal from the contract takes effect after one month.

Art. 1898.

Risk Aggravation.

The Contracting Party is required to give immediate notice to the Insurer of any changes that may aggravate the risk in such a way that, had the new state of affairs existed and been known to the Insurer at the time the contract was executed, the Insurer would not have approved the insurance or would have approved it for a higher premium.

The Insurer may withdraw from the contract by giving written notice to the Policyholder within one month of the day on which it has received notice or otherwise became aware of the aggravation of the risk.

The Insurer's withdrawal takes effect immediately if the aggravation is such that the Insurer would not have approved the insurance; it takes effect after fifteen days if the aggravation of the risk is such that a higher premium would have been required for the insurance.

The Insurer shall be entitled to the premiums for the insurance period in progress at the time when the notice of withdrawal is communicated.

If the claim occurs before the expiry of the time limits for the communication and the effectiveness of the withdrawal, the Insurer shall not be liable if the aggravation of the risk is such that it would not have approved the insurance if the new state of affairs had existed at the time of the contract; otherwise the amount due shall be reduced, taking into account the ratio between the premium set in the contract and the one that would have been set if the increased risk had existed at the time of the contract.

Art. 1901.

Failure to pay the premium.

If the Contracting Party fails to pay the premium or the first instalment of the premium as set forth in the contract, the insurance shall remain suspended until midnight of the day when the Contracting Party pays what is due.

If the Contracting Party fails to pay the subsequent premiums on the agreed due dates, the insurance shall be suspended from midnight on the fifteenth day after the due date.

In the hypotheses described in the two preceding paragraphs, the contract shall be terminated if the Insurer, within six months from the day when the premium or the instalment fell due, does not take action to collect it; the Insurer is only entitled to the payment of the premium related to the current insurance period and to the reimbursement of expenses. This rule does not apply to life insurance.

Art. 1910.

Insurance with multiple Insurers.



If several insurances are taken out separately with different Insurers for the same risk, the Policyholder must give notice of all the insurances to each Insurer.

If the Policyholder wilfully fails to give the notice, the Insurers are not required to pay the indemnity.

In the event of a claim, the Policyholder must give notice to all Insurers in accordance with art. 1913, indicating to each the name of the others. The Policyholder may claim from each Insurer the indemnity due under the respective contract, provided that the aggregate amounts collected do not exceed the amount of the loss.

The Insurer who has paid shall have the right of recourse against the others for the proportional apportionment based on the indemnities due according to the respective contracts. If an Insurer is insolvent, its share is divided among the other Insurers.

Art. 1913.

Notice to the Insurer in the event of a claim.

The Policyholder shall give notice of the claim to the Insurer or agent authorized to execute the contract, within three days after the claim occurs or the Policyholder becomes aware of the claim. The notice is not necessary if the Insurer or the agent authorised to execute the contract intervenes within the said time limit in the rescue operations or the assessment of the claim.

In livestock mortality insurance, notice shall be given within twenty-four hours, unless otherwise agreed.

Art. 1914.

Rescue requirement.

The Policyholder must do what he/she can to avoid or lessen the damage.

Expenses incurred by the Policyholder for this purpose shall be borne by the Insurer in proportion of the insured value versus the value of the property at the time of the claim, even if its amount, together with the damage, exceeds the insured amount, and even if the purpose has not been achieved, unless the Insurer proves that the expenses were incurred recklessly.

The Insurer shall be liable for material damage directly caused to the insured property by the means used by the Policyholder to avoid or reduce the damage caused by the claim, unless it proves that these means were used recklessly.

The intervention of the Insurer for the rescue of the insured properties and their preservation shall not affect its rights.

If the Insurer intervenes in the rescue, it shall, at the request of the Policyholder, advance the costs or contribute in proportion to the insured value.

Art. 1915.

Failure to comply with warning or rescue requirement.

The Policyholder who wilfully fails to comply with the obligation to warn or rescue loses the right to compensation.

If the Policyholder negligently fails to comply with this obligation, the Insurer is entitled to reduce the indemnity in proportion to the damage suffered.

Art. 1916.

Insurer's right of subrogation.

The Insurer who paid the indemnity shall be subrogated, up to the amount of the indemnity, to the rights of the Policyholder against liable third parties.

Except in the case of wilful misconduct, subrogation shall not apply if the damage is caused by the Policyholder's children, ascendants, other relatives or relatives-in-law living with the Policyholder or by domestic staff.

The Policyholder is liable to the Insurer for the damage caused to the right of subrogation.

The provisions of this article shall also apply to insurance against accidents at work and accidental misfortunes.

Art. 2952.

Limitation Period in insurance matters.

The right to payment of the premium instalments shall expire one year after the individual due dates.

Other rights deriving from the insurance contract shall expire in two years from the day when the event on which the right is based occurred, with the exception of the life insurance contract whose rights shall expire in ten years.

In liability insurance, the time limit commences on the day on which the third party claims compensation from the Policyholder or brings a legal action against the Policyholder.

The communication to the Insurer of the request submitted by the damaged third party or of the action brought by the latter suspends the limitation period until the injured party's claim has become due and payable or the right of the injured third party is time-barred.



The provision of the preceding paragraph shall apply to an action brought by the re-insured party against the reinsurer for payment of indemnity.

AIG EUROPE S.A.
Rappresentanza Generale per l'Italia

A handwritten signature in black ink, appearing to be "M. S. S.", written in a cursive style.

ANNEX 4 - CLAIM REPORT FORM

CLAIM REPORT FORM					
POLICY NO.					
VALIDITY OF COVERAGE					
POLICYHOLDER DETAILS					
SURNAME		NAME			
DATE OF BIRTH		PLACE OF BIRTH			
FISCAL CODE					
TELEPHONE		E-MAIL			
ADDRESS					
CITY		POST CODE		PROVINCE	
EVENT DATA					
ACCIDENT DATE		TIME OF ACCIDENT			
EVENT DECLARATION					
Costs of rescue operations on the slopes by means of a toboggan		<input type="checkbox"/>	General rescue expenses		<input type="checkbox"/>
First aid medical expenses		<input type="checkbox"/>	Civil liability		<input type="checkbox"/>
Legal protection		<input type="checkbox"/>	Reimbursement of unused ski-passes due to accident		<input type="checkbox"/>
Reimbursement of unused sport equipment rental due to an accident		<input type="checkbox"/>	Reimbursement of unused ski-passes due to adverse weather conditions		<input type="checkbox"/>
Other (Specify)					
DATA OF THE DAMAGED PARTY (only in the case of damage to third parties)					
SURNAME		NAME			
DATE OF BIRTH		PLACE OF BIRTH			
FISCAL CODE					
TELEPHONE		E-MAIL			
ADDRESS					
CITY		POSTAL CODE		PROVINCE	

For the purpose of opening the position, please include the following documentation:

- (i) **Copy of the document confirming the policy**
- (ii) **Copy of the report issued by the rescue service**
- (iii) **Further documentation required under Art. 43 of the Policy.**

IGS references

e-mail: sinistri.multisport@igsonline.it / telephone: 0773.457901



INFORMATION ON THE PROCESSING OF PERSONAL DATA

How we use Personal Data

AIG Europe S.A. – Rappresentanza Generale per l'Italia is committed to protecting the privacy of its customers, claimants, and all of its business partners.

"**Personal Data**" identifies and relates to you or other individuals (e.g., your partner or other members of your household). If you provide Personal Data about another individual, you must (unless we agree otherwise) inform them of the contents of this Policy and our Privacy Policy and obtain their permission (where possible) to share their Personal Data with us.

The Types of Personal Data We May Collect and for What Purposes – Depending on our relationship with you, the Personal Data we collect may include: contact information, financial and banking information, credit references and creditworthiness, sensitive health or medical information (collected with your consent where required by applicable law), as well as other Personal Data you provide to us, or that we obtain in connection with our relationship with you. Personal Data may be used for the following purposes:

- Policy management, e.g., communications, claims processing and payment
- Carrying out assessments and making decisions regarding the provision and General Conditions of Insurance and the settlement of claims
- Assistance and advice on medical and travel issues
- Management of our business operations and IT infrastructure
- Prevention, detection, and investigation of crimes, e.g., fraud and money laundering
- Establishing and defending legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and safety purposes
- Marketing, research and market analysis

Sharing of Personal Data – For the purposes set forth above, Personal Data may be shared with companies in our group and with third parties (such as, for example, brokers and other insurance distribution entities, insurers and reinsurers, business information agencies, healthcare providers, and other service providers).

Personal Data will be shared with third parties (including government authorities) if required by applicable laws or regulations. Personal Data (including injury details) may be entered into claims records and shared with other insurers. We are required to record all third-party claims related to physical injuries in the records regarding workers' compensation. We may search such records to prevent, detect and investigate fraud or to confirm your previous claims or those of any other person or property that may be involved in the Policy or claim. Personal Data may be shared with prospective and current purchasers and transferred as a result of the sale of our company or the transfer of business activities.

International Transfer – Due to the global nature of our business, Personal Data may be transferred to entities located in other countries (including the United States, China, Mexico, Malaysia, the Philippines, Bermuda and other countries that may have a different data protection system than your country of residence). When we make such transfers, we will take steps to ensure that your Personal Data is adequately protected and transferred in accordance with the requirements of data protection law. For more information on international transfers please see our Privacy Policy (below).

Personal Data Security - Appropriate technical and physical security measures are adopted to keep your Personal Data protected and secure. When we provide Personal Data to third parties (including our service providers) or engage third parties to collect Personal Data on our behalf, we confirm that such third parties will be carefully selected and will be required to implement appropriate security measures.

Your Rights - You have several rights under the Data Protection Act in relation to our use of Personal Data. These rights may apply only in certain circumstances and are subject to some exemptions. These rights may include the right to access your



Personal Data, the right to rectify inaccurate information, the right to have information deleted or to suspend our use of your data. These rights may also include the right to transfer the data to another organisation, the right to object to our use of your Personal Data, the right to request that certain automated decisions we make include human involvement, the right to withdraw consent, and the right to file complaints with the Data Protection Authority. For more information about your rights and how you can exercise them please see our Privacy Policy (below).

Privacy Policy - More information about your rights and how we collect, use and disclose your Personal Data is contained in our full Privacy Policy, which you can find at: <https://www.aig.co.it/informativa-privacy>.

Alternatively, you may request a copy by writing to: Data Protection Officer, AIG Europe S.A. - Rappresentanza Generale per l'Italia, Piazza Vetra 17, 20123, Milan or by sending an e-mail to the address: protezionedeidati.it@aig.com.