

# Travel Insurance Insurance Terms & Conditions

Last update: vJune 2025

CHUBB®

## Advice to Travellers

### Important Phone Numbers

Please make a note of the following phone numbers or add them to **Your** mobile; **You** may need them in an emergency or if **You** need to make a **Claim**.

#### Chubb Assistance

For overseas medical emergencies please contact Chubb Assistance on telephone: +39 0236005637 (24 hours a day, 365 days a year)

#### Chubb Claims

To make a claim please contact Chubb Use the Claims Portal found [here](#).  
Claims on telephone: +39 023 600 56 36 (Monday - Friday, from 8.30 to 18.00)  
Email: [chubb.denunce.tpa@chubb.com](mailto:chubb.denunce.tpa@chubb.com)

#### Chubb Customer Service

If you have any questions about the insurance cover, contact our Customer Service team on: +39 023 600 56 36 (Monday - Friday 9.00-18:00)  
Email: [travel.en@chubb.com](mailto:travel.en@chubb.com)  
Online: <https://contactus.chubb.com/>

### Helpful hints for your insurance

- Take copies of **Your** policy documents on **Your Trip** with **You**;
- Report any **Loss** of theft to the hotel or local police within 24 hours and get a report from them;
- Keep **Valuables** safe (for example in a safety deposit box);
- Don't leave **Valuables** lying around or in view of other people;
- Leave yourself enough time to get to the airport, park, and get through security. Remember to allow time for delays in traffic or travel;
- Contact **Us** if **You** have a change in health that may lead to **You** having to cancel or alter **Your Trip**;

Contact **Us** for advice before incurring costs that **You** would seek to subsequently **Claim** for under this Policy +39 023 600 56 36 or use the Claims Portal found [here](#).

### Vaccinations

When you travel abroad, you may need additional vaccinations. Before your departure, It's recommended to visit the websites [www.viaggiare Sicuri.it](http://www.viaggiare Sicuri.it) and [www.salute.gov.it](http://www.salute.gov.it) or consult your doctor or your local health authority.

### EHIC - European Health Insurance Card

For trips in Europe (all EU countries including Iceland, Liechtenstein, Norway & Switzerland), remember to bring your EHIC (European Health Insurance Card) with you. During your stay in one of the participating countries, the EHIC will enable you to benefit from reciprocity agreements that will allow you to go directly to a physician or a public or affiliated healthcare facility if required to receive treatment under the same conditions as residents of the state in which you are located. Keep in mind that for medical expenses **Claims** covered by **your** policy, if the cost of the claim was reduced following use of the EHIC, **we** will not apply the excess to the reimbursement of medical expenses **you** have incurred.

### Waiver

If **You** have a valid **Claim** for medical expenses under this Policy, which is reduced by **Your**

- using the EHIC; or
- taking advantage of a reciprocal health agreement with **Italy**; or
- using **Your** private medical insurance at the point of treatment, **We** will not deduct the excess.

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What to know before your departure

This **Policy** does not cover any **Trips** in areas to which travel is discouraged. If you are unsure of whether there is a warning in place regarding your destination, it would be advisable to check this website before your departure: [www.viaggiariesicuri.it](http://www.viaggiariesicuri.it)

The Ministry of Foreign Affairs and International Cooperation provides citizens with general information about foreign countries, including information about safety conditions and any risks for people travelling abroad, by making use of reliable sources to enable citizens to make knowledgeable and responsible decisions.

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Where we are in the World

This is a service of the Ministry of Foreign Affairs and International Cooperation which allows Italians who will be abroad temporarily to provide their personal details - on a voluntary basis - for the more rapid and accurate planning of emergency intervention activities.

In particularly serious emergency situations, the importance of being located as soon as possible and - if necessary - receiving assistance, is evident.

Website:  
[www.dovesiamonelmundo.it/home](http://www.dovesiamonelmundo.it/home)

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## Table of Benefits

Section	Benefit Amounts / Limit of Liability	Excess <sup>1</sup>
1. Cancellation	Flight Cost <sup>2</sup> plus up to €500 for unused travel costs	X
2. Medical Expenses & Repatriation		
A.		
i. and ii. Medical Expenses & Emergency Repatriation Expenses	up to €250.000	✓
iii. Travel Expenses	€60 per day up to a Max of €600	
B. Accompanying Traveller Expenses	€60 per day up to a Max of €600	✓
C. Cremation Burial or Transportation Charges	up to €5.000	✓
D. Emergency Dental Treatment	up to €250	✓
3. Medical Emergency in Italy		
A. Medical Expenses	up to €1,500	✓
B. Accompanying Traveller Expenses	€25 per day up to €500	✓
C. Transportation Charges	up to €1,500	✓
D. Ambulance Transfer	up to €1,500	✓
4. Hospital Benefit	€15 for each full 24 hours up to a Max of €750	X
5. Travel Delay/Abandonment		
A. Each complete 12 hour period	€75 up to a Max of €300	X
B. Abandonment	up to €500	✓
6. Missed Departure	up to €200	✓
7. Curtailment	up to €500	✓
8. Personal Effects and Baggage		
A. Loss, damage or theft	up to €1.500	✓
Single item limit	€250	
Valuables in total	up to €250	
Sports equipment in total	up to €250	
B. Delayed Baggage	up to €200 after 12 hours delay	X
9. Business Equipment		
A. Loss, damage or theft	up to €1.000	✓
Single item limit	€200	
Valuables limit	up to €200	
B. Business equipment hire	€50 for each full 24 hours up to a Max of €250	X
10. Loss of Passport / Driving Licence temporary replacement costs	up to €250	X
11. Personal Money	up to €300	✓

12. Personal Liability	up to €50.000	✓
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<sup>1</sup> A €50 excess applies to each benefit section per person as highlighted in the table above.  
<sup>2</sup> Flight Cost means the total cost of Your flight as shown on Your flight booking confirmation.

The table above shows the maximum amounts that are covered under the Policy per Person Insured.



## Important Information

### How to Claim

Guidance on how to make a **Claim** under this Policy is detailed on page 30 in this Policy Wording.

### How to Cancel

Guidance on how to cancel this Policy is detailed on page 34 in this Policy Wording.

### General Conditions and General Exclusions

There are certain Conditions and Exclusions which apply to all sections of this Policy, and these are detailed on pages 28 to 29 and 33 to 35 in this Policy Wording.

### Persons Covered

All **Persons Insured** on this policy must be:

1. permanently resident in **Italy** and be in **Italy** at the time of purchasing this policy; and
2. 64 years of age or under at the time of purchasing this Policy.

### Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. All Policy definitions are applicable to this Policy as a whole, and are detailed on pages 36 in this Policy Wording.

### Children

**Children** will only be covered when they are travelling with an adult named under **Person(s) Insured** on the Certificate of Insurance.

### Trips Covered

A **Trip** (of at least 1 night duration if the **Trip** is not **Abroad**) during the **Period of Insurance** that takes place entirely within the Area of Travel stated in the Certificate of Insurance, as long as **You** have booked a return flight before you depart for **Your Trip**.

### Trips Not Covered

**We** will not cover any **Trip**

- which involves travel for study purposes;
- which involves manual work of any description;
- where **Winter Sports** is the main reason for **Your** trip;
- which involves **You** travelling on a **Cruise**;
- which involves **You** travelling specifically to obtain medical, dental or cosmetic treatment;
- when **You** have been advised not to travel by **Your Doctor** or **You** have received a terminal prognosis;
- where, on the date it is booked (or commencement of the **Period of Insurance** if later), **You** or **Your Travelling Companion** are aware of any reason why it might be cancelled or **Curtailed**, or any other circumstance that could reasonably be expected to result in a **Claim** under this policy;
- involving travel to areas where, at the time of departure, a prohibition or limitation (even temporary) - issued by a public authority of competence and or by Ministry of Foreign Affairs - was applicable. For this purpose, please check for any applicable warnings to **Your** trip destination on [www.viaggiare Sicuri.it/paesi](http://www.viaggiare Sicuri.it/paesi);
- within 50 kilometres from your **Home**.
- in Italy, if there is no overnight stay

### The Cover We Provide

The maximum amount **We** will pay under each Section that applies is detailed in the Table of Benefits on page 6 in this Policy Wording.

All cover sections provide cover for **Trips Abroad**.

The following sections are applicable to **Trips** within Italy.

Section 1. Cancellation  
 Section 3. Medical Emergency in Italy  
 Section 4. Hospital Benefit  
 Section 7. Curtailment  
 Section 8. Personal Effects and Baggage

### When You Are Covered

1. Cancellation cover under Section 1 begins when a **Trip** is booked, or from the commencement date and time stated in the Certificate of Insurance, whichever is later. It ends when **You** start **Your Trip**.
2. Insurance cover under all other Sections operates for a **Trip** that takes place during the **Period of Insurance**.

### When Cover Will End Automatically

All cover will end when the **Period of Insurance** ends.

### Automatic Extension of the Period of Insurance

If **You** cannot return home from a **Trip** before **Your** cover ends, **Your** policy will automatically be extended at no extra charge for:

- up to 14 days if any **Public Transport** in which **You** are booked to travel as a ticket-holding passenger is unexpectedly delayed, cancelled or **Curtailed** because of **Adverse Weather**, industrial action, or mechanical breakdown; or
- up to 30 days (or any longer period agreed by **Us** in writing before this automatic extension expires) if **You** cannot return home **Due To**:
  - **You** being injured or becoming ill or being quarantined during a **Trip**
  - **You** being required to stay on medical advice with another **Person Insured** named on **Your** Certificate of Insurance who is injured or becomes ill or is quarantined during a **Trip**.

### Leisure Activities and Sports

**You** are automatically covered when participating in any of the leisure activities or sports listed in this section, on a recreational basis during **Your Trip**, subject to any provisions, limitations or exclusions noted by the relevant sport or activity and provided that:

1. **You** have not been advised by a **Doctor** against participating in such sport or activity;
2. **You** wear the recommended/recognised safety equipment;
3. **You** follow safety procedures, rules and regulations as specified by the activity organisers/providers;
4. **You** are not racing or competing in or practising for speed or time trials of any kind; and
5. It is not the main reason for **Your Trip**.

### Important Note

If a leisure activity or sport is not listed then **We** will not provide cover under the Policy.

- Archery (provided supervised by a qualified person)
- Arm wrestling
- Badminton
- Basketball
- Beach basketball
- Beach cricket
- Beach football
- Beach volleyball
- Bocce
- Body boarding
- Bowls
- Bowling
- Canoeing, kayaking and rafting on inland waters only (excluding white water)
- Carriage or hay or sleigh rides
- Clay-pigeon shooting (provided supervised by a qualified person)
- Cricket
- Croquet
- Curling
- Cycling (except BMX and/or mountain biking)
- Deep sea fishing (excluding competitions)
- Dry skiing

- Elephant riding (less than 2 days)
- Fell walking
- Fencing (provided supervised by a qualified person)
- Fishing, or angling (on inland waters only)
- Footbag (hacky sack)
- Football (Association)
- Go karting (provided **You** wear a crash helmet)
- Golf
- Handball
- Hiking or hill walking (up to 1,000m above sea level, only covered if no guides or ropes are required)
- Horse riding (provided no hunting, jumping or polo)
- Hot air ballooning (provided it is professionally organised, and **You** travel as a passenger only)
- Ice skating (excluding ice hockey and speed skating)
- In line skating
- Javelin
- Jet skiing
- Korfball
- Lacrosse
- Land sailing
- Laser games
- Long jump
- Maxi-basketball
- Mini-basketball
- Motorcycling up to 125cc provided **You** wear a crash helmet, and hold a full (and not provisional) Italian motorcycle licence if **You** are in control of the motorcycle
- Netball
- Paddleball
- Parascending (provided over water)
- Pony trekking
- Racquetball
- Rambling (up to 1,000m above sea level, only covered if no guides or ropes are required)
- Roller skating
- Roller blading
- Rounders
- Rowing (on inland waters only)
- Running (recreational)
- Safari (camera only and professionally organised)
- Sail boarding
- Sailing or yachting (inland and coastal waters only)
- Scuba diving (to a depth not exceeding 18m and provided that **You** are either accompanied by a qualified instruction, or **You** are qualified and not diving alone)
- Snorkelling
- Soccer
- Squash
- Softball
- Streetball
- Surfing
- Swimming
- Table tennis
- Tennis
- Trampolining
- Trekking (up to 1,000m above sea level, only covered if no guides or ropes are required)
- Triple jump
- Tug of war
- Twirling
- Volleyball
- Water polo
- Water skiing
- Wind surfing

Please refer to the relevant exclusions under each Section of **Your** Policy and to the General Exclusions, which continue to apply. Please specifically note the exclusion under Section 10 - Personal Liability relating to the ownership, possession or use of vehicles, aircraft, hovercraft, watercraft, firearms or buildings.

## Chubb Assistance

**Chubb Assistance** can provide a range of assistance and medical related services during **Your Trip Abroad**. Please make sure **You** have details of this Policy, including the Policy number and **Period of Insurance** when **You** call.

To contact **Chubb Assistance** please call:  
+39 0236005637

### Medical Emergency and Referral Services

If **You** are injured or become ill **Abroad** **You** must contact **Chubb Assistance** immediately if **You** need hospital in-patient treatment, specialist treatment, medical tests, scans or to be brought back to **Italy**.

If **You** cannot do this yourself, **You** must arrange for a personal representative (for example, a spouse or parent) to do this for **You**. If this is not possible because **Your** condition is serious, **You** or **Your** personal representative must contact **Chubb Assistance** as soon as possible.

If **Chubb Assistance** is not contacted, **We** may reject **Your Claim** or reduce its payment.

In all other circumstances **You** are entitled to use the services of **Chubb Assistance** detailed in this section, as appropriate.

**Chubb Assistance** - Medical Emergency and Referral Services can help with:

- A. Payment of bills - if **You** are admitted to hospital **Abroad**, the hospital or attending **Doctor(s)** will be contacted and payment of their fees up to the Policy limits may be guaranteed so that **You** do not have to make the payment from **Your** own funds.
- B. Being brought back to **Italy** - if the **Doctor** appointed by **Chubb Assistance** believes treatment in **Italy** is preferable, transfer may be arranged by regular scheduled transport services, or by air or road ambulance services if more urgent treatment and/or specialist care is required during the **Trip**.
- C. Provision of medical advice –
  - i) if **You** require emergency consultation or treatment **Abroad**, **Chubb Assistance**

will provide the names and addresses of local **Doctors**, hospitals, clinics and dentists, and its panel of **Doctors** will provide telephone medical advice.

- ii) if necessary **Chubb Assistance** will make arrangements for a **Doctor** to call, or for **You** to be admitted to hospital.

- D. Unsupervised **Children** - if a **Child** is left unsupervised on a **Trip Abroad** because **You** are hospitalised or incapacitated, **Chubb Assistance** may organise their return home, including a suitable escort when necessary.

Please note that whilst **You** will not be charged for advice or assistance, **You** will be responsible for paying fees and charges for services provided to **You** if they are not covered as part of a valid **Claim** under this Policy.

### Personal Assistance Services

- The services under this Section are provided by **Chubb Assistance** and are only available during a **Trip Abroad**.
- These are non-insured facilitation services making use of **Chubb Assistance's** wide experience and contacts. Any costs incurred, for example for message relay, must be reimbursed to **Chubb Assistance** unless they form part of a successful **Claim** under an appropriate Section of this Policy.

**Chubb Assistance** – Personal Assistance Services can help with:

- A. **Transfer of emergency funds**  
Transfer of emergency funds up to €250 per **Trip** if access to normal financial/ banking arrangements are not available locally. In order to reimburse **Chubb Assistance** **You** must authorise **Chubb Assistance** to debit **Your** credit or charge card with the amount of the transfer, or make alternative arrangements to deposit the funds in **Chubb Assistance's** account in **Italy**. If the emergency transfer is needed **Due To** theft or **Loss** of personal money, a **Claim** may be made under the Policy.

- B. **Message relay**  
Transmission of urgent messages to relatives or business associates if medical or travel problems disrupt a **Trip** travel schedule.
- C. **Replacement travel documents**  
Assistance with the replacement of **Lost** or stolen tickets and travel documents, and referral to suitable travel offices. **Chubb Assistance** will not pay for any item.
- D. **Emergency translation facility**  
A translation service if the local provider of an assistance service does not speak Italian.
- E. **Legal help**  
Referral to a local Italian speaking Lawyer, Embassy or Consulate if legal advice is needed, and arrangement of payment of reasonable emergency legal expenses or bail, against a guarantee of repayment.

## Section 1 – Cancellation

### What is covered

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We will refund **Your** unused travel and/or accommodation costs up to the amount stated in the Table of Benefits (including excursions pre-booked and paid for before starting **Your Trip** ), which **You** have paid or are contracted to pay and which cannot be recovered from any other source if it becomes necessary to cancel a **Trip Due To**:

1. **You or Your Travelling Companion(s)**
  - A. dying; or
  - B. suffering serious injury; or
  - C. suffering sudden or serious illness; or
  - D. suffering from complications in pregnancy if incurred in an emergency as a result of complications (where such complications are diagnosed by a **Doctor** who specialises in obstetrics); or
  - E. being compulsorily quarantined on the orders of a treating **Doctor**;  
provided that such cancellation is confirmed as medically necessary by the treating **Doctor**.
2. **Your Immediate Family Member or Close Business Colleague or Your Travelling Companion's Immediate Family Member or Close Business Colleague** or someone **You** have arranged to stay with on **Trip**:
  - A. dying; or
  - B. suffering serious injury; or
  - C. suffering sudden or serious illness; or
  - D. suffering from complications in pregnancy if incurred in an emergency as a result of complications (where such complications are diagnosed by a **Doctor** who specialises in obstetrics); or  
provided that such reasons for cancellation are confirmed by a **Doctor**.
3. the police requiring **You or Your Travelling Companion's** presence following a burglary or attempted

burglary at **Your or Your Travelling Companion's** home.

4. serious fire storm or flood damage to **Your or Your Travelling Companion's** home, provided that such damage occurs within the 7 days immediately prior to commencement of **Your Trip**.
5. the compulsory jury service or subpoena of **You or Your Travelling Companion**.
6. **You or Your Travelling Companion** being made redundant and having registered as unemployed.

### What is not covered

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1. Any **Claim Due To**
  - A. any pre-existing medical condition affecting any person upon whom **Your Trip** depends that was diagnosed, treated or required hospital inpatient or outpatient treatment at any time before **Your Trip** was booked (or commencement of the **Period of Insurance** if later), and which could result in **Your** having to cancel **Your Trip**;
  - B. any pre-existing medical condition affecting any person upon whom **Your Trip** depends for which they are being prescribed regular medication by a **Doctor** at the date **Your Trip** was booked (or commencement of the **Period of Insurance** if later), and which could result in **You** having to cancel **Your Trip**;
  - C. any heart-related condition or any type of cancer affecting any person upon whom **Your Trip** depends diagnosed at any time before **Your Trip** was booked (or commencement of the **Period of Insurance** if later), and which could result in **You** having to cancel **Your Trip**;
  - D. jury service or subpoena if **You or Your Travelling Companion** are called as an expert witness or where **Your or**

- their occupation would normally require a Court attendance;
- E. redundancy where **You** or **Your Travelling Companion**:
    - i) were unemployed or knew that **You** or they may become unemployed, at the time the **Trip** was booked;
    - ii) are voluntarily made redundant or made redundant as a result of misconduct or following resignation;
    - iii) are self-employed or a contract worker;
  - F. any adverse financial situation causing **You** to cancel **Your Trip**, other than reasons stated within the section 'What is covered'.
  - G. **You** or **Your Travelling Companion(s)** deciding that **You** do not want to travel, unless that reason for not traveling is stated within the section 'What is covered'.
  - H. The failure to obtain the necessary passport, visa or permit for **Your Trip**.
2. Any loss, charge or expense **Due To**:
    - A. a delay in notifying the tour operator, travel agent, or transport or accommodation provider that it is necessary to cancel a booking;
    - B. prohibitive regulations by the government of any country.
  3. Any charge or expense paid for with, or settled using, any kind of promotional voucher or points, timeshare, holiday property bond or holiday points scheme, or any **Claim** for management fees, maintenance costs or exchange fees associated in relation to timeshares or similar arrangements.



## Section 2 – Medical Expenses & Repatriation

### What is covered

#### If during a **Trip Abroad You**:

1. are injured; or
2. become ill (including complications in pregnancy as diagnosed by a **Doctor** or specialist in obstetrics, provided that if **You** are travelling between 28 and 35 weeks pregnant **You** obtained written confirmation from a **Doctor** of **Your** fitness to travel no earlier than 5 days prior to the commencement of **Your Trip Abroad**);

**We** will pay up to the amount stated in the Table of Benefits for:

- A. i) **Medical Expenses**  
All reasonable costs that it is medically necessary to incur outside of **Italy** for hospital, ambulance surgical or other diagnostic or remedial treatment, given or prescribed by a **Doctor**, and including charges for staying in a hospital;
- ii) **Emergency Repatriation Expenses**  
All reasonable costs that it is medically necessary for **Chubb Assistance** to incur to return **You** to **Your** home in **Italy**; or to move **You** to the most suitable hospital in **Italy**; if it is medically necessary to do so.
- iii) **Travel Expenses**  
All necessary and reasonable accommodation (room only) and travel expenses incurred with the consent of **Chubb Assistance**, if it is medically necessary for **You** to stay **Abroad** after **Your** scheduled date of return to **Italy**, including travel costs back to **Italy** if **You** cannot use **Your** original return ticket.
- B. **Accompanying Traveller Expenses**  
All necessary and reasonable accommodation (room only) and travel expenses incurred with the consent of **Chubb Assistance**, by any one other person if required on medical advice to accompany **You** or to escort a **Child** home to **Italy**.
- C. **Cremation Burial or Transportation Charges** if **You** die **Abroad**

- i) cremation or burial charges in the country in which **You** die; or
- ii) transportation charges for returning **Your** body or ashes back to **Italy**.

- D. **Emergency Dental Treatment**  
All medically necessary and reasonable cost to provide emergency dental treatment for the relief of pain only, outside of **Italy**.

### Special Conditions

1. If **You** are injured or become ill **Abroad You** must follow the procedure detailed under 'Making a Claim' on page 28 of this- Policy. If **You** do not, **We** may reject **Your Claim** or reduce the amount that **We** pay **You**.
2. **Chubb Assistance** may:
  - A. move **You** from one hospital to another; and/or
  - B. return **You** to **Your** home in the **Italy**; or move **You** to the most suitable hospital in **Italy**; at any time, if **Chubb Assistance** believes that it is necessary and safe to do so.
3. Additional travel and hotel expenses must be authorised in advance by **Chubb Assistance**.
4. All original receipts must be kept and provided to support a **Claim**.

### What is not covered

1. Any **Claim Due To**:
  - A. any pre-existing medical condition that was diagnosed, treated or required hospital inpatient or outpatient treatment at any time before **Your Trip** was booked (or commencement of the **Period of Insurance** if later);
  - B. any pre-existing medical condition for which **You** are being prescribed regular medication by a **Doctor** at the date **Your Trip** was booked (or commencement of the **Period of Insurance** if later);



- C. any heart-related condition or any type of cancer diagnosed at any time before Your Trip was booked (or commencement of the Period of Insurance if later).
- 2. Any treatment or surgery or exploratory tests:
  - A. not confirmed as medically necessary; or
  - B. not directly related to the injury or illness that **You** were admitted to hospital for.
- 3. Surgery, medical or preventative treatment which can be delayed in the opinion of the **Doctor** treating **You** until **You** return to **Italy**.
- 4. Any costs incurred following **Your** decision not to move hospital or return to **Italy** after the date when, in the opinion of **Chubb Assistance**, **You** should do so.
- 5. Cosmetic Surgery.
- 6. Treatment or services provided by any convalescent or nursing home, rehabilitation centre or health spa.
- 7. Any medical treatment that **You** travelled **Abroad** to obtain.
- 8. Medication **You** are taking before, and which **You** will have to continue taking during, a **Trip**.
- 9. Any expenses incurred in **Italy**.
- 10. Any additional travel and accommodation expenses incurred which have not been authorised in advance by **Chubb Assistance**.
- 11. Accommodation and travel expenses where the transport and/or accommodation used is of a standard superior to that of the **Trip**.
- 12. Any additional costs for single or private room accommodation.
- 13. Cremation or burial costs in the **Italy**.
- 14. The cost of medical or surgical treatment of any kind received by a **Person Insured** later than 52 weeks from the date of the accident or commencement of the illness.
- 15. The **Excess**, except where **You** have obtained a reduction in the cost of medical expenses by using a European

Health Insurance Card (EHIC) in the European Union, (including Iceland, Liechtenstein, Norway & Switzerland) if **You** require medical treatment whilst in the country.

- 16. Any **Claim** when you have travelled against the advice of **Your Doctor**.
- 17. Any complication in pregnancy that was known by **You** at the time of travel.

## Section 3 – Medical Emergency in Italy

### What is covered

If during a **Trip** within **Italy You**:

- 1. are injured; or
- 2. become ill (including complications in pregnancy as diagnosed by a **Doctor** or specialist in obstetrics, provided that if **You** are travelling between 28 and 35 weeks pregnant **You** obtained written confirmation from a **Doctor** of **Your** fitness to travel no earlier than 5 days prior to the commencement of **Your Trip**;

**We** will pay up to the amount stated in the Table of Benefits for:

#### A. Medical Expenses

All reasonable costs that it is medically necessary to incur while on **Your Trip** for hospital, surgical or other diagnostic or remedial treatment, given or prescribed by a **Doctor**, and including charges for staying in a hospital. This is provided these costs are not already covered by **Your** Primary Health Insurance or by the National Healthcare System.

#### B. Accompanying Traveler Expenses

For transport and accommodation expenses (including a daily allowance for meals, phone calls and travel) for one Italy resident, to stay with or travel to and stay with **You** on the advice of **Chubb Assistance**. **You** must provide **Us** with original receipts for these expenses.

#### C. Transportation Charges

To return **Your** body or ashes to **Your** home, if **You** die

#### D. Ambulance Transfer

For **You** to be transferred by ambulance to a hospital nearer to **Your** home.

#### Special Conditions

1. If **You** are injured or become ill **You** must follow the procedure detailed under 'Making a Claim' Section of this Policy. If **You** do not, **We** may reject **Your Claim** or reduce the amount that **We** pay **You**.

Cover shall end as soon as **You** return to **Your** home in Italy or **You** move to another hospital in Italy.

Transport and accommodation expenses must be authorised in advance by **Chubb Assistance**.

All original receipts must be kept and provided to support a **Claim**.

#### What is not covered

1. Any **Claim Due To** any pre-existing medical condition that was diagnosed, treated or required hospital inpatient or outpatient treatment at any time before **Your Trip** was booked (or commencement of the **Period of Insurance** if later).
2. Any treatment or surgery or exploratory tests:
  - A. not confirmed as medically necessary; or
  - B. not directly related to the injury or illness that **You** were admitted to hospital for.
3. Surgery, medical or preventative treatment which can be delayed in the opinion of the **Doctor** treating **You** until **You** return to **Your** home in Italy.
4. Any costs incurred following **Your** decision not to move hospital or return to **Your** home in Italy after the date when, in the opinion of **Chubb Assistance**, **You** should do so.
5. Cosmetic Surgery.
6. Treatment or services provided by any convalescent or nursing home, rehabilitation centre or health spa.

7. Any medical treatment that **You** travelled to obtain.
8. Medication **You** are taking before, and which **You** will have to continue taking during, a **Trip**.
9. Any expenses incurred in Italy, except during a covered **Trip** where **Your** scheduled final destination is within Italy.
10. Any expenses incurred within a 50 KM radius of **Your** home within Italy.
11. Travel and accommodation expenses incurred which have not been authorised in advance by **Chubb Assistance**.
12. Any additional costs for single or private room accommodation.
13. Cremation or burial costs in Italy.
14. The cost of medical or surgical treatment of any kind received by a **Person Insured** later than 52 weeks from the date of the accident or commencement of the illness.
15. The **Excess**, except where **You** have obtained a reduction in the cost of medical expenses by using a European Health Insurance Card (EHIC).
16. Any **Claim** when **You** have travelled against the advice of **Your Doctor**.
17. Any complication in pregnancy that was known by **You** at the time of travel.

## Section 4 – Hospital Benefit

#### What is covered

If **You** are admitted to a hospital as an in-patient during a **Trip Due To** injury or illness for which **You** have a valid **Claim** under Section 2 – Medical Expenses & Repatriation or Section 3 – Medical Emergency in Italy, **We** will pay the benefit amount stated in the Table of Benefits for each complete 24 hours that **You** remain a hospital in-patient, up to the maximum amount stated in the Table of Benefits.

## What is not covered

**We** will not pay for time **You** spend in an institution not recognised as a hospital in the country of treatment.

## Section 5 – Travel Delay / Abandonment

### What is covered

If **You** are delayed for at least 12 hours on **Your** outbound international **Trip** or the final part of **Your** international return **Trip** because the scheduled departure of **Public Transport** is affected by a strike; industrial action; **Adverse Weather**; mechanical breakdown or grounding of an aircraft **Due To** mechanical or structural defect, **We** will either:

- A. pay the Travel Delay benefit stated in the Table of Benefits; or
- B. if **You** abandon **Your Trip** after a delay of at least 24 hours of the scheduled outbound international flight, **We** will refund **Your** unused travel and accommodation costs up to the amount stated in the Table of Benefits that you have paid or are contracted to pay and which cannot be recovered from any other source.

### Special Conditions

1. **You** can only **Claim** under item A or item B above, not both.
2. **You** must:
  - A. check-in before the scheduled departure time shown on Your travel itinerary; and
  - B. comply with the travel agent, tour operator and transport providers contract terms; and
  - C. provide **Us** with written details from the **Public Transport** operator describing the length of, and reason for, the delay; and
  - D. allow reasonable time to arrive at **Your** departure point on time.

### What is not covered

1. Any **Claim Due To**:
  - A. **Public Transport** being taken out of service on the instructions of a Civil Aviation Authority, Port Authority or similar authority;
  - B. a strike if it had started or been announced before **You** arranged this insurance;
  - C. any journey by **Public Transport** commencing and ending in the country of departure.
2. Any charge or expense paid for with, or settled using, any kind of promotional voucher or points, timeshare, holiday property bond or holiday points scheme, or any **Claim** for management fees, maintenance costs or exchange fees in relation to timeshares or similar arrangements.
3. Accommodation and travel expenses where the additional transport and/or accommodation used is of a standard superior to that of the original **Trip**.
4. Any **Claim Due To Your** not allowing sufficient time for the journey.
5. Any **Claim Due To**:
  - A. **Your** travelling against the advice of the appropriate national or local authority;
  - B. prohibitive regulations by the government of any country.
6. Any expenses that:
  - A. **You** can recover from any tour operator, airline, hotel or other service provider;
  - B. **You** would normally have to pay during **Your Trip**.
7. Any **Claim** for Travel Abandonment caused by volcanic ash.
8. The **Excess**, if a **Trip** is abandoned.

## Section 6 – Missed Departure

### What is covered

**We** will pay up to the amount stated in the Table of Benefits for necessary and reasonable additional accommodation (room only) and travel expenses to enable **You** to reach:

1. **Your** scheduled destination **Abroad** if, on **Your** outbound journey, **You** arrive too late at **Your** final point of international departure to board the **Public Transport** on which **You** are booked to travel; or
2. On **Your** return journey, **You** arrive too late at **Your** final point of international departure to board the **Public Transport** on which **You** are booked to travel.

#### Due To:

1. the car/taxi **You** are travelling in breaking down or being involved in an accident; or
2. the **Public Transport** **You** are travelling in failing to arrive on schedule.

### Special Conditions

1. **You** must:
  - A. provide evidence of all the extra costs **You** incurred
  - B. allow reasonable time to arrive at **Your** departure point on time
  - C. for car breakdown/accident provide **Us** with:
    - i) a written report from the vehicle breakdown service or garage that assisted **You** during the incident; or
    - ii) reasonable evidence that the vehicle used for travel was roadworthy, properly maintained and broke down at the time of the incident
  - D. for late arrival of **Public Transport** provide **Us** with:
    - i) reasonable evidence of the published time of arrival and the actual time of arrival.

### What is not covered

1. Any **Claim Due To:**
  - A. **Public Transport** being taken out of service on the instructions of a Civil Aviation Authority, Port Authority or similar authority;
  - B. a strike if it had started or been announced before **You** arranged this insurance or booked **Your Trip**, whichever is the later.
2. Any charge or expense paid for with, or settled using, any kind of promotional voucher or points, timeshare, holiday property bond or holiday points scheme, or any **Claim** for management fees, maintenance costs or exchange fees in relation to timeshares or similar arrangements.
3. Accommodation and travel expenses where the additional transport and/or accommodation used is of a standard superior to that of the original **Trip**.
4. Any **Claim Due To You** not allowing sufficient time for the journey.
5. Any **Claim Due To:**
  - A. **You** travelling against the advice of the appropriate national or local authority;
  - B. prohibitive regulations by the government of any country.
6. Any expenses that:
  - A. **You** can recover from any tour operator, airline, hotel or other service provider;
  - B. **You** would normally have to pay during **Your Trip**.
7. The **Excess**.

## Section 7 – Curtailment

### What is covered

#### We will pay:

- A. unused accommodation costs (including excursions pre-booked and paid for before starting **Your Trip**), which **You** have paid or are contracted to pay and which cannot be recovered from any other source; and
- B. reasonable additional travel and accommodation (room only) costs necessarily incurred in **Your** returning to **Your** home in **Italy**;

up to the amount shown in the Table of Benefits, if it becomes necessary to, **Curtail a Trip Due To:**

1. **You, Your Travelling Companion(s)**
  - A. dying; or
  - B. suffering serious injury; or
  - C. suffering sudden or serious illness; or
  - D. suffering from complications in pregnancy if incurred in an emergency as a result of complications (where such complications are diagnosed by a **Doctor** who specialises in obstetrics); or
  - E. being compulsorily quarantined on the orders of a treating **Doctor**;  
provided that such **Curtailment** is confirmed as medically necessary by the treating **Doctor**.
2. **Your Immediate Family Member or Close Business Colleague or Your Travelling Companion's Immediate Family Member or Close Business Colleague** or someone **You** have arranged to stay with on **Trip**:
  - A. dying; or
  - B. suffering serious injury; or
  - C. suffering sudden or serious illness; or
  - D. suffering from complications in pregnancy if incurred in an emergency as a result of complications (where such complications are diagnosed by a

- qualified Medical Practitioner who specialises in obstetrics); or
- E. being compulsorily quarantined on the orders of a treating **Doctor**;  
provided that such **Curtailment** is confirmed as medically necessary by the treating **Doctor**.

3. The police requiring **You** or **Your Travelling Companion's** presence following a burglary or attempted burglary at **Your** or **Your Travelling Companion's** home.
4. Serious fire storm or flood damage to **Your** or **Your Travelling Companion's** home; provided that such damage occurs after **Your Trip** commences.

### What is not covered

1. Any **Claim Due To**
  - A. any pre-existing medical condition affecting any person upon whom **Your Trip** depends that was diagnosed, treated or required hospital inpatient or outpatient treatment at any time before **Your Trip** was booked (or commencement of the **Period of Insurance** if later), and which could result in **You** having to **Curtail Your Trip**;
  - B. any pre-existing medical condition affecting any person upon whom **Your Trip** depends for which they are being prescribed regular medication by a **Doctor** at the date **Your Trip** was booked (or commencement of the **Period of Insurance** if later), and which could result in **You** having to **Curtail Your Trip**;
  - C. any heart-related condition or any type of cancer affecting any person upon whom **Your Trip** depends diagnosed at any time before **Your Trip** was booked (or commencement of the **Period of Insurance** if later), and which could result in **You** having to **Curtail Your Trip**;

- D. any adverse financial situation causing **You** to **Curtail Your Trip**;
  - E. **You** or **Your Travelling Companion(s)** deciding that **You** do not want to remain on **Your Trip**.
- 2. Any loss, charge or expense **Due To**:
  - A. a delay in notifying the tour operator, travel agent, or transport or accommodation provider that it is necessary to **Curtail** a booking;
  - B. prohibitive regulations by the government of any country.
- 3. Any charge or expense paid for with, or settled using any kind of promotional voucher or points, timeshare, holiday property bond or holiday points scheme, or any **Claim** for management fees, maintenance costs or exchange fees in relation to timeshares or similar arrangements.
- 4. Accommodation and travel expenses where the transport and/or accommodation used is of a standard superior to that of the **Trip**.
- 5. The **Excess**.

## Section 8 – Personal Effects & Baggage

### What is covered

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- A. **Loss**, damage or theft  
If **Personal Property** is **Lost**, damaged or stolen during **Your Trip**, **We** will pay **Repair and Replacement Costs** up to the amount stated in the Table of Benefits.
- B. Delayed Baggage  
If **Personal Property** is **Lost** or misplaced for at least 12 hours on **Your** outbound journey by the airline or other carrier, **We** will pay up to the amount stated in the Table of Benefits to reimburse **You** for the cost of essential items of clothing, medication, toiletries and **Mobility Aids** that **You** have to purchase.

### Special Conditions

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1. **You** must take reasonable care to keep **Your Personal Property** safe. If **Your Personal Property** is **Lost** or stolen **You** must take all reasonable steps to get it back.
2. **Valuables** must be attended by **You** at all times when not contained in a locked safe or safety deposit box.
3. If **Your Personal Property** is **Lost** or stolen **You** must make every reasonable effort to report it to the police (and hotel management if the **Loss** or theft occurs in a hotel) within 24 hours of discovery and **You** must provide **Us** with a copy of the original written police report.
4. **Loss**, theft or damage to **Personal Property** in the custody of an airline or other carrier must be reported in writing to the airline or other carrier within 24 hours of discovery and **We** must be provided with a copy of the original written airline or carrier's Property Irregularity report;
5. Where **Personal Property** is temporarily **Lost** or misplaced by an airline or other carrier **We** must be provided with original written confirmation from such airline or other carrier or the tour representative that the delay lasted for at least 12 hours after **You** arrived at **Your** destination.

6. If **You** have been paid for emergency purchases of essential items and **You** then also **Claim** for **Loss**, damage or theft of **Personal Property** resulting from the same item, cause or event, the amount paid to **You** for emergency purchases will be deducted from the final settlement payment. However, any deduction will not be any more than the amount paid for emergency purchases.

### What is not covered

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1. More than the amount stated in the Table of Benefits for:
  - A. a single item, pair or set, or part of a pair or set;
  - B. **Valuables** in total;
  - C. sports equipment in total.
2. **Loss** or theft of **Valuables** left **Unattended** unless contained in a locked safe or safety deposit box.
3. **Loss** or theft of any **Personal Property** (other than **Valuables**) left **Unattended** unless:
  - A. contained in
    - i) a locked room; or
    - ii) a locked safe or safety deposit box; or
    - iii) the locked glove box or boot of a vehicle or in the luggage space at the rear of a locked estate car or hatchback under a top cover and out of view;

and there is evidence of forced entry to the room, safe, safety deposit box or car, or the car has been stolen;
  - B. in the custody or control of an airline or other carrier.
4. **Loss**, theft or damage to:
  - A. antiques, musical instruments, pictures, household goods, contact or corneal lenses, dentures, or dental fittings, hearing aids, bonds, securities or documents of any kind;
  - B. sports equipment whilst being used, vehicles or their accessories (other than **Mobility Aids**), watercraft and ancillary



- equipment, glass china or similar fragile items and pedal cycles;
- C. business equipment, business goods, samples, business **Money**, tools of trade or any other item used in connection with **Your** business, trade or occupation;
- 5. Depreciation in value, normal wear and tear, denting or scratching, damage by moth or vermin, electrical, electronic or mechanical breakdown, or damage **Due To** atmospheric or climatic conditions.
- 6. Delay, detention, seizure or confiscation by customs or other officials.
- 7. The **Excess** (not applicable to delayed baggage **Claims**).

## Section 9 – Business Equipment

### What is covered

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- A. **Loss**, damage or theft  
**We** will pay up the amount stated in the Table of Benefits for the **Repair and Replacement Costs** of **Your** business equipment (limited to audio, visual, video, photographic, computer equipment and samples) if it is **Lost**, stolen or damaged.
- B. Business equipment hire  
 If business equipment (limited to audio, visual, video, photographic, computer equipment and samples) held by **You** for business reasons is **Lost**, stolen or damaged, **You** will be covered for the reasonable cost of hiring replacement equipment up to the amount stated in the Table of Benefits.

### Special Conditions

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- 1. For temporary **Loss**, as well as getting an authorised “property irregularity report” from the carrier or handling agent, **You** must also write to them within 21 days of receiving **Your** property back to confirm **You** had to buy replacement items.
- 2. If **Your** business equipment is never found and **We** agree to pay for permanent **Loss**, **We** will take off any amount **We** have already paid for temporary **Loss**.
- 3. **You** must keep any damaged property so that **We** can inspect it. When **We** make a payment for replacement of that property, it will then belong to **Us**.

### What is not covered

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- 1. Any exclusion applicable to Section 7. Personal Effects & Baggage also apply to this section except exclusion 4.C., which is not applicable.
- 2. The **Excess**.



## Section 10 – Loss of Passport / Driving Licence

### What is covered

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If **Your** passport and/or driving licence is **Lost**, destroyed or stolen while You are on a **Trip Abroad**, We will pay up to the amount stated in the Table of Benefits to cover the cost of:

1. getting any temporary replacement documents needed to enable **You** to return to **Italy** including any additional travel and accommodation (room only) costs incurred by **You** or on **Your** behalf during **Your Trip** to obtain such documents; and
2. the replacement passport or driving licence fee payable, provided that it remained valid for at least 2 years at the date it was **Lost**, destroyed or stolen.

### Special Condition

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1. **You** must take reasonable care to keep **Your** passport and/or driving licence safe. If **Your** passport and/or driving licence is **Lost** or stolen **You** must take all reasonable steps to get it back.
2. **Your** passport and/or driving licence must be attended by **You** at all times when not contained in a locked safe or safety deposit box.
3. If **Your** passport and/or driving licence is **Lost** or stolen **You** must make every reasonable effort to report it to the police (and hotel management if the **Loss** or theft occurs in a hotel) within 24 hours of discovery and **You** must provide **Us** with a copy of the original written police report.

### What is not covered

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1. **Loss** or theft of any passport or driving licence left **Unattended** unless contained in a locked safe or safety deposit box.
2. Delay, detention, seizure or confiscation by customs or other officials.

## Section 11 – Personal Money

### What is covered

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**We** will pay up to the amount stated in the Table of Benefits if **Money** held by **You** for **Your** own personal use is **Lost** or stolen during a **Trip** whilst:

1. being carried by **You**; or
2. left in a locked safe or safety deposit box.

### Special Condition

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1. **You** must take reasonable care to keep **Your Money** safe. If **Your Money** is **Lost** or stolen **You** must take all reasonable steps to get it back.
2. **Your Money** must be attended by **You** at all times when not contained in a locked safe or safety deposit box.
3. If **Your Money** is **Lost** or stolen **You** must make every reasonable effort to report it to the police (and hotel management if the **Loss** or theft occurs in a hotel) within 24 hours of discovery and **You** must provide **Us** with a copy of the original written police report.

### What is not covered

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1. More than the amount stated in the Table of Benefits for cash.
2. **Loss** or theft of **Money** left **Unattended** unless contained in a locked safe or safety deposit box.
3. Delay, detention, seizure or confiscation by customs or other officials.
4. Traveller's cheques:
  - A. unless the **Loss** or theft is reported immediately to the local branch or agent of the issuing company;
  - B. if the issuing company provides a replacement service.
5. Depreciation in value or shortage **Due To** any error or omission.

### 6. The **Excess**.

## Section 12 – Personal Liability

### What is covered

**We** will cover **You** up to the Limit of Liability stated in the Table of Benefits against all sums which **You** are legally liable to pay as damages in respect of:

1. accidental bodily injury (including death illness or disease) to any person;
2. accidental loss of or damage to material property;

which occurs during the **Period of Insurance** arising out of the **Trip**.

The maximum that **We** will pay under this Section for all damages as a result of any one occurrence or series of occurrences arising directly or indirectly from one source or original cause shall be the Limit of Liability stated in the Table of Benefits. **We** will in addition pay **Costs and Expenses**.

**Costs and Expenses** shall mean:

1. all costs and expenses recoverable by a claimant from **You**;
2. all costs and expenses incurred with **Our** written consent;
3. solicitors' fees for representation at any coroner's inquest or fatal accident inquiry or in any Court of Summary Jurisdiction;

in respect of any occurrence to which this Section applies – except that in respect of occurrences happening in or claims or legal proceedings brought or originating in the United States of America and Canada or any other territory within the jurisdiction of either such country, **Costs and Expenses** described in 1., 2., and 3. above are deemed to be included in the Limit of Liability for this Section.

### Special Conditions

1. **We** may at **Our** sole discretion in respect of any occurrence or occurrences covered by this Section pay to **You** the Limit of Liability stated in the Table of Benefits applicable to such occurrence or occurrences (but deducting therefrom any sum(s) already paid) or any lesser sum for which the **Claim(s)** arising from such occurrence(s) can be settled and **We** shall thereafter be under no further liability in respect of such

occurrence(s) except for the payment of **Costs and Expenses** incurred prior to the date of such payment and for which **We** may be responsible hereunder.

2. If at the time of the happening of any occurrence covered by this Section there is any other existing insurance whether taken out by **You** or not covering the same liability **We** shall not be liable to indemnify **You** in respect of such liability except so far as concerns any excess beyond the amount which would have been payable under such other insurance had this Section not been effected.

### What is not covered

Cover for any liability:

1. in respect of bodily injury to any person who is:
  - A. under a contract of service with **You** when such injury arises out of and in the course of their employment by **You**;
  - B. a member of **Your** family.
2. assumed by **You** under a contract or agreement unless such liability would have attached in the absence of such contract or agreement;
3. in respect of loss of or damage to property:
  - A. belonging to **You**;
  - B. in **Your** care custody or control. However this Exclusion shall not apply in respect of loss of or damage to buildings and their contents not belonging to but temporarily occupied by **You** in the course of the **Trip**.
4. in respect of bodily injury loss or damage caused directly or indirectly in connection with:
  - A. the carrying on of any trade, business or profession;
  - B. the ownership, possession or use of:
    - i) horse-drawn or mechanically propelled vehicles;
    - ii) any aerospatial device or any airborne or waterborne craft or vessel (other than non-mechanically powered

waterborne craft not exceeding 10 metres in length whilst used on inland waters) or the loading or unloading of such craft or vessel;

- iii) firearms (other than sporting guns);
- iv) arising from the occupation or ownership of any land or building other than any building temporarily occupied by **You** in the course of a **Trip**.

5. in respect of activities or volunteer work organised by or when the individual is assigned overseas by or under the auspices of a charitable voluntary not for profit social or similar organisation except where no other insurance or cover is available.
6. in respect of punitive or exemplary damages.
7. in respect of the **Excess**.

## General Exclusions

Exclusions that apply to the whole Policy.

**We** shall not be required to provide coverage or will be obliged to pay any compensation or pay any benefit under this policy if the provision of such coverage, the payment of such compensation or recognition of such benefit would expose **Us** to penalties, prohibitions or restrictions provided for by the United Nations resolutions or trade and economic sanctions provided for by the laws or regulations of the European Union and individual countries that are part, of the United States of America or conventions international.

Applicable to US Persons only: Policy cover for a **Trip** involving travel to/from/through Cuba will only be effective if the US Person's travel has been authorised by a general or specific licence from OFAC (US Treasury's Office of Foreign Asset Control). For any **Claim** from a US Person relating to Cuba travel, **We** will require verification from the US Person of such OFAC licence to be submitted with the **Claim**. US Persons shall be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States (including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business, that is owned or controlled by such persons.

**You** should contact **Us** on +39 023 600 56 36 for clarification of Policy cover for travel to countries which may be subject to United Nations resolutions or trade or economic sanctions or other laws of the European Union, Italy, United Kingdom, or United States of America.

**We** will not be liable to make any payment under this Policy where:

### 1. **Persons Covered**

**You** do not meet the criteria detailed under Important Information on page 8 of this Policy.

### 2. **Children travelling alone**

**You** are a **Child** travelling or booked to travel without an adult **Person Insured** named in the Policy Schedule.

### 3. **Trips not covered**

**Your Trip** is described under "**Trips Not Covered**", on page 8 of this Policy.

### 4. **any Claim is Due To:**

- A. **Not taking medication or treatment** a **Person Insured** choosing not to take medication or other recommended treatment as prescribed or directed by a **Doctor**.
- B. **Tropical disease where not vaccinated** a tropical disease where the **Person Insured** has not had the vaccinations or taken the medication recommended by the **Italian** Department of Health or required by the authorities in the country being visited, unless they have written confirmation from a **Doctor** that they should not be vaccinated or take the medication, on medical grounds.
- C. **Anxiety state or phobia** a **Person Insured** suffering from any travel-related anxiety state, or phobia.
- D. **Excluded leisure activities or sports**  
You taking part in any of the following while on a **Trip**:
  - i) any leisure activities or sports not specifically covered under "Leisure Activities & Sports";
  - ii) any leisure activities or sports in a professional capacity or for financial reward or gain;
  - iii) air travel unless **You** are travelling as a fare paying passenger on a flight which is provided by a licensed airline or air charter company.
- E. **Currency**  
Currency exchange, including but not limited to any loss of value or currency conversion fees.
- F. **Illegal Acts**  
Any illegal act by **You**.

G. **Alcohol/drugs**

- i) Alcohol  
**You** drinking too much alcohol, alcohol abuse or alcohol dependency. **We** do not expect **You** to avoid alcohol on **Trips**, but **We** will not cover any **Claims** arising because **You** have drunk so much alcohol that **Your** judgement is seriously affected and **You** need to make a **Claim** as a result (for example any medical report or evidence showing excessive alcohol consumption which in the opinion of a **Doctor** has caused or contributed to the bodily injury).
- ii) Drugs  
**You** taking any drugs in contravention of the laws applicable to the country **You** are travelling to, or having an addiction to or abusing any medications, or being under the influence of any non-prescribed medication which is classified as a legal high in the country **You** are travelling to.

H. **Suicide/self-injury**

- i) **Your** suicide, attempted suicide or deliberate self-inflicted injury regardless of the state of **Your** mental health; or
- ii) **Your** needless self-exposure to danger or where **You** have acted in a manner contrary to visible warning signs except in an attempt to save human life.

I. **Radiation**

- i) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste resulting from the combustion of nuclear fuel; or
- ii) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly

or nuclear component of such assembly.

J. **Sonic waves**

pressure waves from aircraft and other airborne devices travelling at sonic or supersonic speeds.

K. **War**

**War** or any act of **War** whether **War** is declared or not.

L. **Financial Failure**

The financial failure of a tour operator, travel agent, transport provider, accommodation provider, ticketing agent or excursion provider.

## Making a Claim

Conditions that apply to the whole Policy.

1. If **You** are injured or become ill and need:
  - A. hospital inpatient treatment, specialist treatment, medical tests, scans or to be brought back to your **Home in Italy**, **You** must contact **Chubb Assistance** immediately on: **+39 0236005637**.  
If **You** cannot do this yourself, **You** must arrange for a personal representative (for example, a spouse or parent) to do this for **You**. If **Chubb Assistance** are not contacted, any expense incurred by **You** that would otherwise not have been incurred had **Chubb Assistance** been contacted will be deducted from **Your Claim**.
  - B. under A. above - **You** must follow the procedure detailed under condition 2. below. **You** can make use of the services provided by **Chubb Assistance**, as appropriate (these are detailed on page 11 of this Policy).
2. All other **Claims**  
**We** can be contacted from Monday to Friday, from 8.30 to 18.00.  
Email: [chubb.denunce.tpa@chubb.com](mailto:chubb.denunce.tpa@chubb.com)  
Tel: +39 023 600 56 36  
Use the Claims Portal found [here](#).

**You** must notify **Us** immediately by telephone or email as soon as reasonably possible and within 30 days of becoming aware of anything likely to result in a **Claim**.

A personal representative can do this for **You** if **You** cannot.

## Reporting Lost, Stolen or Damaged Property

1. **Lost** or stolen **Personal Property**, **Money**, passport or driving licence.  
**You** must make every reasonable effort to obtain a police report within 24 hours of discovery.
  - If **Lost** or stolen from a hotel, **You** must make every reasonable effort to notify the hotel management; and
  - If the **Money** **You** have **Lost** or had stolen includes travellers cheques, **You** must make every reasonable effort to notify the local branch or agent of the issuing company; and
  - Provide **Us** with a copy of the original written reports.
2. **Personal Property Lost**, stolen or damaged whilst in the custody of an airline or other carrier.  
**You** must notify the airline or other carrier in writing within 24 hours of discovery and provide **Us** with a copy of the original Property Irregularity Report.

## Claim Conditions

### Other Insurance

If, at the time of an incident which results in a **Claim** under this Policy, there is any other insurance covering the same **Loss**, damage, expense or liability, **We** are entitled to approach that insurer for a contribution towards the **Claim**, and will only pay **Our** proportionate share. This condition does not apply to Section 3 – Hospital Benefit of this Policy.

### Recovery Rights

**We** have recovery rights, up to the sum settled, in all rights and actions that the Insured and/or Policyholder may have with respect to those liable for the damage. Pursuant to article 1916 of the Italian Civil Code, except in the case of wilful intent, there is no subrogation if the damage is caused by the insured's children, ascendants, other relatives or in-laws permanently living in the same household as the insured or by household staff. The insured is liable with respect to the insurer for the harm caused to the right of subrogation.

### Complying with Special Conditions

**You** must comply with the Special Conditions detailed in the relevant Section of this Policy.

### Supplying Details & Documents

**You** must supply at **Your** own expense any information, evidence and receipts **We** require including medical certificates signed by a **Doctor**, police reports and other reports.

### Your Duty to Avoid or Minimise a Claim

**You** and each **Person Insured** must take ordinary and reasonable care to safeguard against **Loss**, damage, **Accident**, injury or illness as though **You** were not insured. If **We** believe **You** have not taken reasonable care of property, the **Claim** may not be paid. The items insured under this Policy must be maintained in good condition.

### Protecting Property

**You** must take all reasonable steps to protect any item or property from further

**Loss** or damage and to recover any **Lost** or stolen article.

### Sending Us Legal Documents

**You** must send **Us** any original writ, summons, legal process or other correspondence received in connection with a **Claim** immediately when it is received and without answering it.

### Things You Must Not Do

**You** must not do the following without **Our** written agreement:

1. admit liability, or offer or promise to make any payment; or
2. sell or otherwise dispose of any item or property for which a **Claim** is being made.

### Recognising Insurer Rights

**You** and each **Person Insured** must recognise **Our** right to:

1. choose either to pay the amount of a **Claim** (less any **Excess** and up to any Policy limit) or repair, replace or reinstate any item or property that is damaged, **Lost** or stolen;
2. inspect and take possession of any item or property for which a **Claim** is being made and handle any salvage in a reasonable manner;
3. take over and deal with the defence or settlement of any **Claim** in **Your** name and if a settlement is made without costs being awarded, determine what proportion of those costs should be paid for costs & expenses and paid to **Us**;
4. settle all **Claims** in euro;
5. be reimbursed within 30 days for any costs or expenses that are not insured under this Policy, which **We** pay to **You** or on **Your** behalf;
6. be supplied at **Your** expense with appropriate original medical certificates where required before paying a **Claim**;



7. request and carry out a medical examination and insist on a post-mortem examination, if the law allows **Us** to ask for one, at **Our** expense.

### Fraudulent Claims

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**We** will not pay dishonest **Claims**. If **You** make a dishonest **Claim**, **We** may cancel **Your** cover.

### Paying Claims

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#### All Claims

- A. If **You** are 18 years or over, **We** will pay the **Claim** to **You** and **Your** receipt shall be a full discharge of all liability by **Us** in respect of the **Claim**.
- B. If **You** are aged under 18 years and covered under this Policy as the **Partner** of a **Person Insured**, **We** will pay the **Claim** to **Your Partner** for **Your** benefit. In all other circumstances we will pay the appropriate benefit amount to **Your Parent** or **Legal Guardian** for **Your** benefit. **Your Partner's** or **Parent** or **Legal Guardian's** receipt shall be a full discharge of all liability by **Us** in respect of the **Claim**.

## General Conditions

Conditions that apply to the whole Policy.

### Subscription limits

It is not permitted to take out multiple **Chubb** policies to cover the same risk, in order to increase the insured capital and/or extend the duration of the coverage.

### Exclusion of alternative compensation

If the Insured does not take advantage of one or more benefits/coverage options, **Chubb** is not required to provide alternative benefits/compensation of any nature as compensation.

### Other insurance

If multiple insurance policies have been taken out from different insurers to cover the same risk, the **Insured** is required to notify each insurer of this. If the **Insured** wilfully fails to make the notification specified above, the insurers are not required to pay the compensation provided under the policy. In the case of a **Claim**, the **Insured** must notify all insurers of it under article 1913 of the Italian Civil Code, indicating to each the name of the others. The **Insured** may request the compensation due from each insurer in accordance with the respective contract, provided the total sums collected do not exceed the amount of the damage. The insurer that paid has the right of recourse with respect to the others for the proportional allocation on the basis of the compensation due in accordance with the respective contracts. If an insurer is insolvent, its share is divided amongst the other insurers. The **Insured** must also provide the Company with all documentation needed for the required investigations and checks.

### Legal references

For all matters not governed otherwise herein, legal regulations in force shall apply.

### Disputes

In the event of disagreement regarding the nature and consequences of the accident (or the illness), the Parties are required to grant a mandate, by private agreement, to a Committee of three doctors to decide on the matter in accordance with and within the

limits of the Insurance Terms and Conditions. The Committee's decisions are taken by majority vote, with dispensation from all legal formalities. *The proposal to call the Committee of doctors must be made by the Insured or its assignees, and must be prepared in writing with an indication of the name of the designated doctor, after which the Company will notify the Insured of the name of the doctor which it in turn designates. The third doctor is selected by the Parties out of a group of three doctors proposed by the first two; in the event of disagreement, the Secretary of the Medical Association with jurisdiction in the location where the Committee of doctors is to meet will select him or her. After appointing the third doctor, the Company calls the Committee and invites the Insured to come in person. The Committee of Doctors is located in the Municipality, location of the Institute of Forensic Medicine, closest to the place of residence of the Insured. Each of the Parties incurs its own expenses, contributing half to the expenses and fees of the third doctor. The decision of the Committee of doctors is binding for the Parties even if one of the doctors refuses to sign the relative report.*

### Court with jurisdiction

For any dispute deriving from the application or interpretation of this Policy, the court with jurisdiction is that of the place of residence or the elected domicile of the **Insured** or the Policyholder.

### Tax costs

Tax costs relating to the Insurance are borne by the Policyholder. The taxes specified in the Certificate of Insurance are calculated based on the rate in force for the ministerial class at the moment of acquisition.

### Limitation

All rights with respect to **Chubb** will become void within two years from the date of the **Loss** which gave rise to the right to the Benefit/Coverage in compliance with the provisions of art. 2952 of the Italian Civil Code. In Civil Liability insurance, this period of time begins on the day on which the third party requested compensation from or lodged an action against the **Insured**. Pursuant to art. 1915 of the Italian Civil Code, the **Insured** who wilfully does not fulfil the obligation of notification loses

the right to compensation. In the case of negligent failure to fulfil that obligation, the Insurer is entitled to reduce the compensation based on the harm suffered.

### Right of withdrawal

The Policyholder is entitled to withdraw unilaterally, without having to provide a reason, within no more than 14 (fourteen) days of the date of acquisition of the policy, provided the trip has not started, by disclosing its decision to withdraw using one of the following methods:

Email: [travel.en@chubb.com](mailto:travel.en@chubb.com)

Tel: +39 023 600 56 36

In the case of withdrawal, the policy premium will be returned to the Policyholder with no application of any penalty.

**We** will not pay **You** a refund of any premium **You** have paid after above-mentioned limit.

### Cancelling Your Policy

If **We** want to cancel **Your** Policy **We** can cancel this Policy by giving **You** 30 days written notice. **We** will only do this for a valid reason. Examples of valid cancellation reasons include attempted or actual fraud, or where **We** are ordered or instructed to cancel this Policy by a regulator, court, or other law enforcement agency. If **We** cancel the Policy **We** will refund any premium **You** paid for the cancelled period provided **You** have not made a **Claim** under the Policy during the current **Period of Insurance**.

### Policy language

When the conditions of this policy or an extract of them are communicated in a language other than Italian, the version in Italian shall prevail.

### Contract

This Policy, the Policy Schedule and any information provided in **Your** application will be read together as one contract.

### Compliance with Policy Requirements

**You** (and where relevant **Your** representatives), shall comply with all applicable terms and conditions specified in this Policy. If **You** do not comply, **We** will only pay that part of any **Claim** that **We**

would have had to pay if **You** had complied in full.

### Changing Your Policy

1. If **You** want to change **Your** Policy  
If any of the information **You** have given **Us** changes **You** must telephone (and confirm in writing if **We** request **You** to do so), email or write to **Us** using contact details specified in this document.
2. If **We** want to change **Your** Policy  
**We** reserve the right to make changes or add to these Policy terms for legal or regulatory reasons and/or to reflect new industry guidance and codes of practice. If this happens **We** will write to **You** with details at least 30 days before **We** make any changes. **You** will then have the option to continue with or to cancel the Policy.

Any change made to **Your** Policy will begin on the date that the Certificate of Insurance is issued to **You** by **Us**.

### Interest

No sum payable by **Us** under this Policy shall carry interest unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the **Claim**. Where interest becomes payable by **Us**, it will be calculated only from the date of final receipt of such certificates, information or evidence.

### Bank Charges

**We** shall not be liable for any charges applied by **Your** bank for any transactions made in relation to a **Claim**.

### Complaints

Any complaints regarding the contractual relationship or claims management should be sent to:

Email: [ufficio.reclami@chubb.com](mailto:ufficio.reclami@chubb.com)

Tel: +39 023 600 56 36

If the party concerned is unsatisfied with the result of the complaint or if no reply is received within a maximum of 45 days of the date of receipt by the Company, it is possible to contact IVASS - User Protection Service - Via del Quirinale, 21 - 00187

Rome, enclosing with the report the documentation relating to the complaint processed by the Company using the form that may be viewed at the following address: [https://www.ivass.it/consumatori/reclami/Allegato2\\_Guida\\_ai\\_reclami.pdf](https://www.ivass.it/consumatori/reclami/Allegato2_Guida_ai_reclami.pdf).

In relation to disputes concerning the quantification of damages and the attribution of liability, please recall that exclusive responsibility remains with the Judicial Authority, in addition to the right to make recourse to reconciliation systems, if any.

To resolve cross-border disputes, it is possible to submit a complaint to IVASS or directly to the competent foreign system, by requesting the activation of the FIN-NET procedure.

that case, the complaint will then be brought to the attention of the Financial Ombudsman Service as well as the Company in order to obtain a reply. The Policyholder is advised to take into account that in that case the complaint may not be transmitted immediately and that therefore there may be a brief delay before the Company receives it. In any event, if you would like to rely on the services of reconciliation bodies to access alternative out-of-court instruments for the resolution of disputes which do not envisage access to the ordinary judicial authority, the policyholder and the insured may consult the Register of those bodies held by the Ministry of Justice and available online at: <https://mediazione.giustizia.it/ROM/ALBOORGANISMIMEDIAZIONE.ASPX>.

### European online dispute resolution platform

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If the insurance policy was acquired online or by means of electronic communications instruments (i.e., phone, SMS, fax or any other mobile device) and the policyholder or the insured cannot contact us directly through the Financial Ombudsman Service (FOS), it is possible to submit a complaint through the European online dispute resolution platform - available at <http://ec.europa.eu/consumers/odr/>. In

## General Definitions

The following words and phrases below will always have the following meanings wherever they appear in the Policy and Certificate of Insurance in bold type and starting with a capital letter.

### **Abroad**

Outside **Italy**.

### **Accident, Accidental**

A sudden identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

### **Adverse Weather**

Weather of such severity that the police (or appropriate authority) warn by means of public communications network (including but not limited to television or radio) that it is unsafe for individuals to attempt to travel via the route originally planned by **You**.

### **Age Limit**

64 years old (inclusive) and under at the date of taking out the Policy.

### **Child, Children**

A person under 18 years of age at the time the Policy is purchased.

### **Chubb**

Chubb European Group SE.

### **Chubb Assistance**

1. The telephone advice, information and counselling services; and/ or  
2. the travel assistance and emergency medical and repatriation services;  
arranged by IPA (Inter Partner Assistance S.A.), Via Carlo Pesenti, n. 121 - 00156 Roma, consisting of human resources and equipment, operating 24 hours on 24 and every day of the year.

### **Claim, Claims**

Single loss or a series of losses **Due To** one cause covered by this Policy.

### **Close Business Colleague**

Someone who **You** work with in **Italy** and who has to be in work in order for **You** to be able to go on or continue a **Trip**.

### **Cruise**

A sea or river voyage of more than 3 days in total duration, where transportation

and accommodation is primarily on an ocean or river going passenger ship.

### **Curtail, Curtailed, Curtailment**

Cut short/cutting short **Your Trip**.

### **Doctor**

A doctor or specialist, registered or licensed to practise medicine under the laws of the country in which they practise who is neither:

1. a **Person Insured**; or
2. a relative of the **Person Insured** making the **Claim**,

unless approved by **Us**.

### **Due To**

Directly or indirectly caused by, arising or resulting from, or in connection with.

### **Europe**

Albania, Andorra, Austria, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Canary Islands, Channel Islands, Croatia, Czech Republic, Denmark, Eire, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Isle of Man, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Mediterranean Islands (including Majorca, Menorca, Ibiza; Corsica; Malta, Gozo; Crete, Rhodes and other Greek Islands; Cyprus), Moldova, Monaco, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation (West of Urals), Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom, Ukraine.

### **Excess**

The first amount stated in the Table of Benefits of any **Claim** which each **Person Insured** must pay for each Section of the Policy that is claimed under.

### **Hospitalization**

any stay in healthcare institutions which are regularly authorized to provide hospital services and which involves at least an overnight stay or day hospital.

### **Immediate Family Member**

**Your Partner** or fiancé(e) or the grandchild, child, brother, sister, parent, grandparent, step-brother, stepsister, step-parent, parent-in-law, son- in-law, daughter-in-law, sister-in-law, brother-

in-law, aunt, uncle, nephew, niece, of **You** or **Your Partner**, or anyone noted as next of kin on any legal document, all of whom must be resident in **Italy**, and not any Person Insured.

#### **Insured Adult**

A person named in the Policy Schedule between the ages of 18 and 64 (inclusive).

#### **Italy**

The territory of the Italian Republic, the Republic of San Marino and the Vatican City State.

#### **Loss, Lost, Losses**

**Your Personal Property, Money,** business equipment, passport and/or driving licence that are covered under this Policy:

1. have been accidentally or unintentionally left in a location and they have then disappeared; or
2. are in a known location, but **You** are not reasonably able to retrieve them; or
3. have disappeared and **You** are not sure how it has happened

#### **Mobility Aid, Mobility Aids**

Any crutch, walking stick, walking frame, wheeled walking frame, walking trolley, evacuation chair, wheelchair, powered wheelchair or mobility scooter constructed specifically to aid persons suffering from restricted mobility but excluding any golf buggy or golf trolley.

#### **Money**

Coins, banknotes, traveller's cheques, postal or money orders, travel tickets, pre-paid vouchers, non-refundable pre-paid entry tickets and debit, credit, payment, prepayment and/or charge cards.

#### **Parent or Legal Guardian**

A person with parental responsibility, or a legal guardian, both being in accordance with the Italian Civil Code and related amendments of it.

#### **Partner**

**Your** spouse or civil partner or someone of either sex with whom **You** have been living for at least three months as though they were **Your** spouse or civil partner.

#### **Period of Insurance**

Period of cover commencing at 00.01 or any later time the Policy Schedule is issued and ending on the date shown on **Your** Certificate of Insurance.

#### **Personal Property**

1. Any suitcase, trunk or container of a similar kind and its contents;
2. any **Mobility Aid**;
3. **Valuables**,
4. any other article worn or carried by **You**; that is not otherwise excluded and which is either owned by **You** or for which you are legally responsible.

#### **Policyholder**

The party which undersigns the insurance policy for him(her)self or on behalf of third parties and assumes its relative charges.

#### **Public Transport**

Any air, land or water vehicle operated under licence for the transportation of fare-paying passengers and which runs to a scheduled published timetable.

#### **Repair and Replacement Costs**

The cost of repairing partially damaged property, or, if property is totally **Lost** or destroyed or uneconomical to repair, the cost of replacing property as new less a deduction for wear, tear or depreciation. (Note: **We** will pay a reasonable proportion of the total value of a set or pair to repair or replace an item that is part of a set or pair).

#### **Travelling Companion(s)**

Someone **You** have arranged to go on a **Trip** with and who it would be unreasonable to expect **You** to travel or continue **Your Trip** without.

#### **Trip**

A journey involving pre-booked travel or accommodation of at least 1 night duration if the trip is not **Abroad**.

#### **Unattended**

Where **You** are not in full view of or in a position to prevent unauthorised taking or interference with **Your Personal Property** or vehicle.

### **Valuables**

Cameras and other photographic equipment, telescopes and binoculars, audio/video equipment (including radios, iPods, mp3 and mp4 players, camcorders, DVD, video, televisions, and other similar audio and video equipment), mobile phones, satellite navigation equipment, computers and computer equipment (including PDAs, personal organisers, laptops, notebooks, netbooks, iPads, tablets and the like), computer games equipment (including consoles, games and peripherals) jewellery, watches, furs, precious and semi-precious stones and articles made of or containing gold, silver or other precious metals.

### **War**

Armed conflict between nations, invasion, act of foreign enemy, civil war or taking power by organised or military force.

### **We, Us, Our, Ourselves**

Chubb European Group SE,

### **Winter Sports**

Bigfoot skiing, bobsleighbing, cross-country skiing, glacier skiing, heli-skiing, kite snowboarding, langlauf, luging, mono-skiing, skidooing, skiing, ski acrobatics, ski flying, ski jumping, ski racing, ski touring, sledging, snow blading, snowboarding, snowmobiling, speed skating, tobogganing.

### **You, Your, Person(s) Insured**

All persons named in the Policy Schedule within the **Age Limit** being resident in **Italy**. Each person is separately insured with the exception of any **Child** unless travelling with an **Insured Adult**.



## Information Note on Personal Data Processing

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Under the Regulation (EU) 2016/679 (General Data Protection Regulation), we at Chubb European Group – Italy branch – Via Fabio Filzi 29 – 20124 Milano – Data Controller – use personal information which you supply to us or to your insurance broker or collected by Third Parties authorized by us in order to write and administer insurance policies, including any claims arising from them. This information will include basic contact details such as your name, address, policy number, personal data relating to civil or criminal convictions and offences, as well as, with your prior explicit consent, special categories of personal data such as – for example – data concerning your health, where this is relevant to the risk we are insuring, services we are providing or to a claim you are reporting. Furthermore, where you are specifically asked for your explicit consent, your data may be used to contact you through traditional communication channels (by post or by telephone) and automated systems (e-mails, sms, mms, fax and social media) to send you offers about our products. It is understood that, at any time, you can withdraw your consent or restrict it even to just one of the above mentioned communication channels. Please note that such purpose will be pursued only in case your explicit consent is asked and given.

We are part of a global group, and your personal information may be shared with our group companies in other countries as required to provide coverage under your policy or to store your information. We also use a number of trusted service providers, who will also have access to your personal information subject to our instructions and control.

Your personal data shall be kept for no longer than is necessary for the purposes for which it is being processed.

You have a number of rights in relation to your personal information, including the right of access at any moment to your personal data, the right to object to their processing, the right to have them rectified or, in certain circumstances, erased, the right to restriction of processing and the right to data portability. In order to exercise your rights, you can contact Chubb European Group – Italy branch – Via Fabio Filzi 29 – 20124 Milano (MI) – Tel. 02-270951 - Fax: 02-27095333 or the Data Protection Office at [dataprotectionoffice.europe@chubb.com](mailto:dataprotectionoffice.europe@chubb.com). Lastly, you have the right to submit a complaint to the Italian Data Protection Authority.

This section represents a condensed explanation of how we use your personal information. For more information, including the lawful basis for processing, we strongly recommend you read our user-friendly Master Privacy Policy, available on our website [www.chubb.com/it](http://www.chubb.com/it) or through the <https://www2.chubb.com/it-it/footer/privacy-statement.aspx>. You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at [dataprotectionoffice.europe@chubb.com](mailto:dataprotectionoffice.europe@chubb.com).



## GLOSSARY

This glossary is intended as a general aid when reading the pre-contractual information to help understand some of the commonly occurring terms used in insurance. These definitions are not intended to and do not supersede any definitions used in the Insurance Terms & Conditions, which are the only definitions governing the contract.

**Claim:** the occurrence of an event insured pursuant to the insurance contract.

**Complaint:** a statement of dissatisfaction with an insurance undertaking relating to an insurance contract or service. Enquiries, requests for clarification, claim for damages or request for contract's fulfilment shall not be considered complaints.

**Deductible/Excess:** the part of loss that shall be borne by the insured and for which no compensation is paid by the insurer. It can be expressed as a fixed amount or as a percentage.

**Indemnity:** the sum of money which the insurer is obliged to pay to the insured (or in specific cases, to the beneficiary) in the event of a claim covered by the insurance, determined after application of all deductibles, excesses and limits indicated in the contract.

**Informative set:** the set of documents that form the pre-contractual information (DIP, Additional DIP, Terms & Conditions including Glossary and, where applicable, Application Form), which is delivered to the policyholder prior to entering into the contract.

**Insurance:** the contract by which a party transfers to another party a risk to which it is exposed.

**Certificate of Insurance:** the document that may be issued by the insurer as an evidence of the contract.

**Insured:** the person, legal or natural, protected under an insurance and entitled to the indemnity provided by the insurer.

**Insurer/Insurance Company/Undertaking:** Chubb European Group SE.

**Intermediary:** the insurance intermediary, duly registered according to the law, providing intermediation services in relation to the insurance contract.

**IVASS:** the Institute for Insurance Supervision, responsible for supervising all insurers, including foreign undertakings, operating in Italy.

**Limit/Sum Insured:** the maximum amount payable by the insurer in the event of a claim. If instead the Terms & Conditions specifically state that the limit applies to a period of insurance, it represents the maximum amount payable by the insurer for all claims occurring in that period of insurance.

**Loss/Damage:** the prejudice suffered by the insured following a claim.

**Period of insurance:** the period of time during which the insurance contract is effective, provided that the premium has been paid.

**Policy:** the document evidencing the insurance contract entered into by the policyholder, containing all the applicable terms and conditions.

**Policyholder:** the person, legal or natural, entering into the insurance contract with the insurer and is obliged to pay the premium.

**Premium:** the amount of money that is paid by the policyholder to the insurer for providing insurance cover.

**Risk:** the probability that the insured event occurs.

**Settlement:** the payment of an indemnity by the insurer in the event of a covered claim.

**Sublimit:** the amount, expressed as a fixed sum or a percentage, representing the maximum liability of the insurer in respect to the specific coverage to which it applies.

**Terms & conditions:** the standard terms and conditions governing an insurance contract. They can be amended by special and additional terms and conditions.

## Contact us

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Chubb European Group SE.  
General Representative Office for Italy  
Via Fabio Filzi 29  
20124 Milan

Tel. 02 27095.1  
Fax 02 27095.333  
[www.chubb.com/it](http://www.chubb.com/it)