



ARISA ASSURANCES S.A.

INFORMATION DOSSIER

Prepared in accordance with ISVAP Regulation n. 35 of 26/05/2010

MULTIRISK INSURANCE CONTRACT FOR THE SPORTSMAN



This information dossier containing:

- Information Note
- Glossary
- Insurance conditions

must be delivered to the Contracting party prior to signing insurance contract, or if applicable, the insurance proposal.

**WARNING BEFORE SIGNING PLEASE READ
CAREFULLY THE INFORMATION NOTE.**

TRANSLATION OF THE OFFICIAL ITALIAN TEXT

INFORMATION NOTE

The informative Note below is edited following the scheme outlined by Private Insurance Control Authority (IVASS), even though it's contents are not subject to preventive approval by IVASS. The Contracting party must read insurance policy conditions before subscribing the policy contract.

INSURANCE COMPANY INFORMATION

GENERAL INFORMATION:

ARISA Assurances S.A., Société Anonyme
 5, Rue Eugène Ruppert, L-2453 Luxembourg
 +352 262940.1 - www.arisa-assur.com - info@arisa-assur.com
 ARISA Assurances S.A. does not belong to a group.
 ARISA Assurances S.A. are authorized to operate in Italy under the freedom to provide services regulation (register on the list attached to the Register of insurance companies with number II.00717, consult the above list to verify the correctness of authorization to pursue the activity) and they are under supervision of Commissariat aux Assurances Luxembourg, 7, boulevard Joseph II, L- 1840 Luxembourg.

INSURANCE COMPANY ASSETS INFORMATION:

Net assets: 42,7 euro million
 - which capital: 15 euro million
 - which reserves: 27,7 euro million
 Solvency ratio damage insurance: 497%
 The solvency ratio is the ratio between the amount of available solvency margin and the amount of solvency margin required by law.

CONTRACT INFORMATION

CONTRACT DURATION AND TACIT RENEWAL:

The insurance contract has a duration variable and **implies tacit renewal for annual contracts.**

WARNING The policy may be terminated by registered mail to be received by the Insurance Company at least 30 days before the deadline. Failure to cancel the policy will be renewed for one year. We refer, in any case, to Art. 9 of Section 3 of the policy for details.

MODE OF COMPLETION OF CONTRACT:

The contract is completed when the Insurance Company issues the policy. Insurance will be operating since 24h00 of the day specified in the policy provided that the insurance premium has been paid, otherwise the insurance will remain suspended until the 24h00 of the day when the Contracting party pay the premium due under and for the art. 1901, paragraph 1, Civil Code.

WARNING In case of placement of the insurance contract at a distance, the Insurance Company or the Intermediary will require to the Contracting party to underwrite and send back the policy sent by the same Insurance Company on paper or another durable medium, unless the contract has been formed as informatics document in compliance with technical regulations issued by art. 71 of Legislative Decree no. 2005 82.

MODE FOR TRANSMISSION AND RECEIPT OF CONTRACTUAL AND PRECONTRACTUAL DOCUMENTATION IN DISTANCE CONTRACTS:

The Contracting party may choose to receive and transmit pre-contractual and contractual documentation on paper or via email. In any case, the Contracting party shall be entitled to subsequently change his choice.

NON CONCLUSION:

The contract can not be completed if the Contracting party fails to provide all information and documents requested by the Insurance Company.

WARNING For distance contracts the Contracting party within 14 days after the conclusion of the contract, has the right to withdraw from the signed contract. The Contracting party shall be entitled to a refund of the premium paid for the period not enjoyed (at a rate of 1/360 of annual premium per day for unused warranty), net of tax and other charges billed to the Contracting party by law. Pursuant to art. 67-duodecies, paragraph 5), letter b), D. Lgs. 206/2005, the right to reconsider does not apply in case the duration of the insurance is less than one month. Reference is made to the article 2 of section 2 of the policy for details.

INSURANCE COVERAGE OFFERED –LIMITATIONS AND EXCLUSIONS

WARNING: All the coverages are given as a secondary risk.

| Insurance coverages | Limitations and exclusions |
|--|--|
| Third party liability for personal injury | 500.000€ (1.000.000€ in case of F.I.V. – Federazione Italiana Vela extension) Excess 10% minimum 250€ |
| Third party liability for damage to property Only in case of damage to persons as well | 50.000€ (1.000.000€ in case of F.I.V. – Federazione Italiana Vela extension) Excess 10% minimum 250€ |
| Refund for unused subscriptions, lessons, sports equipment hire due to injury | 1.000€ |
| Search, aid and rescue expenses | 25.000€ |
| Emergencies medical expenses "Emergency medical expenses" refers exclusively to expenses incurred | 1.500€ |

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| immediately after the claim | |
| Companion during hospitalisation | Full cost |
| Repatriation for medical reasons | Full cost |
| Travel companions repatriation | Full cost |
| Legal protection | 1.500€ |
| Advance bail payment | 5.000€ |
| Transportation of coffin | 1.500€ |

Example about how Excess works: Excess 10% minimum 250€ (E.g. damage 10.000€ excess 10.000€x10%=1.000€; damage 1.000€ excess 1.000€x10%=100€ lower that 250€ the 250€ minimum applies)

WARNING This insurance implies limitations and exclusions of coverage and conditions of suspension of guarantees that may reduce or deny compensation of claims, as specified in sections 1, 2 and 3 of the contract. Moreover the guarantees may have deductibles, excess and limits, as specified in section 3 of the contract. In particular, references are made to Art. 1 of Section 2 and Art. 2, 3, 4, 5, 6 and 7 of Section 3 of the contract, for the details.

INSURED DECLARATIONS REGARDING CIRCUMSTANCES OF RISK – TERMINATION:

WARNING Eventual inexact or reticent statements about the circumstances of risk made during contract closing may affect the right to the insurance coverage, as specified at Art. 3 in section 2 of the contract. Causes of termination are also included as specified at sections 2 and 3 of the contract.

AGGRAVATION OF RISK:

The contracting party must send written communication to the Insurance Company about every aggravation of risk as specified at Art. 6 in section 2 of the contract, **on pain of total or partial loss of the right of compensation** (Eg. for subsequent participation to adventure holidays that, for the purposes of this contract, would result in an increase in risk that could result in the exclusion of insurance coverage).

PREMIUM:

The premium must be paid with one solution in cash or cheque, bank transfer or credit card. It is not possible to fractionate the premium. The Insurance Company may apply discounts on the premium for objective determined categories of insured persons.

LEGAL EXPENSES INSURANCE:

The Insurance Company, within the limit specified in the policy and conditions of insurance, guarantees legal protection, entrusting the management of claims in Coris Assistance 24ORE S.p.A., as specified in Art. 4.9 of Section 3 of the contract.

RIGHT OF WITHDRAWAL:

WARNING In some cases the Insurance Company has the right of rescission as specified in section 2 of the contract. In particular, references are made to Art. 3 and 6 of Section 2 of the contract, for the details.

LIMITATION PERIOD AND DEBARMENT OF RIGHTS DERIVED BY THE CONTRACT:

Should the Italian Law apply, the rights derived by this insurance have a time limit of 2 years from the date of the fact over which the right is based on, according to Art. 2952 Civil Code. For third party liability guarantees, the time limit of 2 years starts on the day the request of compensation is made or the legal proceeding against the insured is taken.

APPLICABLE LAW TO THE CONTRACT:

According to Art. 180 of legislative decree n. 209/05, the Italian law applies. The parties can agree in written form to account this insurance to a different legislation that the Italian law; in such case the limitations derived from national mandatory rules must be preserved, eventual specific provisions of Italian legal system will be predominant.

TAXATION SYSTEM:

This insurance is subject to Italian tax arrangements.

LIQUIDATION PROCEDURES AND COMPLAINTS INFORMATION

CLAIMS – COMPENSATIONS LIQUIDATION:

WARNING The contract indicates modalities and terms to report a claim, as specified at Art. 8 in section 3 of the contract.

WARNING The claims management service is committed to Coris Assistance 24ORE S.p.A, third company, as specified at Art. 8 in section 3 of the contract.

COMPLAINTS:

Any complaint concerning the contractual relationship or the claims management may be presented as it follows: by email at the following address: reclami@arisa-assur.com; by fax at the following number: +352 26294040; by ordinary post to be addressed to ARISA Assurances S.A., B.P. 3051, L-1030 Luxembourg. The complaint must report the following information: name, surname, address and telephone number of the complainant; policy number and policyholder's details; number and date of the accident; specification of the subject or department whose services are considered not satisfactory; short and exhaustive description of the reasons of the

complaint; any further information or document that are useful to describe the reasons of the complaint. The Company will provide to handle the complaint within 45 days from the receipt, according to the applicable Law. If the claimant has not received a reply or he considered not satisfactory the reply received, the complainant, before taking a legal action in front of the Court, can write to "IVASS – Istituto per la Vigilanza sulle Assicurazioni – Servizio Tutela del Consumatore", Via del Quirinale 21, 00187 Roma (fax: 06.42.133.745 - 06.42.133.353 or by PEC ivass@pec.ivass.it) supplying a copy of the complaint forwarded to the Insurance Company and the reply received, even using the model downloadable from IVASS website: www.ivass.it clicking on "Come presentare un reclamo", downloading the model "facsimile di reclamo all'IVASS". The complaint must report the following information: name, surname and address of the complainant, including the telephone number if considered appropriate; specification of the subject or department whose services are considered not satisfactory; short and exhaustive description of

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the reasons of complaint; copy of the complaint forwarded to the Insurance Company and copy of the reply; any further information or document that are useful to describe the reasons of the complaint. Any complaints relating to alleged infringement of Italian Insurance Private Code, its implementing rules or Italian Law on distance marketing of insurance contracts by Insurance Companies, Insurance Intermediaries or insurance assessors, can be lodged in front of IVASS according to the above mentioned procedure. Any complaint in respect of the services rendered by our Company may also be addressed to the Supervisory Authority of the Home Member State: Commissariat aux Assurances Luxembourg (7, Boulevard Joseph II, L-1840 Luxembourg). For the solution of trans-border litigations, it is possible to lodge

the complaint to IVASS or directly to the competent foreign body, namely the foreign body of the Country where is situated the Insurance Company that has issued the policy (that it can be found by accessing the following website ec.europa.eu/internal_market/fin-net/members_en.htm) asking to perform the FIN-NET procedure. Without any prejudice for the possibility of taking legal action in front of the Courts, in case of disputes on insurance contracts, it's mandatory to lodge a mediation procedure pursuant to article 5 Legislative Decree 4 of March 2010, n. 28, as amended by article 84, paragraph 1, Legislative Decree 21 June 2013 n. 69. Further information on how to lodge a complaint are available on the Company's website address www.arisa-assur.it/Reclami.html

ARISA Assurances S.A. is responsible of truth and accuracy of data and information contained in this informative Note.

The legal representative
Dr Hans Plattner



September 30th 2016

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1. GLOSSARY

The terms in this contract written in *ITALIC CAPITAL LETTERS* refer entirely and exclusively to the following definitions:

1. **INSURANCE**: This insurance contract.
2. **MULTISPORT**: The name of the product object of the *INSURANCE*.
3. **COMPANY**: ARISA Assurances S.A., B.P. 3051, L- 1030 Luxembourg.
4. **INTERMEDIARY**: The intermediary of the *INSURANCE*.
5. **CLAIMS MANAGEMENT SERVICE**: The *COMPANY* has appointed Coris Assistance 24ORE S.p.A., Via L. Canonica 72, 20154, Milano (MI).
6. **CONTRACTING PARTY**: The subject who signs the *INSURANCE*.
7. **INSURED**: The subject whose interest is protected by the *INSURANCE*, that is the natural person indicated in the policy in case of option "INDIVIDUAL MULTISPORT"; the natural person indicated in the policy, his wife (or her husband) and his sons living together as it appears in the Italian family identifying certificate or the equivalent foreign certificate in case of option "FAMILY MULTISPORT "; the natural persons indicated in the policy in case of option "MULTISPORT GROUP".
8. **RESIDENCE**: The usual domicile.
9. **CLAIM**: The happening of a harmful event that the *INSURANCE* covers.
10. **RISK**: A probability of an *ACCIDENT* taking place and the entity of the damage that could derive from it.
11. **PREMIUM**: The sum owed by the *CONTRACTING PARTY* or by the *INSURED*.
12. **INJURY**: The *CLAIM* that happened to the *INSURED* during sport activities, due to fortuitous, violent and external cause that produces objectively noticeable bodily harm.
13. **ACCIDENT**: The *CLAIM* occurred during the sports activities carried out by the *insured* due to a casual, violent and external cause that produces objectively noticeable bodily harm, or originated from the casual encounter between the *insured* and a third person and resulting in objectively noticeable physical and/or material damage.

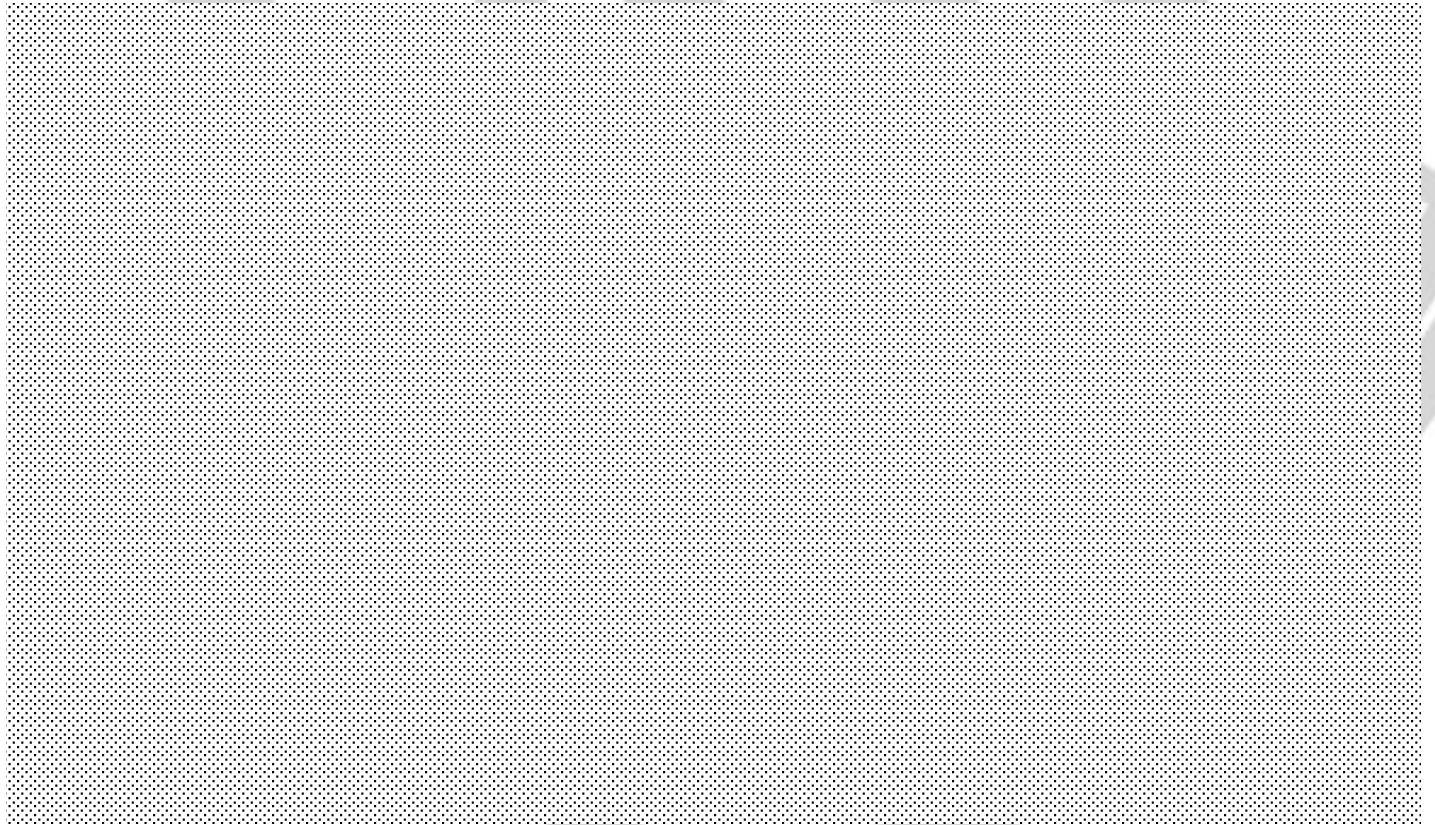
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2. GENERAL CONDITIONS

1. **PAYMENT OF THE PREMIUM:** This *INSURANCE* commences with effect from the effective date indicated by the *CONTRACTING PARTY* if the *PREMIUM* or the first instalment of *PREMIUM* has been paid; otherwise it will commence at 24.00 hours on the day when payment is made. The *PREMIUM* must be paid in accordance with the methods set out in the sign-up form, to the *INTERMEDIARY* or other person authorised by it.
2. **RIGHT TO RECONSIDER FOR DISTANCE CONTRACTS LONGER THAN 30 DAYS:** the *CONTRACTING PARTY*, within 14 days after the conclusion of the contract, has the right to withdraw from the signed contract. The *CONTRACTING PARTY*, within the afore mentioned terms, shall give a written notice to the *COMPANY* or to the *INTERMEDIARY* by registered letter with acknowledgement of receipt. The *COMPANY* will provide to refund the premium paid for the period not enjoyed (at a rate of 1/360 of annual premium per day for unused warranty), net of tax and other charges billed to the *CONTRACTING PARTY* by LAW. The date of withdrawal will coincide with the date of dispatch of the registered letter, as resulting from the postmark.
3. **FALSE STATEMENTS AND NON-DISCLOSURE:** The *PREMIUM* has been calculated on the basis of the statements of the *INSURED* and/or the *CONTRACTING PARTY* who are bound to declare all relevant facts for the purpose of a proper assessment of the *RISK* by the *COMPANY*. False statements and/or non-disclosure of the *INSURED* and/or *CONTRACTING PARTY* in respect of circumstances that have a bearing on the proper understanding of the situation and assessment of the *RISK* may bring about the total or partial forfeiture of the right to the *INSURANCE* cover provided by the *INSURANCE* and even actual termination of the *INSURANCE* in the terms of articles 1892,1893 and 1894 of the Italian Civil Code. These provisions apply also to any extension, prolonging, renewal or endorsement.
4. **FRAUDULENT CLAIMS:** Should the *INSURED* and/or the *CONTRACTING PARTY* make any claim that is intentionally false or fraudulent, either as regards the amount claimed or otherwise, they will forfeit the right to *INSURANCE* indemnity as set out in the *INSURANCE*.
5. **INSURANCE WITH DIFFERENT INSURERS:** In the event of *LOSS*, should in respect of the same interest and for the same or similar *RISK* a number of insurances be in force, the *INSURED* and/or the *CONTRACTING PARTY* must notify the *CLAIMS HANDLING COMPANY* and/or the *COMPANY* in writing of the other contracts taken out. In the event of a *LOSS* the *INSURED* and/or the *CONTRACTING PARTY* must give this notice to all the insurers and is bound to claim from each of them the indemnity due in accordance with the respective contracts taken alone, but the aggregate sums to be collected must not exceed the amount of the damage. Should the sum of said claims exceed the amount of the damage, the *COMPANY* will be liable to pay only its proportional share on the basis of the indemnity calculated in accordance with its own contract, all joint liability with other Insurers being in any event excluded.
6. **WORSENING OF THE RISK:** The *INSURED* and/or the *CONTRACTING PARTY* must give notice to the *INTERMEDIARY* in writing of any worsening of the *RISK*. The *INTERMEDIARY* will advise the *COMPANY* of all worsening of the *RISK*. Worsening of the *RISK* not accepted by the *COMPANY* may bring about the total or partial forfeiture of the right to indemnity as well as termination of the *INSURANCE* in the terms of Art. 1898 of the Italian Civil Code.
7. **ADJUSTERS' MANDATE:**
 - a) inquire into the circumstances as to time and place and manner of the *LOSS*;
 - b) verify that the description and the statements shown in the contract documents are correct and if necessary advise whether at the time of the *LOSS* there were circumstances that had altered the *RISK* and had not been notified;
 - c) verify that the *INSURED* and the *CONTRACTING PARTY* have fulfilled their duties;
 - d) proceed to calculate the damage and expenses.
8. **PAYMENT OF THE INDEMNITY:** Once the operation of the cover has been checked and the damage assessed, the *COMPANY* will, through the *CLAIMS HANDLING COMPANY*, pay the indemnity within 90 days from these inquiries except as set out in the special conditions. In the event of a judicial inquiry taking place as to the damage payment of the indemnity will be suspended until the date of the judgment becomes enforceable.
9. **COMMUNICATIONS:** All communications must be forwarded by registered letter or fax except as set out in the special conditions.
10. **TAX CHARGES:** Present and future tax charges in respect of this contract are to be borne by the *CONTRACTING PARTY*.
11. **JURISDICTION:** Any dispute pertaining to this contract shall be referred to the venue of the *RESIDENCE* of the *CONTRACTING PARTY* or the *INSURED*.
12. **FORM OF THE INSURANCE:** Any variations, extensions, renewals or substitution of this contract agreed between the parties must be proven in writing.
13. **REFERRAL TO THE RULES OF LAW:** In respect of anything not otherwise laid down, the rules of Italian law will apply.

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3. SPECIAL CONDITIONS

1. **PURPOSE OF THE CONTRACT:** ACCIDENT and INJURY connected to playing sports carried out by the INSURED:

2. **TERRITORIAL VALIDITY:** World.

3. **PERIOD OF VALIDITY:** The specified period paid for.

4. **COVERAGE:** All the coverage is provided in secondary RISK to what is already covered by other valid insurance policies drawn up by the INSURED and/or CONTRACTING PARTY and the compensation is net of any other compensation due from other valid policies; limit of liabilities, deductible and excesses are applied per CLAIM/event:

| | When? | What? | How? | Other restrictions? |
|--|--|--|---|---|
| 1. Third-party liability for personal injuries to third persons | Following an ACCIDENT involving the INSURED. | All material and direct damage relating to personal injuries caused by the INSURED to third persons is covered by the INSURANCE. | The maximum compensation for every CLAIM/event covered by the COMPANY cannot exceed € 500,000.00 (€ 1,000,000.00 if the appropriate additional PREMIUM has been paid in case of F.I.V. extension). Each compensation is subject to a deductible clause of 10% on the amount of damages, with a minimum limit of € 250.00, that will remain at the expense of the INSURED. | In the event that a claim for damages is made against the INSURED in order to indemnify any damages caused to third parties covered by this policy, so that the same may make use of the clauses included in it, the INSURED will immediately notice the CLAIMS MANAGEMENT SERVICE that, under a specific mandate of the INSURED, will handle the dispute, as long as the COMPANY's interest persists, within the limits provided by article 1917 c.c.. |
| 2. Third-party liability for damage to things of third persons | Following an ACCIDENT involving the INSURED also with personal injuries to third persons. | All material and direct damage caused by the INSURED to the property of third parties that are suffered a personal injuries is covered by the INSURANCE, that is, for the deterioration or destruction of material goods or animals owned by third parties. | The maximum compensation for every CLAIM/event covered by the COMPANY cannot exceed € 50,000.00 (€ 1,000,000.00 if the appropriate additional PREMIUM has been paid in case of F.I.V. extension). Each compensation is subject to a deductible clause of 10% on the amount of damages, with a minimum limit of € 250.00, that will remain at the expense of the INSURED. | The INSURED's INJURY must be serious enough to prevent him completing the activity subject to the INSURANCE; the pathology must be certified by a doctor and documented by analyses that can be assessed by the COMPANY's doctor. The INSURED shall be entitled to a refund of the subscription not enjoyed, as a result of INJURY of the INSURED, only if the fact - subscription not being used - has been objectively proven via appropriate means regarding the whole period for which a refund is requested. |
| 3. Refund for unused subscriptions | Following an INJURY involving the INSURED. | The COMPANY will refund any unused subscriptions, lessons and sports equipment hire pro rata temporis. | The INSURED must ask the CLAIMS MANAGEMENT SERVICE for the refund of unused subscriptions, lessons, sports equipment hire, specifying the reasons and the unused days and attaching the original purchase receipts. The maximum compensation covered by the COMPANY cannot exceed € 1,000.00. | |
| 4. Search, aid and rescue expenses | Following an ACCIDENT and/or INJURY involving the INSURED or if he is declared missing. | The COMPANY will pay for ordinary aid and rescue expenses, also by helicopter where this is necessary due to the INSURED's serious state of health, for all expeditions organised by civil or military rescue organisations or by specialised public or private organisations. | The COMPANY will pay for said ordinary expenses up to a maximum figure of € 25,000.00. | |
| 5. Emergency medical expenses | Following an INJURY involving the INSURED. | The COMPANY will pay for emergency medical expenses only. Emergency medical expenses refers exclusively to expenses incurred by the INSURED in the period immediately after the CLAIM. | The COMPANY will pay for said expenses up to a limit of € 1,500.00. | |
| 6. Companion during hospitalisation | Following an INJURY involving the INSURED requiring hospitalisation in medical facilities. | The COMPANY will pay travel expenses to the health facilities for the person accompanying the hospitalised INSURED. | The COMPANY will pay for the travel expenses of one person who is at the location of the event to accompany him. If the period of hospitalisation extends over at least 7 days and no one can remain at the INSURED's side to give him assistance, the COMPANY will pay for a roundtrip for one person chosen by the INSURED to help him. When the INSURED is declared fit to travel, the COMPANY will organise the return trip for him and the person accompanying him at its own expense. | The guarantee is not valid if the request of the Companion during hospitalisation is not authorized in advance by the CLAIMS MANAGEMENT SERVICE. |

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| | When? | What? | How? | Other restrictions? |
|---|---|---|--|---|
| 7. Repatriation for health reasons | Following an <i>INJURY</i> involving the <i>INSURED</i> . | When the <i>INSURED</i> is declared fit for travel, the <i>CLAIMS MANAGEMENT SERVICE</i> will organise his return journey according to its doctors' opinion. Depending on the nature and seriousness of his conditions, the <i>INSURED</i> can be transported by train in first class, couchette or sleeper, by ambulance, airline, or private health service plane. The choice of said means of transport will be made at the total discretion of the <i>CLAIMS MANAGEMENT SERVICE</i>. | The <i>COMPANY</i> will pay for the sustained costs. | If the <i>INJURY</i> affects a <i>INSURED</i> resident in a non-European country, the <i>COMPANY</i> will only organise and pay for the transport of said person to the hospital nearest to the place of the <i>ACCIDENT</i> or to the best equipped or most specialised hospital. It will not cover the expenses of repatriation for health reasons. The guarantee is not valid if the request of Repatriation for health reasons is not authorized in advance by the <i>CLAIMS MANAGEMENT SERVICE</i>. |
| 8. Travel companions repatriation | Following an <i>INJURY</i> involving the <i>INSURED</i> . If the members of the group who were travelling with the <i>INSURED</i> covered by the same <i>INSURANCE</i> are no longer able to return to their place of <i>RESIDENCE</i> with the means of transport initially organised. | The <i>COMPANY</i> will organise the return journey of the member of the group at its own expense. | The <i>COMPANY</i> will pay for the sustained costs. | The guarantee is not valid if the request of Repatriation of Travel companions is not authorized in advance by the <i>CLAIMS MANAGEMENT SERVICE</i> |
| 9. Legal expenses Insurance | Following an <i>ACCIDENT</i> and/or <i>INJURY</i> involving the <i>INSURED</i> . | The <i>CLAIMS MANAGEMENT SERVICE</i> will supply a lawyer in order to resolve court or out-of-court controversies in respect to which the <i>INSURED</i> is involved in, if the counterparty and/or coparty and/or party is not the <i>COMPANY</i> , the <i>INTERMEDIARY</i> , the <i>CLAIMS MANAGEMENT SERVICE</i> , the <i>INSURANCE CONTRACTING PARTY</i> or another <i>INSURED</i> of the <i>COMPANY</i> . | The <i>COMPANY</i> will pay for the judicial and out-of-court fees as indicated below up to a limit of € 1,500.00: a) lawyer's fees; b) expert's fees; c) court judgement fees; d) any legal fees for the counterparty if the transaction is authorised by the <i>COMPANY</i> , or losing party's fees if the <i>INSURED</i> is condemned. | The events that the <i>INSURED</i> is called upon to respond to must not be subject to criminal sanctions by the local authorities. In the event that the <i>INSURED</i> was to be called to court for compensation for any damages caused to third parties covered by this policy, the <i>INSURED</i> may choose the lawyer to whom to entrust the judicial protection of his interests provided that the lawyer is: a) authorized under applicable law; b) registered in the jurisdiction of the district court where it's located the judicial offices which are competent to decide the dispute. |
| 10. Advance bail payment | If the <i>INSURED</i> is arrested or threatened with arrest after infringing the legislation in the foreign country where he is found. | If the <i>INSURED</i> has to make a bail payment to the foreign authorities in order to be released and cannot pay for it directly and immediately the <i>COMPANY</i> will advance the bail pail. | The <i>COMPANY</i> will pay the bail payment in advance on behalf of the <i>INSURED</i> . However, the amount of the bail payment advanced by the <i>COMPANY</i> cannot exceed the sum of € 5,000.00. This sum must be paid back by the <i>INSURED</i> within a month of the <i>COMPANY</i> making the request for reimbursement. | The <i>INSURED</i> must choose a natural or legal person who will make the requested amount available to the <i>CLAIMS MANAGEMENT SERVICE</i> in Italy. Once the amount is made available, the <i>COMPANY</i> will make the payment on site or will send the amount to the <i>INSURED</i>. Excluded from this service are transfers of currency abroad that violate the provisions on the subject in force in Italy or in the country where the <i>INSURED</i> is staying. |
| 11. Transportation of coffin | Upon the death of the <i>INSURED</i> . | At its own expense the <i>COMPANY</i> will organise the transport and obligatory services concerning the transportation of the deceased <i>INSURED</i> 's body to the nearest place of burial to his <i>RESIDENCE</i>. | The expenses for transporting the coffin will be paid for at their real cost, while the costs for the obligatory services concerning transportation of the <i>INSURED</i> 's body will be met up to € 1,500.00. At its own expense the <i>COMPANY</i> will organise any return journey for the family taking part in the same trip and covered by the same <i>INSURANCE</i> to the place of burial. | |

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5. **EXCLUSIONS:** In no case does the *INSURANCE* cover *ACCIDENTS* and *INJURY* caused or happened as a consequence or on occasion of:
- strikes, unrest, popular tumult, acts of terrorism or sabotage, occupation, lock-ins, as well as civil or military coups, wars, invasions, hostility (whether war is declared or not), civil wars, revolutions, insurrections, military or usurped power, martial law, confiscation, nationalisation, requisition, destruction or damage to goods deriving from acts or provisions of the central, regional or local public authorities;
 - tornados, hurricanes, earthquakes, volcanic eruptions, flooding, heavy sea, snow slides, avalanches, seaquakes or landslides;
 - ionising radiation or radioactive contamination caused by nuclear fuels or by nuclear waste deriving from transmutation of the atom nucleus as well as from radioactive, toxic, explosive properties or other dangerous characteristics of nuclear equipment or their components;
 - intentional acts, malice or gross negligence by the *INSURED* and/or *CONTRACTING PARTY* and/or people for whom they are legally responsible;
 - use of drugs, narcotics or medicines not prescribed by a doctor;
 - alcohol abuse;
 - conscious disregard of official rules;
 - suicide or attempted suicide, self-inflicted injury;
 - handling or possession of arms including weapons for hunting and war;
 - participation in burglaries, robberies or other crimes;
 - any involuntary act that makes it impossible to use this *INSURANCE*, including prohibitions decided by local, national or international authorities;
 - mountain climbing over 6,000 metres, bobsleigh, hunting dangerous animals, motor sports (unless the appropriate additional *PREMIUM* has been paid), flying sports (unless the appropriate additional *PREMIUM* has been paid), skeleton sledding, potholing. Exclusively for the daily policies, motor and flying sports are not excluded if played with an instructor;
 - professional or paid practice in official competitions organised by a sports federation, including training for these competitions, (professional or paid practice in official competitions organised by F.I.V. – Federazione Italiana Vela, including training for these competitions only in case the Policyholder has paid the appropriate additional *PREMIUM*);
 - transport on ski lifts including loading and unloading the lift.
With particular reference to the guarantees of third-party liability the following are also expressly excluded:
 - all damages that are not material;
 - all indirect damages (such as by way of example but not fully comprehensive, is specifically excluded asking for reimbursement, compensation and/or subrogation for any reason advanced, by social security institutions and/or compulsory insurance, hospitals, nursing homes and/or public entities);
 - all damages caused to group members who were conducting the activity covered by the *INSURANCE* with the *INSURED* unless all members of the group were covered by the *INSURANCE*;
 - all damage deriving from owning, possessing, using and driving motor vehicles;
 - CLAIMS* for which the *INSURED* has made any transactions of any kind with the damaged party without the prior approval of the *CLAIMS MANAGEMENT SERVICE*, including the recognition of partial or total liability;
 - CLAIMS* for which the *INSURED* have not transmitted to the *CLAIMS MANAGEMENT SERVICE* the module "Reconstruction of the dynamics of the accident" fully completed and signed;
6. **CASES FOR WHICH INSURANCE GUARANTEES ARE NOT OPERATIVE:**
- the assistance insurance coverages: "Companion during hospitalisation", "Repatriation for health reasons" and "Travel companions repatriation" do not operate unless given prior authorisation by the *CLAIMS MANAGEMENT SERVICE*;
 - the *INSURANCE* does not cover *ACCIDENTS* that happen during the practice of sports which require an insurance policy by law (e.g. motor racing) or a permit or licence on the basis of the regulations in force at the time of signing the policy;
 - holidays with a stay of more than three consecutive months in a place different to the *INSURED'S RESIDENCE* are excluded from all guarantees;
 - the attendance to amateur so-called "adventure" holidays and trips in case of the insured and/or contracting party has not made any prior declaration and the risk has not been accepted by the company;
 - Downhill skiing activities if the Slope aid services has not intervened at the scene of the *CLAIM*; the *INSURED* must inform the intervening Slope aid team of the *INSURANCE* coverage, by showing all the documents required in order to carry out the necessary verifications. At the time of the intervention, the Slope aid service will check that the person involved in the *ACCIDENT* possesses the *INSURANCE*, the name of the *INSURED*, and his identity;
7. **SUBJECTS EXCLUDED FROM THE *INSURANCE*:** The *INSURED'S* spouse, parents, children, and also any other relative or similar or co-habitants are not considered as third parties. As far as it concerns Third-Party Liability guarantees the following persons are not considered as third parties: the members of the same group who were conducting the activity covered by the *INSURANCE* with the *INSURED* unless all members of the group were covered by the *INSURANCE*.
8. **HOW TO CLAIM ASSISTANCE OR COMPENSATION:**
- For all assistance claims you must: In the case of an *ACCIDENT*, need or *CLAIM*, in order to benefit from the "hospitalisation", "repatriation for health reasons" and "travel companions repatriation" assistance coverage provided by the *INSURANCE*, you need to get in touch with the *CLAIMS MANAGEMENT SERVICE* beforehand, as they are the only ones who can organise the services. Should the *INSURED* and/or *CONTRACTING PARTY* not make use of one or more of the assistance possibilities provided by the *INSURANCE* in accordance with the procedures shown above, the *COMPANY* is not obliged to give indemnity, reimbursements or alternative services of any type as compensation. The *CLAIMS MANAGEMENT SERVICE* operates 24 hours a day and can be contacted:
 - by telephone: +39 02 20564.564
 - by fax: +39 02 20564.999
 - by Email: 24hassistance@coris.it
 - PEC: posta.certificata@pec.coris.it
 - For all compensation requests you must: In the case of an *ACCIDENT*, need or *CLAIM*, in order to benefit from the other guarantees, you must inform the *CLAIMS MANAGEMENT SERVICE*, and address all documentation to them within the final deadline of 10 days. Once this deadline has passed, the *COMPANY* will have the right to reduce the compensation due as a result of the damage caused to them (articles 1913, 1914, 1915 Civil Code). In addition, it will be necessary to attach all elements, invoices or certificates needed as proof that the event actually took place giving the right to benefit from this *INSURANCE* onto the claim for compensation.
9. **ANNUAL CONTRACTS, TACIT RENEWAL AND TERMINATION:** THE *INSURANCE* WITH ANNUAL VALIDITY PROVIDES FOR TACIT RENEWAL. If THE *CONTRACTING PARTY* INTENDS TO GIVE NOTICE OF TERMINATION, THE NOTICE MUST BE GIVEN IN WRITING TO THE *COMPANY* OR THE *INTERMEDIARY* BY REGISTERED LETTER WITH RECEIPT OF ACKNOWLEDGEMENT TO BE RECEIVED BY THE *COMPANY* OR THE *INTERMEDIARY* AT LEAST 30 DAYS BEFORE THE EXPIRATION DATE INDICATED IN THE POLICY. IN CASE THE NOTICE HAS NOT BEEN GIVEN OR THE NOTICE HAS NOT BEEN MADE IN ACCORDANCE WITH THE MODALITIES AND THE TERMS SET OUT IN THIS CLAUSE, THE *INSURANCE* WILL BE RENEWED FOR A YEAR.

September 30th 2016

TRANSLATION OF THE OFFICIAL ITALIAN TEXT

4. INFORMATIVE NOTE IN RESPECT OF THE TREATMENT OF PERSONAL DATA

For the purposes or art. 13 of DLGS 196/2003 (hereinafter referred to as "the law"), and in connection with the personal data that will form part of the treatment, we inform you as follows:

- 1. AIM OF THE TREATMENT OF DATA: The treatment:**
 - a) is directed at the achievement of the aims by the COMPANY of concluding, managing and executing contracts and administration and settling of LOSSES pertaining exclusively to the exercise of the insurance and reinsurance activity to which the COMPANY is authorised in the terms of the provisions of the law in force;
 - b) is directed at the achievement of the aims by the CLAIMS HANDLING COMPANY of administration and handling of LOSSES pertaining exclusively to the exercise of the insurance and reinsurance activity to which the COMPANY is authorized in the terms of the provisions of the law in force;
 - c) is directed at the achievement of the aims by the INTERMEDIARY of issuing contracts based on pre-defined samples of the COMPANY;
 - d) may also be directed at achieving of the aims of commercial promotion in accordance with the EU Directive 95/46, requesting a right to object for the person concerned without having cost or giving details, and the relevant national Italian legal provisions.
- 2. MANNER OF DATA TREATMENT: The treatment:**
 - a) is made up of: processing, including modification, comparison/interconnection; use, including consultation, communication; preservation, cancellation/destruction; security/protection, including accessibility/confidentiality, integrity;
 - b) is performed also with the aid of electronic or in any event automatic means;
 - c) is carried out directly by the holder's organization.
- 3. CONFERMENT OF DATA: Without prejudice to the personal autonomy of those concerned, conferment of personal data may be:**
 - a) obligatory on the basis of the law, regulations or community rules (for example, for prevention of money laundering, the Central Accident Database);
 - b) strictly necessary for managing and executing legal relations in being or for the management and settlement of insurance LOSSES;
 - c) facultative for the purpose of performing the activity of informing and promoting products to the actual persons concerned commercially.
- 4. REFUSAL TO CONFER DATA: Any refusal by the persons concerned to confer their personal data:**
 - a) in the events set out under point 3; letters a) and b), will make it impossible to conclude or execute the related contracts or manage the request for services deriving from this and the settlement of LOSSES;
 - b) in the events as set out under point 3 letter c) will have no effect upon the judicial relationship in being or being created, but will preclude the opportunity of performance of the activities of informing, and commercial promotion of products to the person concerned.
- 5. COMMUNICATION OF DATA:**
 - a) personal data may be communicated for the purposes set out under point 1, letter a), b) and c) and in order to undergo treatment, for the same purposes or as is obligatory by law, to other persons such as insurers, co insurers and Reinsurers, insurance brokers and other channels for contract acquisition (for example banks), lawyers, loss adjusters, providers of assistance (for example physicians and technical personnel), service companies to which the management of assistance services is entrusted, as well as data archive service companies, associative entities (ANIA) and consortia pertaining to the insurance sector, IVASS, The Ministry of industry, commerce and crafts, CONSAP, UCI, the Regulatory Commission on pension funds, Ministry of Health, Ministry of Labour and Social Security and other data bases towards which communication of data is mandatory (for example Italian Exchange Office, the Central Accident Database, Civil Vehicle Licensing and transport in concession) and other public agencies;
 - b) personal data may further be communicated for the purposes set out under point 1, letter d) to others Companies according to the conditions mentioned above.
- 6. BROADCASTING OF DATA:** Personal data are not broadcasted.
- 7. TRANSFER OF DATA ABROAD:** Personal data may be transferred abroad towards countries of the European Union and third party Countries if provisions of EU Directive 95/46 are taken into consideration and protection level of this third party Country corresponds to the EU Directive 95/46.
- 8. RIGHTS OF THE PERSONS CONCERNED:** Art. 7 of the Law grants the persons concerned the exercise of all rights, among which being:
 - a) obtaining from the holder of treatment of data confirmation of the existence or otherwise of their personal data and their being made available in an intelligible form;
 - b) being made aware of the origin of the data as well as the logic, manner and purpose upon which treatment is based;
 - c) obtaining cancellation, transformation into an anonymous form or the blocking of personal data used violating the Law as well as the updating, rectification or, if there is an interest, completion of the data;
 - d) actually opposing treatment, for legitimate reasons.
- 9. HOLDER OF THE TREATMENT:** Holders of the treatment are:
 - a) the COMPANY; the legal representative of the COMPANY domiciled for the appointment at the address indicated above is given responsibility;
 - b) the INTERMEDIARY; the legal representative of the INTERMEDIARY domiciled for the appointment at the address indicated above is given responsibility;
 - c) the CLAIMS HANDLING COMPANY; the legal representative of the CLAIMS HANDLING COMPANY domiciled for the appointment at the address indicated above is given responsibility.
- 10. CONSENT TO THE TREATMENT OF COMMON AND SENSITIVE PERSONAL DATA:** Having taken due note of the information set out above the *CONTRACTING PARTY*

CONSENTS:

 - to the treatment of personal data, both common and sensitive, concerning them and useful for the legal relations to be concluded or in being as set out under point 1, letters a), b) and c) of this informative note;
 - to the communication of these data to the categories of persons indicated under point 5, letter a) of the aforesaid informative note who may treat them for the same purposes as set out under point 1, letters a), b) and c) of the same informative note or as obligatory under the law;
 - to transfer of these data abroad as indicated under point 7 of the aforesaid informative note.

CONSENTS:

 - to the treatment of personal data both common and sensitive concerning them for purposes of information and commercial promotion as set out under point 1, letter d) of this informative note;
 - to the communication of these data to the categories of persons indicated under point 5 letter b) of the aforesaid informative note for the purposes of information and commercial promotion as set out under point 1, letter d) of this informative note;
 - to transfer of these data abroad as indicated under point 7 of the aforesaid informative note for purposes of information and commercial promotion.

Without prejudice to the consent being subject to abidance by regulations in force.

September 30th 2016

