



“Protected travel”



In conjunction with the Organiser



Cover for M...

No.: 21789385

This document contains an extract of the insurance conditions of policy 1/72444/319/160452345 taken out by I.T. S.r.l. which must be given to the Insured. The validity of this document is subject to Italian law and to compliance with the policy application regulations.

IN THE EVENT OF DISPUTES AND/OR QUESTIONS OVER INTERPRETATION THE ITALIAN DOCUMENT SHALL APPLY.

GLOSSARY

The Company and the Policyholder agree to attribute these meanings to the following terms:

Year: Period of time equal to 365 days, or 366 days in the case of a leap year.

Insured: Party whose interest is protected by the Insurance.

Insurance: The insurance contract.

Assistance: The prompt help in cash or in kind, provided to the Insured in difficulty as a result of a Loss occurring.

Act of Terrorism: Deliberate action taken or only threatened by one or more persons, the expression of organised groups, in order to intimidate, influence or destabilise a state, population or part of it.

Luggage: All the clothes and goods owned by the Insured, worn and/or carried by the latter, including the suitcase, handbag or backpack that might contain them, excluding value goods.

Beneficiary: The heirs of the Insured or other persons appointed by the latter, to whom the Company must pay the sum insured in the event of the Insured's death.

Essential goods: Goods which people have physical need for and which they cannot objectively do without. Goods that would be bought even if no Loss occurred are not considered essential goods.

Travel ticket: First class rail ticket or tourist class air ticket.

Natural disasters: Floods, inundations, earthquakes, seaquakes, hurricanes, whirlwinds and other natural phenomena of an exceptional nature, which lead to serious material damage that can be objectively reported and documented or are identified as such by internationally recognised organisations.

Connecting time: The time established by airport companies and airlines, between the landing time and the departure of the next flight, needed to reach the destination.

Travel companion: Insured person participating in the trip with and at the same time as the Insured.

Policyholder: natural or legal person that takes out the Insurance in favour of the Insured and pays the relative fees.

Belongings: Material objects and, only in the "Insured's civil liability" cover, animals.

Destination: The place given on the travel contract/booking account statement of the Tour Operator as the place where the Policyholder is going to stay or the first stage in the case of a trip requiring an overnight stopover.

Legal residence: The place where a natural person has established the main headquarters for his/her business and interests.

Europe: All the countries of geographical Europe, the countries bordering the Mediterranean Basin and the Canary Islands.

Event: The occurrence of the detrimental circumstance leading to one or more losses.

Family: The Insured and those who live with him/her, as indicated in Article 4 of Italian Presidential Decree No. 223 of 30/05/1989

and shown on a registry certificate or equivalent international document.

Family member: Spouse, cohabitee, children, parents, son- or daughter-in law, siblings, siblings-in-law and parents-in-law of the Insured, as well as others living with him/her on a stable basis, provided that proper certification can be shown.

Information folder: All the information documentation to be given to the potential client, made up of: Information Sheet including Glossary, Insurance Conditions and Privacy Guidelines.

Excess: Amount to be paid by the Insured expressed as a figure that is subtracted from the amount of indemnifiable damage.

Theft: The offence referred to in Article 624 of the Italian Criminal Code, committed by anyone who takes possession of the movable belongings of others, taking them from the owner, in order to benefit from them him/herself or for others.

Cover: Insurance cover that does not come under the definition of "Assistance", for which the Company will proceed immediately to reimburse the damage incurred by the Insured, provided that the corresponding premium has been duly paid.

Incoming: All the tourist services offered to foreign Insured in Italy, Republic of San Marino and Vatican City.

Compensation: The sum owed by the Company in the event of a Loss.

Accident: A violent and external event due to unforeseeable causes, which leads to physical injuries that can be objectively recorded and which result in death, permanent disability or temporary disability.

Permanent disability: Permanent, total or partial, loss, as a result of an accident, of the Insured's physical capacity to perform any work, regardless of his/her profession.

Health care establishment: Public hospital, clinic or nursing home, whether a partner of the National Health Service or privately run, duly authorised to provide medical and surgical assistance. Thermal establishments, convalescent and residential homes and nursing homes for cosmetic or dietary purposes are excluded.

Italy: Italy, including Republic of San Marino and Vatican City.

IVASS: Istituto per la Vigilanza sulle Assicurazioni (Italian Insurance Supervisory Authority), the name used by ISVAP since 1 January 2013.

Illness: Alteration to health that is not the result of an Accident.

Pre-existing condition: Illness that is the expression or direct consequence of chronic/recurring conditions or conditions that existed before the Policy was taken out.

Limit of liability/Insured sum: The maximum sum, established in the Policy, for which the Company undertakes to provide Cover and/or Assistance to each Insured, for one or more Losses arising during the trip.

Attending doctor on the spot: The doctor who provides the necessary treatment at the local health establishment where the Insured is taken.

World: All countries not coming under the definitions of "Italy" and "Europe".

Tour operator: Tour operator (also "T.O."), travel agent, hotel, airline or other legally recognised operator authorised to provide tourist services. **Overbooking:** Booking of extra places available for a tourist service (e.g. airline, hotel) compared to the actual capacity/availability.

Passenger: Party transported on board means of transport managed by Carriers.

Insurance period: Period that starts at midnight on the inception date of the policy and ends on the expiry of the policy.

Policy: The document, signed by the Company and the Policyholder, that proves the Insurance.

Premium: The sum owed by the Policyholder to the Company in accordance with the Policy.

Service: The Assistance to be delivered in kind or the help that must be provided to the Insured, at the time of need, by means of the Organiser provided that the Premium has been duly paid.

Valuables: Jewellery in general and items of gold or platinum or mounted on said metals, precious stones and natural or cultured pearls.

First means: The means of transport for the first leg when the trip includes several legs to reach the first destination.

Robbery: The offence referred to in Article 628 of the Italian Criminal Code, committed by anyone who takes possession, using violence or threat to the person, of the movable belongings of others, taking them from the owner, in order to benefit from them him/herself or for others.

Residence: The place where a natural person has his/her usual home.

Hospitalisation: Hospital stay involving staying overnight in a health care establishment.

Risk: Probability that a Loss occurs.

Mugging: Theft committed by taking an item from the hand or back of the person owning it.

Percentage excess: Amount to be paid by the Insurance, expressed as a percentage of the indemnifiable damage.

Loss: The individual circumstance/event that might occur during the Insurance validity period leading to a claim for Assistance or Cover, compensation for the harm incurred or for damages and which comes under the terms of the Policy.

Company: UnipolSai Assicurazioni S.p.A.
Organiser: Pronto Assistance Servizi S.c.r.l., Corso Massimo d'Azeglio, 14, 10125 Turin, made up of doctors, technical experts and operators, available 24 hours a day, 365 days a year, which, under a special agreement entered into with the Company, makes telephone contact with the Insured, on behalf of the Company, and organises and provides the assistance services specified in the Policy, with costs paid by the Company.

"Protected Travel" Card: The document, containing the insurance conditions - duly numbered - in paper or electronic format, issued to the Insured before departure.

Commercial value: The value of the belongings insured, determined taking account of depreciation established with regard to age,

type, use, quality, function and state of preservation.

Value goods: Legal tender currency, instruments of credit in general, meal vouchers, petrol vouchers and generally any card - including electronic - representing a specific value that can be spent.

Trip: The journey, stay or rental, arising out of the corresponding contract or other valid travel ticket or document.

Initiated trip: The period of time between when the Insured starts to use the first contractually agreed tourist service and the completion of the last service specified in the contract.

GENERAL INSURANCE CONDITIONS

Other Insurance – The Policyholder and/or the Insured are required to declare to the Company if they have taken out, or subsequently take out, insurance from other insurers concerning the same risk and the same cover insured under this policy, indicating the sums insured. In the event of a loss, the Policyholder and/or Insured must inform all the insurers of it, indicating to each the name of the others pursuant to Article 1910 of the Italian Civil Code. With regard to Assistance services, if this should require the intervention of another company, the services provided under the Policy will reimburse the Insured only for any extra costs charged to him/her by the insurance company that provided the service directly to him/her.

Professional secrecy - The Insured releases doctors who may be appointed to examine the Loss itself or who visited him/her before or after the Loss, from professional secrecy.

Limitation of liability - The Company does not assume liability for damage caused by the intervention of the authorities of the country in which the assistance was provided.

Exclusion of alternative compensation - If the Insured does not use one or more services, the Company is not required to provide Compensation or alternative Services of any kind in compensation.

Legislative references - For everything not regulated otherwise herein, Italian Law shall apply.

Underwriting limits - Unless otherwise agreed, multiple policies covering the same risk may not be activated in order to increase the limits of liability or extend the current period of cover.

Incoming Trips - For Insured who are not resident in Italy, the Insured's country of Residence should replace the term "Italy" for the Cover and Services of this Insurance.

Right of subrogation - The Company is understood to be subrogated, up to the amount paid, to all the rights that the Insured may have and the actions that the Insured may bring with regard to those liable for the damage. Subject to the policy expiring, the Insured undertakes to provide documents and information to enable the right of recourse to be exercised and to enable all initiatives necessary to protect this right to be implemented.

Start and end of cover - The Travel Cancellation cover runs from the date of registering for the trip and ends when the Insured starts to use the first contractually agreed tourist service.

The other Cover/Services start at the time and place specified in the Tour Operator's registration form/programme and end when the last formality specified in the contract has been completed, and in any case, at most **45 days** from the start of the trip.

EXCLUSIONS COMMON TO ALL SECTIONS

Unless expressly specified otherwise in the individual Cover/Services the Company is not required to provide Cover/Services for any losses caused by or dependent on:

- Wilful misconduct or gross negligence by the Insured
- War, including civil war, strikes, revolutions, uprisings or popular movements, looting, acts of terrorism or vandalism

- Earthquakes, floods, weather phenomena with the characteristics of natural disasters, nuclear reactions or radiation caused by the artificial acceleration of atomic particles
- Performance of the following activities: mountain climbing including rock climbing or access to glaciers, aerial sports in general, reckless acts, motor car, boat and bike races and competitions and related events and training, as well as any accidents suffered as a consequence of sporting activity performed professionally
- Illnesses and accidents arising from alcohol or psychotropic drug abuse as well as from the non-therapeutic use of drugs and hallucinogens
- Psychological disturbances, psychiatric and neuropsychiatric illnesses, states of anxiety, stress or depression. Chronic illnesses or conditions existing before the start of the trip
- Trips undertaken against medical advice or for the purpose of undergoing medical or surgical treatment
- Travel to remote areas, reached only using special means of medical assistance.

The following are also excluded:

- Expenses to search for people who are missing or have disappeared; except if said expenses are incurred by organisations or public authorities and, in any case, within the maximum limit of **1,500.00 euro**
- Services in countries in a state of belligerency that makes it impossible to provide assistance
- Losses of money, travel tickets, securities, collections of any kind and samples, and valuables
- Breakage of or damage to luggage unless this is the consequence of theft, robbery or mugging or is caused by the carrier
- Losses of unattended items or items that were forgotten or mislaid
- Losses, damage or medical expenses reported to the Company after the contractually established deadlines
- Cover/Services of any kind, as a result of losses that occurred following failure to comply with the provisions of Italian Law No. 269 of 1998 "against the exploitation of prostitution, pornography, sex tourism against minors, such as new forms of slavery".

SERVICES AND COVER

TRAVEL ASSISTANCE SECTION

Art. 01 - Purpose of the cover

The Company provides the Insured, if he/she finds himself/herself in difficulties following the occurrence of an unforeseen event, and within the specified limits, where agreed, with the services providing immediate help described below through the Organiser, which has doctors, technical experts and operators, available 24 hours a day by phoning the **Turin number +39 0116523211**, under a specific agreement entered into with **Pronto Assistenza Servizi S.c.r.l., Corso Massimo d'Azeglio, 14, 10125 Turin**. The Organiser will provide, at the Company's expense, the following Assistance services to insured Customers/Travellers:

Art. 02 - Consultation of doctor and referral to a specialist

Assessment by the Organiser's doctors of the Insured's state of health to decide on the most appropriate medical service and, if necessary, provide the name and address of a specialist doctor in the nearest area to the Insured's location.

Art. 03 - Medical transport

- To the nearest suitable place to provide emergency treatment with a maximum limit of € 500,00 and an excess of € 50,00;
- From the medical centre where the initial emergency treatment was given to a better equipped medical centre with a maximum limit of € 30,000,00.

The use of an air ambulance is limited to local movements.

Art. 04 - Medical repatriation of the Insured

From the medical centre where the initial emergency treatment/hospitalisation was given to the insured residence. If necessary in the opinion of the organiser's doctors

Transport is done exclusively on a scheduled flight in economy class, if necessary on a stretcher with a maximum of € 30,000,00.

Art. 05 - Transport of the body of the Insured from the place of death to the place of residence. Funeral expenses and any expenses for recovering and searching for the body are excluded.

Art. 06 - Travel of a family member if the Insured is dead or is hospitalised - for a period of more than **7** days (or 48 hours in case of underaged insured) - and when there is no adult family member on the spot, air ticket in economy class or train ticket in first class is reimbursed, to allow a family member to go to be with the patient with a maximum limit of € 500,00.

Additional accommodation expenses will also be covered up to the maximum limit of **50,00 euro** a day and for a maximum of **5 days**.

Art. 07 - Interpreter available abroad if the Insured, following hospitalisation or legal proceedings concerning him/her for culpable circumstances that occurred in Italy, finds it difficult to communicate in the local language, the Organiser undertakes to send an interpreter and cover the corresponding costs, only for the time needed for the interpreter's professional activity, with a maximum limit of **250.00 Euro**.

Art. 08 - What to do in the event of a loss

Assistance can be obtained by phoning the **Turin number: +39 0116523211**.

If required, the Insured shall:

- Report to the Organiser his/her personal details, tax code and the details of his/her "Protected Travel" card
- Give details of his/her location and telephone number.

Art. 09 - Provisions and restrictions

Only for the Cover/Services referred to in articles: 03 (Medical transport) - 04 (Medical repatriation of the Insured) - 05 (Transport of the body) 10 (Travel of a family member), if the Insured, for reasons of force majeure, has made his/her own arrangements and incurred the corresponding expenses, following presentation of the original medical certificate issued on the spot and receipts for expenditure, the Company will make a reimbursement, **up to and no more than the amount of 500,00 euro** and in any case only to the extent strictly necessary.

The Insured is required to send the Company any travel tickets unused as a result of the services received.

Art. 10 - Exclusions

The services are not owed if the Insured fails to comply with the Organiser's instructions, or:

- The Insured voluntarily discharges him/herself against the opinion of the establishment where he/she is hospitalised.
- The Insured, or someone on his/her behalf, voluntarily refuses medical transport/repatriation. In this case, the Organiser will automatically suspend the assistance, and the Company will reimburse any further expenses incurred if they are considered appropriate and, in **any case**, up to the amount corresponding to the cost of the refused medical transport/repatriation.

MEDICAL EXPENSES SECTION

Art. 01 - Guarantee Object

The insurance guarantee covers exclusively the reimbursement of medical expenses incurred by the policyholder for healthcare as a result of accident or disease, accompanied by a medical prescription. The needs of the policyholder must have been occurred during the journey and healthcare must have been indispensable and not possible to be postponed until the return to the country of residence.

Maximum amounts and terms of payment:

- **MEDICAL EXPENSES: 500,00 euros (reimbursement only) per person/insurance period**

Reimbursement of medical examinations, outpatient treatments, day hospital. Medical expenses must be accompanied by medical prescription and must have been incurred during the trip.

- **PHARMACEUTICAL EXPENSES: 250,00 euros (reimbursement only) per person/insurance period**

Reimbursement of pharmaceutical products expenses must be accompanied by medical prescription and must have been incurred during the trip.

Medical and pharmaceutical expenses: how to behave in case of claim

In order to obtain the reimbursement of the medical expenses incurred, the policyholder must report the claims to the Insurance Company within 15 days since the return to the country of residence. The report must be sent by e-mail to sinistriturismo@unipolsai.it or by the phone to the following number: 800 406 858 (from Monday to Friday from 8 a.m. to 7.30 p.m. and Saturday from 8 a.m. to 2 p.m. – UTC+1). The report can be communicated by post to the address **UnipolSai Assicurazioni S.p.A. - Ufficio Sinistri Turismo - C.P. 78 – 20097 – San Donato Milanese (MI) – ITALY** including the following required documentation:

- Biographical data, social security number, "Viaggi Protetto" Card details, bank details (IBAN);
- Local doctor's report
- Receipts and invoices (original copies)
- Travel (or reservation) contracts

In any circumstances, the documentation must be sent exclusively in original copy to the following address: **UnipolSai Assicurazioni S.p.A. - Ufficio Sinistri Turismo - C.P. 78 – 20097 – San Donato Milanese (MI) – ITALY**

Hospital and surgical expenses: 30,000,00 euros (direct payments only by the Central Office)

For hospital and surgical expenses, the policyholder is covered by the insurance guarantee until he/she is released from the hospital or can be repatriated.

Insurance guarantee covers 30 days of hospitalization maximum. If payment cannot be made directly, the expenses can be reimbursed if the policyholder or a delegate has contacted and obtained the authorized from the Incident Room which is in charge of compiling the dossier.

Recovery Feed: maximum limit of 300,00 euros per day (maximum 30 days; direct payments only from the Central Office).

If payment cannot be made directly, the expenses will be refunded only if the policyholder or a delegate has contacted and obtained the authorized from the Incident Room which is in charge of compiling the dossier.

Hospital and surgical expenses: how to behave in case of claim

- Call the number +39 0116523211 - (Turin, ITALY), reporting:
- Biographical data and "Viaggi Protetto" Card details to the Central Office;
 - Current Location and phone number

Art. 02 - Fixed and Percentage excess

The Guarantees/services shall be provided with a fixed of **50,00 euros**.

INFORMATION ABOUT THE INSURANCE COMPANY

1. General information

a) UnipolSai Assicurazioni S.p.A., UnipolSai S.p.A. for short, company subject to management and coordination by Unipol Gruppo S.p.A. and a member of the Unipol Insurance Group, recorded as no. 046 in the IVASS Register of Parent Companies.

b) Registered Office: Via Stalingrado 45 - 40128 Bologna (Italy).

c) Telephone no.: +39 051.5077111, Fax no.: +39 051.7096584, Websites:

www.unipolsai.com - www.unipolsai.it, e-mail address: info-danni@unipolsai.it.

d) The Company is authorised to carry on insurance activities by the Min. Decree dated 26/11/1984, published in ordinary supplement no. 79 to Italian Official Gazette no. 357 dated 31/12/1984, and by the Min. Decree dated 8/11/1993, published in Italian Official Gazette 276 dated 24/11/1993; it is recorded as no. 1.00006 in Section I of the IVASS Register of Insurance Companies.

2. Information about the financial strength of the Company

Based on the latest approved financial statements relating to the 2017 financial year, the shareholders' equity of the Company totals € 5,752,829,291.00, with a share capital of € 2,031,456,338.00 and total equity reserves, net of the negative reserve for treasury shares held, of € 3,144,173,990.45. The solvency ratio at 31 December 2017, determined in accordance with the capital adequacy regulations for insurance companies (a.k.a. Solvency II) that entered into force on 1 January 2016, is 2.63 times the solvency capital requirement (SCR). Solvency capital requirements are calculated using the Partial Internal Model that IVASS authorised the Company to apply on 7 February 2017, with effect from 31 December 2016.

INFORMATION ABOUT SETTLEMENT PROCEDURES AND COMPLAINTS

12. Claims - Settlement of the indemnity

"Warning": in the event of a claim, the Policyholder or the Insured must inform the Agent/Insurance broker to which the contract is assigned, or the Headquarters of the Company, in writing within three days, about the date, time and place of the event, how it occurred and its likely cause, its consequence and the approximate amount of the loss, attaching to the notification all useful information for determining rapidly who is liable and the size of the loss. If the event was serious, the content of the claim must be notified in advance by sending a telegram, fax or e-mail directly to the Agency to which the policy is assigned. See Article 2.1 "Notification of the claim and obligations of the Policyholder or the Insured" of the Regulations governing the policy in general for further details about the procedures for checking and settling the loss.

13. Complaints

Any complaints about (i) the management of the contractual relationship, in particular in relation to the allocation of liability, the actual existence of cover, and the quantification and payment of the amounts due to the entitled party, or (ii) an insurance service, or (iii) the conduct of the Agent (including its employees and collaborators), must be sent in writing to: UnipolSai Assicurazioni S.p.A. - Reclami e Assistenza Specialistica Clienti (Complaints and Special Customer Assistance) - Via della Unione Europea 3/B - 20097 - San Donato Milanese (MI) Fax: +39 02.51815353 email: reclami@unipolsai.it Or by using the complaint form available from the website www.unipolsai.it Written complaints about the conduct of the Agent, including its employees and collaborators, may also be sent to the Agent concerned.

So that the complaint can be followed up, the application must contain the full name and tax code (or VAT number) of the Policyholder.

Complaints about the conduct of intermediaries recorded in sections B (Broker) and D (Banks, Financial Intermediaries pursuant to art. 107 TUB, SIMs and Poste Italiane - BancoPosta services division) of the Combined Register of Intermediaries must be sent in writing to the offices of the Intermediary concerned, which must respond to the complainant within 45 days at the most. If the complainant is not satisfied with the outcome of the complaint or if no response is received within the maximum period of 45 days, he/she may apply to IVASS, Servizio Tutela del

Consumatore (Consumer Protection Department), Via del Quirinale, 21, 00187 Rome, telephone +39 06.421331. If the complaint relates to the conduct of the Agent (including its employees and collaborators), the maximum period for sending a response is 60 days.

Complaints sent in writing to IVASS, including those using the specific form available on the IVASS and the Company website, must contain:

- a) name, surname and legal residence of the complainant and phone number, if any;
- b) identification of the party or parties whose actions are the subject of the complaint;
- c) short and full descriptions of the reason for the complaint;
- d) copy of the complaint sent to the Company or Intermediary and any response received;
- e) all documents useful for describing the circumstances more fully.

Complaints concerning compliance with current sector regulations should be presented directly to IVASS.

In order to resolve cross-border disputes to which they are party, complainants legally resident in Italy can present the complaint to IVASS or directly to the foreign system with jurisdiction, which can be identified on the website

http://ec.europa.eu/internal_market/fin-net/members_en.htm, requesting activation of the FIN-NET procedure.

Note that if the complaint is not accepted or is only partially accepted, subject in each case to the right to apply to the Judicial Authority, the complainant may make recourse to the following alternative systems for resolving disputes:

- Mediation proceedings before a mediation body pursuant to Decree 28 dated 4 March 2010 (as amended); in some matters, including those concerning disputes arising from insurance contracts or the compensation of losses relating to medical and health liability, using mediation proceedings is a pre-condition for proceeding with a legal claim. For mediation, an application must be submitted to a mediation body with the help of a lawyer chosen by the party, under the terms and conditions indicated in the aforementioned Decree;

- Assisted negotiation proceedings pursuant to Decree 132 dated 12 September 2014 (converted into Law 162 dated 10 November 2014); for these proceedings an assisted negotiation agreement must be entered into by the parties with the help of a lawyer chosen by the party, under the terms and conditions indicated in the aforementioned Decree.

INFORMATION FOR CUSTOMERS ABOUT THE USE OF THEIR DATA AND THEIR RIGHTS

Dear Customer,

Pursuant to art. 13 of Regulation (EU) 2016/679 - General Data Protection Regulation (hereinafter, the "Regulation"), we are writing to inform you that, in order to provide the insurance products and/or services requested or specified in your favour, we need to collect and use certain data concerning you.

WHAT DATA DO WE COLLECT?

We collect the personal data (such as first name, surname, address, date and place of birth, profession, fixed and mobile telephone numbers and e-mail address) that you or other parties(1) provide us; this may include special or sensitive data(2) that is needed in order to provide the aforementioned insurance services and/or products to you. Provision of this data is generally necessary in order to complete the insurance contract and to manage and execute(3) it; in some cases the data is required by law, regulations, EU regulations or instructions issued by public entities, such as the Judicial Authorities or the Supervisory Authorities(4). In the absence of this data we will not be able to provide the requested services to you in a proper manner; also, the

optional provision of certain additional data concerning your contact details may make it easier to send you service notifications and communications. Your addresses (residential and e-mail addresses) may also be used to send you commercial and promotional communications, by post or electronically, about insurance products and services similar to those that you have purchased, unless you object, immediately or at a later date, to receiving such communications (see the information provided in **What are your rights**).

WHY ARE WE ASKING FOR THE DATA?

Your data will be used by our Company for purposes strictly related to the insurance activity, including (i) supply of the contractual services and insurance services requested by you and completion of the related regulatory, administrative and accounting requirements, (ii) work to prevent and tackle fraud, (iii) the exercise and defence of rights in court, and (iv) the analysis of data (excluding special data), using product parameters, policy characteristics and information on claim levels, for statistical and tariff-setting purposes; where necessary, for these purposes and for the corresponding administrative and accounting activities, your data may also be acquired and used by the other companies in our Group(5). Processing for the purposes indicated in points (ii), (iii) and (iv) is necessary in pursuit of the legitimate interests of our Company and the other companies in our Group in the performance of the above activities.

Your data may only be communicated to public or private parties outside our Company if they are involved in providing insurance services concerning you(6) or in operations required to fulfil obligations connected to the insurance activities(4).

We may also process your personal data deemed to be special or sensitive (for example, concerning your health), but only after obtaining your explicit consent(7).

HOW DO WE PROCESS YOUR DATA?

Your data will not be disseminated; it will be processed using appropriate methods and procedures, including computerised and electronic systems, and will only become known to persons employed by the structures of our Company responsible for providing the insurance products and services concerning you and to the trusted external parties to which we assign technical and organisational tasks and that operate as data processors on our behalf(8). Your personal data will be stored in full compliance with the security measures envisaged by the regulations governing the protection of personal data, and will be retained for the duration of the insurance contract and, following its expiry, for the time envisaged in the regulations governing the conservation of documents for administrative, accounting, fiscal, contractual and insurance purposes (normally 10 years).

WHAT ARE YOUR RIGHTS?

The privacy regulations (arts. 15-22 of the Regulation) guarantee your right to access your data at any time, as well as to rectify and/or complete any data that is incorrect or incomplete, to erase your data or restrict its processing if the relevant conditions apply, to object to its processing for reasons specific to your personal situation and to the portability of the data provided by you, if processed automatically in order to provide the contractual services requested by you, within the limits envisaged in the Regulation (art. 20). The controller of your personal data is UnipolSai Assicurazioni S.p.A. (www.unipolsai.it) with Registered Office at Via Stalingrado 45 – 40128 Bologna(9).

The "Data Protection Officer" may be contacted for all questions or clarification at the address indicated above for UnipolSai Assicurazioni S.p.A. or by sending an e-mail to the address privacy@unipolsai.it. In addition to the exercise of your rights, you may contact the DPO to obtain an updated list of the categories of recipient of the data relating to note (6). In addition, you may visit the Privacy section of the website www.unipolsai.it, or your agent/broker, for full instructions on how to object, at any time and at no charge, to being sent commercial and promotional communications about our insurance products and services. You are also entitled to lodge a complaint with the Italian Authority, being the Privacy Ombudsman (Garante), if you believe it necessary in order to safeguard your personal data and related rights.

Notes

1) For example, holders of insurance policies in which you are named as an insured or beneficiary, or possible joint and several guarantors; other insurance operators (such as insurance brokers, insurance companies, etc.); parties from whom, in order to respond to your requests (e.g. to issue or renew cover, settle a claim, etc.) we ask commercial information; associations (e.g. ANIA - National Association of Policy Insurance Companies) and insurance sector consortia, other public parties.

2) Data that might reveal not only your state of health, but also racial or ethnic origin, religious or philosophical beliefs, political opinions or trade union membership, as well as genetic or biometric data that can determine unambiguously the identity of a person. In specific cases, where strictly necessary for the above purposes and under the conditions indicated, our Company may collect and process data about any criminal convictions or crimes committed.

3) For example, to prepare or enter into insurance contracts (including those providing supplementary pensions, as well as individual or collective membership of pension funds set up by the Company), to collect premiums, settle claims or pay or perform other services; for reinsurance and coinsurance purposes; to comply with other specific contractual obligations; to prevent and identify, together with other companies in the Group, insurance frauds and take related legal action; to constitute, exercise and defend the insurer's rights; to analyse new insurance markets; for management and internal control purposes; for statistical and tariff-setting activities.

4) To comply with specific legal obligations, for example (i) instructions from IVASS, CONSOB, COVIP, Bank of Italy, AGCM, Privacy Ombudsman, (ii) cooperation with tax inspections (for example, pursuant to Law 95/2015 that (a) ratified the Agreement between the United States of America and the Republic of Italy on recognition of the FATCA - Foreign Account Tax Compliance Act and (b) ratified the agreements between Italy and foreign States for the automatic exchange of financial information for tax purposes using the "Common Reporting Standard" or "CRS"), (iii) procedures for the identification, registration and adequate verification of customers and for reporting transactions deemed suspicious pursuant to the regulations on anti-money laundering and the fight against the financing of terrorism (Decree 231/07), (iv) update a Central Database (ACI) managed by Consap on behalf of the Ministry of the Economy and Finance (being the Controller) in order to prevent fraud via identity theft, (v) update other databases to must data must be provided,

such as the Central Injuries Database and the SITA ATRC Database of Declared Risks managed by ANIA. The full list is available from our offices or from the Data Protection Officer.

5) Unipol Group, whose parent company is Unipol Gruppo S.p.A. The companies within the Unipol Group to which the data may be communicated include Unipol Banca S.p.A., Linear S.p.A., Unisalute S.p.A., Finitalia S.p.A. etc. For further information, see the list of Group companies available from the website of Unipol Gruppo S.p.A. www.unipol.it.

6) In particular, your personal data may be communicated to and/or processed by UnipolSai Assicurazioni S.p.A., companies within the Unipol Group (the complete list of companies within the Unipol Group is available of the website of Unipol Gruppo S.p.A. www.unipol.it) and parties that are part of the so-called "insurance chain" 6) in Italy and, where necessary in order to provide the services requested (e.g. to provide assistance cover), in countries within or even outside the European Union, such as: other insurers; coinsurers and reinsurers; insurance and reinsurance brokers and other insurance contract purchase channels; banks, specialist doctors, loss adjusters, lawyers; garages; premium payment service companies; approved clinics or health establishments; as well as bodies and organisations, including those belonging to the insurance sector, with a public or associative nature to fulfil regulatory and supervisory obligations (e.g. CONSAP); other databases to which data must be communicated, such as for example the Central Injuries Database (the full list is available from our offices or the Data Protection Officer). Your personal data will only be transferred to parties outside of the European Union in compliance with the limits and instructions specified in Regulation (EU) 2016/679 and the decisions issued by the Privacy Ombudsman.

7) If your data is processed on the basis of consent given by you, you may revoke that consent without, however, affecting the lawfulness of the processing based on the consent given prior to revocation. In addition, UnipolSai may lawfully process your personal data, not included in special categories, without your consent in order to provide the contractual services requested by you or envisaged in your favour, to comply with legal obligations imposed on UnipolSai, to carry out administrative accounting activities related to management of the insurance relationship and to pursue the legitimate interests of UnipolSai and companies in the Unipol Group (e.g. to prevent and tackle fraud, defend rights in court).

8) For example, computer and electronic or archiving service companies; service companies entrusted with the handling, settlement and payment of claims; management support companies including postal service companies; audit and consultancy companies; companies that provide commercial information about financial risks; service companies for fraud control; credit collection companies.

9) As well as, depending on the insurance cover you have purchased and limited to the management and settlement of illness claims, UniSalute S.p.A, with registered office at Via Larga 8, Bologna.