

BATCH 5

**INSURANCE
POLICY
FOR MEDICAL EXPENSES AND ASSISTANCE
FOR PERSONNEL ON MISSIONS ABROAD**



**UNIVERSITÀ
di VERONA**

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PREAMBLE

It is understood that only these typewritten norms shall apply. The signature of the Contracting Party on the printed forms provided by the Insurance Company shall only apply as acknowledgement of the insurance premium and subdivision of the risk among the companies participating in the Co-insurance (if any).

SECTION 1 - DEFINITIONS, DESCRIPTION OF THE BUSINESS ACTIVITY AND IDENTIFICATION OF THE INSURED PARTIES

Art.1 - Definitions

Insurance year or insurance period	The period between the starting date and the date of first yearly expiry, or the period between two subsequent yearly expiry dates, or the period between the last yearly expiry date and the date of insurance termination.
Insured party	A person, whose interests are protected by the Insurance
Insurance	The insurance contract
Beneficiary	In the event of death, the legitimate or testamentary heirs, in all other cases, the Insured party themselves.
Broker	Willis Italia S.p.A. as agent, appointed by the Contracting party for the management and execution of the contract, and acknowledged by the Company.
Operational assistance centre	The facility, in operation 24-hours every day of the year, which organises and delivers the assistance services included in the policy
Pregnancy complications	These shall be understood as health conditions requiring hospital stay, diagnosed as distinct from the pregnancy but unfavourably influenced by conception and/or caused by the pregnancy itself. These conditions include nephritis, nephrosis, decompensated heart failure, threat of miscarriage and similar medical, surgical or pregnancy conditions. The definition of Pregnancy Complications also includes caesarean section, extra-uterine pregnancy and miscarriage. Pregnancy complications do not include the neurovegetative symptoms of the first trimester, hyperemesis gravidarum, pre-eclampsia and conditions associated with management of a difficult pregnancy that do not constitute a distinct nosological complication from the pregnancy itself.
Contracting party	The person that stipulates the insurance.
Lecturer	An Associate or Full Professor with an indefinite employment contract (Presidential Decree 382/80) or a Professor awaiting tenure with a fixed-term employment contract (art. 12 of Law 230/2005) The Human Resources Department is responsible for identifying the University of Verona teaching staff
PhD student	A university student enrolled in a tertiary level educational course (lasting three or four years) at the University of Verona, with the obligation to attend PhD courses and carrying out studies and research within the facilities designed for this purpose. PhD students are subject to periods of study and stages with public or private entities abroad for a period of at least three months in the three-year period and up to a maximum of 50% of the duration of the Course. At the end of the course of studies, they are awarded with a PhD. The Human Resources Department is responsible for identifying the University of Verona PhD students

Foreign countries	The entire world, excluding the Republic of Italy, Vatican City, the Republic of San Marino and the Insured party's country of residence
Excess (franchise)	The portion of damage that remains to the charge of the Insured party.
Temporary disability	The temporary total or partial loss, following an accident, of the Insured party's ability to perform the declared business activities.
Indemnity	The sum due by the Company in the event of an accident.
Accident	Each event due to a fortuitous, violent and external cause that produces objectively visible body injuries, that may lead to death and/or permanent disability and/or temporary incapacity
Permanent disability	The loss of the generic ability to perform any profitable work, regardless of the profession (absolute permanent disability), or the irreversible and final reduction of the ability to perform any profitable work (partial disability).
Illness	Any change in health conditions not due to injury that arises during the Insured person's business trip/mission/transfer and is clinically and objectively verifiable.
Maximum amount per accident	The greatest exposure of the Company per accident.
Mission	Work activity performed on behalf of the Contracting party by staff with an permanent or fixed-term employment relationship outside of the ordinary place of employment, whether in Italy or abroad. Authorisation for the mission must be requested and approved by the University prior to its commencement. For the purposes of this insurance coverage, only work activities abroad qualify as "missions", thus excluding those carried out in Italy, Vatican City and the Republic of San Marino.
Death	Death, there including declared "irreversible coma" conditions, following an accident.
Hospital, clinic, home or health institute	A facility authorised, based on applicable legislation, to hospitalise patients and/or provide health care services with daytime hospitalisation; this definition does not include spas, convalescent care facilities, hosting facilities, for activities other than hospitalisation and/or health care.
Contractual employees	Technical Administrative Staff – Linguistic expert collaborators (both can be an indefinite or fixed-term contracts) under the University section of the National Collective Employment Contract. The Human Resources Department is responsible for identifying the University of Verona contractual employees
External staff with letter of assignment from the University	External staff with letter of assignment from the University for teachings tasks (Law 240/2010 art. 23 External collaborators) The Human Resources Department is responsible for identifying the University of Verona External staff with letters of assignment
Policy	The document that certifies the insurance.
Insurance premium	The amount due by the Contracting Party to the Company.
University Researcher	A University Researcher with an indefinite employment relationship (Presidential Decree 382/80) or fixed-term employment (Law 240/2010 art. 24) The Human Resources Department is responsible for identifying the University of Verona Research staff
Hospitalisation	The hospitalisation at a health care institute that involves at least an overnight stay.
Extra-professional risk	An event occurred during, or connected with time-related or place-related situations that may not be linked to a professional risk.
In itinere risk	Journey from the place of residence/domicile/workplace to the place of service/activity provision on behalf of the Contracting Body and viceversa, by any means
Professional risk	The event occurred during, or connected with performance of the professional activities and/or linked to the relationship with the Contracting party.
Uncovered amount	The damage percentage that remains charged to the Insured Party
Accident	The occurrence of the damage event for which insurance coverage is provided.

The Company	The Insurance Company that covers the risk and any Co-Insurance Companies or Insurance Undertakings, as well as, where present, Branches of the same (directly managed) that have been assigned with the contract or, in the case of trade union or Lloyd's trade union, the Insurer or the Insurers.
Postgraduate students	A graduate in medicine and surgery, licensed to practice as a physician or surgeon, who has been granted a training contract by the University of Verona With the Decree of the President of the Council of Ministers of 7 March 2007, postgraduate students receive an allowance from the University under the specialist training contract The Teaching Department and Student Services Area is responsible for identifying the University of Verona postgraduate students
Research grant recipient (research associate)	Scholars with scientific and professional curricula suitable for conducting research activities have contracts with the University for collaboration in research activities, in accordance with art. 22 of Law no. of 30 December 2010 240 The Research Fellowship / Scholarship / University Department is responsible for identifying University of Verona research grant recipients
Scholarship recipients (scholars)	A graduate who receives funding from the University of Verona to carry out research activities. The Research Fellowship / Scholarship / University Department is responsible for identifying University of Verona scholarship recipients
Business trip	Work or training activities carried out on behalf of the Contracting party outside the ordinary place of employment, either in Italy or abroad, by persons other than employed staff, who have an institutional or contractual relationship with the Contracting party. Authorisation for the transfer must be requested and approved by the competent authorities prior to its commencement. For the purposes of this insurance coverage, only activities conducted abroad qualify as "transfers", thus excluding those carried out in Italy, Vatican City and the Republic of San Marino.

Art. 2 – Description of the Business Activity

University.

The business activities of the Contracting Party shall include institutional in addition to accessory ones, as well as complementary activities de facto performed with any and all means deemed useful or necessary.

Art. 3 – Identification of the Insured parties – exemption from reporting physical infirmities

This insurance policy is stipulated in favour of:

Persons employed by the Contracting party (indefinitely or for a fixed-term):

- CONTRACTUAL EMPLOYEES
- LECTURERS
- RESEARCHERS

Persons who have an institutional or contractual relationship with the Contracting party but are not employees:

- POSTGRADUATE STUDENTS
- PHD STUDENTS
- RESEARCH GRANT RECIPIENTS (FELLOWS)
- SCHOLARSHIP RECIPIENTS

◦EXTERNAL STAFF WITH LETTERS OF ASSIGNMENT FROM THE CONTRACTING PARTY who travel on behalf of and in relation to the Contracting party's institutional purposes.

The Contracting Party shall be exempted from the obligation to report the IDs of the insured persons. They can be identified through reference to the Contracting party's records.

The Contracting Party shall furthermore be exempted from the obligation to notify the Company of illnesses, infirmities, mutilations and physical deficiencies that may affect the insured persons at the time of stipulation of this contract, or at the time of subsequent entries.

SECTION 2 - GENERAL RULES GOVERNING THE CONTRACT

Art.1 - Declarations concerning the risk circumstances

Any non-exact or reticent declarations by the Contracting Party concerning circumstances that affect risk assessment may lead to total or partial loss of the right to indemnification, as well as to termination of the insurance policy pursuant to Art. 1892, 1893 and 1894 of the Italian Civil Code

The Contracting Party shall notify the Company of any risk increase, as provided by the following Art. 5 "Risk variation following award of the contract".

Art. 2 – Insurance policies with different Insurers

Notwithstanding the provisions of Art. 1910 of the Italian Civil Code, the Contracting Party and the Insured Party are exempted, also in the event of an accident, from the obligation to notify the existence of other insurance policies that may have been stipulated or that will be stipulated in the future for the same risks insured under this contract.

They shall be required to do so in the case of an accident.

In cases where other insurance policies are applicable for the same risk at the time of the accident, this policy shall operate as second risk for what is already covered by another insurance company and as first risk for what is not insured by other insurance companies.

Art. 3 - Term of the contract

The Contract shall come into effect at 12:00 midnight on 31.12.2019 and shall expire at 12:00 midnight on 31.12.2024 with intermediate yearly expiries on 31st December of each year, with express exclusion of tacit renewal.

If the Insurance has been stipulated for a multi-annual term, i.e. equal or above two years, each Party shall have the faculty to terminate the contract upon every yearly intermediate expiry by sending the other party a prior notice via registered mail (or certified electronic mail) at least four months before the said expiry.

It is the faculty of the Contracting Party - subject to a prior notice of no less than 30 days before contract expiry for any reason - to request the Company a temporary extension of this insurance, aimed at performing or completing the procedures for awarding the new insurance. The Company herewith accepts and agrees, following payment of the related premium instalment, to extend the insurance under the same contractual and economic conditions for the required period, provided that this does not exceed 6 months as of the contract expiry.

Art. 4 – Payment of the insurance premium - coverage starting date - adjusted premium

The insurance shall come into effect at 12:00 midnight of the day shown on the insurance policy, subject to payment of the premium within 60 days following the same day.

Derogation to the terms of payment pursuant to the first paragraph of this article shall apply also to each appendix, issued against payment as amendment to the contract, there including any extension as per Art. 3 "Term of the contract" in this Section.

If the Contracting Party does not pay the premiums or the following premium instalments, the insurance shall be suspended from 12:00 midnight of the 60th day following the expiry date and shall come into effect again at 12:00

midnight of the payment date, subject to subsequent deadlines and the right of the Company to receive payment of the premiums payable pursuant to Art. 1901 of the Italian Civil Code.

The insurance premium shall be agreed based on variable risk elements and shall be provisionally anticipated by paying the amount resulting from the calculation shown. Such amount shall be adjusted at the end of each insurance year or at the end of the contract term, if this is shorter, according to the variations occurred during the same term regarding the elements taken into account for premium calculation.

Final summary data shall be communicated within 120 days as of the end of each insurance year or at the end of the contract term, if this is shorter.

Without prejudice to the minimum premium, the payable differences resulting from the adjustment must be paid within 60 days of receipt by the Contracting party of the appropriate adjustment appendix, formally corrected, issued by the Company.

If the Contracting Party does not communicate their data within the aforementioned term, the Company shall issue a formal notice establishing a further term of no less than 30 days, which shall be sent in writing. In the event that, within the above mentioned term, the Contracting Party does not send any communication, this shall mean that the value of the insured items has not varied during the past year.

In the event of failure to submit the adjustment data or to pay the premium adjustment not due to wilful misconduct of the Contracting party, accidents may be compensated in the same proportion as that between the premium paid as a deposit and the entire premium due (deposit plus adjustment).

As regards expired contracts, if the Contracting Party does not meet the obligations concerning premium adjustment, the Company shall not be responsible for the accidents occurred during the period that failed adjustment refers to, subject to the Company's right to take judicial action.

The insurance premiums may be paid to the Insurance Company also by means of the Broker appointed for contract management.

Pursuant to art. 48 of Presidential Decree 602/1973 the Company, acknowledges that the Insurance shall remain valid also during verifications, if any, carried out by the Contracting Party pursuant to D.M.E.F. of 18 January 2008 No. 40, there including the 30-day suspension period provided for by Art. 3 of the Decree.

In addition, any payment made by the Contracting Party directly to the Collecting Agent pursuant to Art. 72 bis of Presidential Decree 602/1973 shall be deemed payment compliance towards the Company for the purposes of art. 1901 of the Italian Civil Code.

Art. 5 - Risk variation following award of the contract

Risk variation shall mean all changes leading to a different probability of accident occurrence, or to a variation of the related consequences, not foreseen or not foreseeable, at the time of contract stipulation, to such an extent that if the new state of things had existed or was known at that time, the Company would not have assumed the risk or would have assumed it against a higher premium.

Any event occurred following award of the contract and that involves a variation in the risk must be communicated in writing to the Company by and not later than thirty days after such event has become known.

Variations that must be communicated concern actual circumstances within the organization of the Contracting Party that may lead to an increase in major risks, therefore the Contracting Party shall not be bound to communicate risk variations deriving from contingent rules or from changes in applicable jurisprudence.

Art. 6 - Guidelines governing events of insurance withdrawal

6.1) Withdrawal for non-exact declarations or reticence by the Contracting Party

Non-exact declarations and reticence by the Contracting Party, concerning such circumstances that would have caused the Company to not provide their consent or to not provide it under the same conditions had it known the actual state of things, shall allow the Company to withdraw from the contract, if the Contracting Party did not act intentionally or by serious negligence. The withdrawal shall be communicated with a prior notice of no less than 120 days, to be sent to the Contracting Party by and not later than three months as of the date on which the Company became aware of the non-exact declaration or reticence.

In the case mentioned in the previous paragraph, if an accident occurs before the non-exactness of the declaration or any reticence become known to the Company, or before the Company has announced its withdrawal from the contract, the Company shall however be bound, notwithstanding the provisions of par. 2 of Art. 1893 c.c., to pay the full indemnity amount.

6.2) Withdrawal for risk increase

Upon occurrence of the risk variation events envisaged under Art. 5 "Risk variations following award of the contract" the Company may withdraw from the insurance contract with a prior notice of no less than 120 days, to be communicated to the Contracting Party via registered letter or Certified Electronic Mail.

6.3) Withdrawal following an accident

This condition shall not apply to this contract.

In all the events of withdrawal, the following shall apply:

1. The Company, shall provide the Contracting Party, in addition to the express will to withdraw from the contract, with all the data provided for under Art. 16 "Obligation to provide data on the risk trend", as required for preparing the tender aimed at awarding the new insurance contract. Withdrawal shall be null and void in the event of failure to provide the aforementioned data.
2. Within 30 days from the date of withdrawal enforcement, the Company shall refund the Contracting Party the premium instalments paid and not enjoyed, excluding taxes;
3. If the term of the contractual prior notice exceeds the policy yearly expiry term, in the event of withdrawal the Company shall waive cashing the full yearly settlement and shall issue an appendix indicating the instalment due for the coverage period included in the subsequent year. This appendix added shall be paid pursuant to the conditions envisaged under Art. 4 "Payment of the insurance premium - coverage starting date - adjusted premium".

Art. 7 – Contract evidence and amendments to the insurance policy

The Company shall provide the Contracting Party with the insurance policy and related contractual appendixes. Any and all amendments to the insurance shall be approved in writing.

Art. 8 - Types of communications and notices

All the communications and notices that the Contracting Party and the Company must provide shall be sent using means suitable to certify their date and content, and shall be addressed to the Company and to the Contracting Party or to the Broker that the Contracting Party has appointed for policy management. By way of example, communications may be delivered via certified electronic mail, standard electronic mail, registered letter, courier, fax etc.

Art. 9 - Fiscal charges

All current and future charges concerning the insurance premium, indemnifications, the policy and all the deeds related thereto shall be charged to the Contracting Party, even if the Company has anticipated their payment.

Art. 10 - Place of Jurisdiction

All disputes arising in connection with this contract shall be exclusively referred to the Judicial Authority of the place where the Contracting Party has its registered office. Notwithstanding the provisions of law 28/2010 and subsequent amendments, the parties herewith identify as, and undertake to exclusively refer to the Competent Mediation Body of the place where the Contracting Party is based.

Art. 11 - Reference to law norms

As regards all other terms not otherwise provided for herein, the law norms shall apply.

Art. 12 - Interpretation of the contract

The Parties mutually agree that, in the event of doubt on the interpretation of the insurance policy conditions, the most extensive and most favourable interpretation for the Insured party of all the conditions in the insurance policy shall apply, on condition that such interpretation can be considered legitimate and not contrary to the law provisions.

Art. 13 - Inspections and audits by the Company

The Company shall always have the right to inspect the risk, and to request information concerning the activities of the Insured Parties and the Journey made by the same after activation of the insurance Policy and during its validity term. The Contracting/Insured party shall be obliged to provide all necessary indications and information. All the charges connected with such inspections and audits shall be entirely borne by the Company. The inspections can be carried out by employees of the Company or by third parties appointed by the same, in the latter case with the assent of the Contracting/Insured party.

Art. 14 - Ownership of the rights arising from the policy

This policy is drawn up by the Contracting party, pursuant to art. 1891 of the Italian Civil Code, in the interest and to the benefit of the Insured Parties. The University of Verona therefore shall be referred to as the Contracting Party, i.e. the legal person that stipulates the Insurance with the consent of the Insured Parties and shall meet the obligations envisaged by the same Insurance, except those that, due to their nature, may not be met by the Insured Party.

Art. 15 - Territorial extension

The entire world, with the exclusion of accidents occurring in Italy, Vatican City, the Republic of San Marino or the Insured party's country of residence, if different than that of the Contracting party.

Art. 16 - Obligation to provide data on the risk trend

Within 60 days as of the end of each insurance year, 180 days prior to the final contract expiry and in all cases of withdrawal, the Company shall provide the Contracting Party with a detailed list (accident date, accident number, summary description) of the reported accidents. The list shall have been updated no later than 60 days before and shall be subdivided as follows:

- allocated accidents (with indication of the amount allocated);
- settled accidents (with indication of the amount settled);
- accidents with no follow-up/rejected accidents.

The obligations described above shall not prevent the Contracting Party to request and obtain from the Company an update with the methods outlined above, on dates other than those indicated.

The obligation to provide data regarding accidents remains until the definition of the last open claim position in the contract, even after its natural expiration.

Art. 17 - Broker clause

The Contracting party states that it has entrusted the management of this Policy to the appointed broker, Willis Italia Spa - RUI registration no. B000083306.

The Company agrees and accepts that all communications concerning this insurance shall be made by means of the Broker and that all the relationships pertaining to this insurance shall be handled by the same Broker on behalf of the Contracting Party and of the Insured Party. Pursuant to applicable legislation, the Company, declares that the broker is authorised to cash premiums or premium instalments, thereby relieving the Company.

Accordingly, the premium payment, made by the Contracting Party to the Broker in good faith, shall be deemed made directly to the Company.

Art. 18 – Traceability of Financial Flows pursuant to Law 136/2010 and following amendments and addenda

The Company assumes all the obligations of financial flow traceability pursuant to article 3 of Law 13 August 2010 No. 136 as amended in order to assure traceability of the financial movements relating to the contract.

If the Company does not meet the obligations envisaged by Art. 3 of Law no. 136/2010 for the traceability of financial flows concerning the tender, this contract shall be legitimately terminated pursuant to par. 8 of the same Art. 3.

Art. 19 - Co-insurance and proxy (valid only in the case of co-insurance)

The insurance is allocated pro-quota among the Companies indicated in the premium allocation, and each of them shall be bound to performance in proportion to their own quota, as established in the contract. However, partially notwithstanding the provisions of art. 1911 of the Italian Civil Code, each Company indicated in the allocation shall be jointly bound with the other Companies towards the Contracting Party and the Insured Party as regards the obligations assumed by stipulating the Insurance.

The Leading Insurance Undertaking declares that they have been appointed by the Co-insurance Companies indicated in the contract management allocation. In particular, all the communications concerning the Contract, there including those relating to withdrawal or termination and accident management, shall be deemed forwarded or received by the Leading Insurance Undertaking in the name and on behalf of all the co-insurance Companies.

The Co-insurance Companies agree and accept that all the management operations performed by the Leading Insurance Undertaking on their common behalf shall be valid and effective, with the sole exception of the policy premiums to cash, that shall be paid to each individual Company.

The undersigned Leading Insurance Undertaking declares that it has been appointed by the Co-insurance Companies indicated in the aforementioned documents (policy and appendixes) to sign them in their name and on their behalf.

Therefore, the signature placed by the Leading Insurance Undertaking on the Insurance Documents makes them valid to all effects and purposes also for the shares of the Co-insurance Companies.

As regards all other terms not otherwise provided for herein, the law norms shall apply.

SECTION 3 - INSURED RISKS AND LIMITATIONS

Art. 1 - Scope of the insurance

The policy provides insurance coverage for the services indicated below exclusively while carrying out a business trip/mission/transfer on behalf of the Contracting University.

Without prejudice to the agreed territorial limits, the insurance coverage will be in effect 24-hours a day for the duration of the business trip/mission/transfer provided its duration does not exceed **180 consecutive days** from the date of the Insured party's last departure for the mission/transfer destination

The assistance services shall be accessible throughout the entire coverage period for all the persons who benefit from Insured party status.

It is understood that:

- termination of the employment relation with/ of the office appointed by the Contracting Party shall cause the immediate revocation of eligibility as Insured Party.
- any rights in relation to the Company shall be limited to a term of 2 years from the date of the accident which originated the right to the benefit, as provided by Art. 2952 of the Italian Civil Code...

Art. 2 – Insured guarantees

Through the Operational Assistance Centre, the Company shall assist the Insured party in the management of medical emergencies, including the identification of medical centres and the coordination and management of hospitalisations while abroad. The Operational Assistance Centre shall also implement all the guarantees provided for in the policy based on the needs identified.

The guarantees provided by the contract are the following:

A. DOCUMENTED MEDICAL EXPENSES

In the event that, while on the business trip and following an accident or illness occurring during the trip/mission/transfer, the Insured party requires:

- medical treatment involving admission to hospital or a healthcare institution, these medical expenses - if previously approved - shall be handled directly by the Operational Assistance Centre.

Therefore, in the event of hospitalisation, the Insured party, a companion, the Authority, the medical centre treating the Insured party, the Contracting party or whoever has the possibility, shall immediately contact the Operational Assistance Centre to check the insurance coverage and obtain direct handling of the expenses.

- medical treatment not involving admission to hospital or a healthcare institution, these medical expenses - if previously approved - shall be handled directly by the Operational Assistance Centre.

Any medical expenses not approved in advance may only be reimbursed to the Insured party who has incurred them if the Insured party was unable to contact the Operational Assistance Centre. In such a case, the Insured party shall bear the burden of proving the urgency of the expenses and inability to contact the Operational Assistance Centre: the Company shall only refund medical expenses incurred by the Insured party within the limits specified in the contract.

By way of non-limiting example, medical expenses for the following shall be covered:

- medical and nursing services;
- hospitalisation and use of an operating room;
- diagnostic laboratory tests and imaging;
- ambulance services;
- medicines.

This guarantee shall be provided within the limits summarised in the table shown in Section 5 Art. 1

B. EXTENSION OF STAY DUE TO HEALTH REASONS

In the case where the Insured party's stay is extended and repatriation delayed due to particular medical conditions certified by a local attending physician, who advises against travel, the Operational Assistance Centre, on behalf of the Company, shall reimburse the Insured party's hotel expenses incurred in the location until repatriation becomes feasible. This guarantee shall be provided within the limits summarised in the table referred to in Section 5 art. 1.

The Operational Assistance Centre shall also settle, to the extent summarised in the table referred to in Section 5 Art. 1, the living and repatriation expenses incurred by a co-participant in the mission who was traveling with the Insured party and who stays to provide assistance to the Insured party, on condition that such person is recognised as an Insured party under the policy, as described in Section 1 of Article 3 " Identification of Insured parties - exemption from reporting physical infirmities".

C. SENDING ESSENTIAL DRUGS

the Operational Assistance Centre, on behalf of the Company and as far as possible (in compliance with the rules governing the transport of medicines), shall forward essential drugs (registered in Italy) to the location for the continuation of the Insured party's treatment, in the case where the latter cannot obtain such drugs locally or it is impossible to supply them or obtain equivalents.

In any case, the cost of these medicines shall be borne by the Insured party.

This guarantee shall be provided within the limits summarised in the table shown in Section 5 Art. 1

D. TRANSPORT TO HOSPITAL

If, following an accident or illness, the Insured party requires transfer to a Hospital/Healthcare Institution, the Operational Assistance Centre shall arrange for transportation of the Insured party to the nearest medical facility equipped to treat the case.

Based on the clinical conditions and at the discretion of the Operational Assistance Centre's Medical Service, transport shall be made via air ambulance, airliner, 1st class sleeper berth, ambulance or any other means deemed appropriate.

During the transfer, the Insured party shall be assisted by doctors/nurses, if necessary.

This guarantee shall be provided within the limits summarised in the table shown in Section 5 Art. 1

E. SEARCH AND RESCUE COSTS

If, following an accident or illness, the Insured party requires the intervention of an emergency search and rescue team by local police and/or rescue services, the Company shall refund the costs charged to the Insured party by the rescuers.

This guarantee shall be provided within the limits summarised in the table shown in Section 5 Art. 1

F. REPATRIATION FOR HEALTH REASONS

In the case of hospitalisation of the Insured party abroad as a result of Injury or Illness and their discharge with need to return home via medical transport, the Operational Assistance Centre shall arrange the repatriation to Italy or the Insured party's country of residence. Depending on the Insured party's clinical conditions and at the sole discretion of the Operational Assistance Centre's Medical Service, transport shall be provided via:

air ambulance, airliner, sleeping car, 1st class couchette, ambulance or any other means deemed appropriate.

This guarantee shall be provided within the limits summarised in the table shown in Section 5 Art. 1

G. REPATRIATION OF THE BODY AND FUNERAL EXPENSES

In the event of the death of the Insured party abroad, the Operational Assistance Centre, acting on behalf of the Company, shall organise the repatriation of the body to the place of burial in Italy or in the Insured party's country of residence.

This guarantee shall be provided within the limits summarised in the table shown in Section 5 Art. 1

Art. 3 – Guarantee limitations and exclusions

The policy shall not apply for/ in the case of:

- 1) medical expenses for treatment prescribed by a physician not authorised to practice medicine or for treatment provided in non-approved medical centres;
- 2) injury caused by a vehicle while driven by the Insured party with a blood alcohol level equal to or greater than the limit under local laws regulating the use of the vehicle;
- 3) suicide, attempted suicide or intentionally self-inflicted injury;
- 4) a journey made against medical advice or, in any case, with a disease in an acute phase or for the purpose of undergoing medical/surgical treatments;
- 5) medical expenses incurred in the Insured party's country of residence or in Italy, Vatican City or the Republic of San Marino;
- 6) pregnancy complications occurring beyond the 26th week of gestation;
- 7) psychiatric and nervous disorders and psychoanalytic treatments;
- 8) AIDS/HIV and related infections;
- 9) cosmetic surgery, except for plastic surgery necessitated by an accident covered by the policy;
- 10) detoxification treatments, except in the case of treatments subsequent to poisoning and/or accidental intoxication occurring during a business trip/mission/transfer;
- 11) treatment given by a chiropractor or an osteopath;
- 12) medical check-ups not related to a medical emergency;
- 13) rehabilitation treatment of any kind, given as a result of injury or illness during a business trip/mission/transfer, unless such services are performed on an inpatient basis and are prescribed by the attending physician doctor to prevent further complications;
- 14) expenses for the purchase of eyeglasses, contact lenses or hearing aids;
- 15) expenses for the purchase of prostheses in general. However, the policy shall cover costs pertaining to prostheses or medical devices necessarily applied during surgery, such as, by way of non-limiting example, pacemakers and similar devices;
- 16) expenses for dental care except for emergency calls, provided they are previously approved by the Operational Assistance Centre;
- 17) expenses for dental care and dentures, unless as a direct result of an injury sustained during a business trip/mission/transfer;
- 18) vaccinations and related complications. However, the policy shall cover complications following vaccinations required or recommended by the Directorate General of Health Prevention of the Italian Ministry of Health as part of the preventive measures taken before the business trip/mission/transfer.

Art. 4 - Restrictive measures (Sanctions Limitations Exclusions Clause)

The Company shall not be bound to provide coverage or consequent benefits, nor to pay any claim in so far such coverage, benefit or claim payment may expose the insurer to any kind of sanction, prohibition or restriction pursuant to the resolutions of the United Nations, or to economic, commercial, legislative or regulatory sanctions as envisaged by provisions issued by the Italian Republic, the European Union, the European Economic Area and/or any other national law applicable in terms of economic or commercial sanctions and/or international embargo.

Art. 5 – Age limit

not applicable

SECTION 4 - OPERATIONAL CENTRE FOR ACCIDENT ASSISTANCE AND MANAGEMENT

Art. 1 – Procedures for activating the Operational Assistance Centre

The Operational Assistance Centre has the task of providing information and carrying out some of the services included under this contract as well as coordinating the management of hospital admissions and medical emergencies in the cases covered by the policy.

In the event that the Insured party has an accident or an illness occurs during the course of an insured business trip/mission/transfer, the Operational Assistance Centre shall organise and provide the insured benefits of the policy using the means and services best suited to the Insured party's physical conditions.

It should be noted that the expenses incurred by the Insured party in relation to the guarantees provided under this policy shall only be reimbursed if approved and coordinated by the Operational Assistance Centre, except for expenses incurred for urgent reasons when the Insured party was unable to get in touch with the Operational Assistance Centre in good time, even through third parties. In such a case, the Insured party shall bear the burden of proving the urgency of the expenses and inability to contact the Operational Assistance Centre.

Procedures for requesting the intervention of the Operational Assistance Centre

Therefore, in the event of hospitalisation, the Insured party, a companion, the Authority, the medical centre treating the Insured party, the Contracting party or whoever has the possibility, should immediately contact the Operational Assistance Centre to verify the insurance coverage and organise suitable medical treatment.

The Operational Assistance Centre answers the following telephone numbers open 24-hours daily:

from Italy **06 42115773**

from abroad **+39 0642115773**

At the time of the request, the Insured party must give the operator the following information:

- surname and name
- type of working relation in place with the Contracting University
- policy number
- type of assistance required
- address of their location abroad
- phone number.

The Company and the Operational Assistance Centre may not be held liable for any delays and/or consequences due to inability to provide one or more of the insured benefits in the event of strikes, riots, acts of sabotage or terrorism, civil war or war with other nations, emission of heat or radiation caused by atomic fission, radioactivity or other accidents or natural disasters.

All interventions by the Operational Assistance Centre shall be carried out in accordance with and within the limits established by national and international laws and administrative provisions, and shall be subject to the necessary authorisations granted by the competent authorities.

Art. 2 – Refund settlement

In all cases involving the reimbursement of expenses incurred by the Insured party or its eligible beneficiaries, the Company, having received the necessary documentation and made the necessary verifications, shall pay the amount due within 60 days of receipt of the complete documentation.

Art. 3 – Subrogation action

The Company shall take over the Insured party rights for the amount it has reimbursed to the Insured party. The Insured party shall be obliged to preserve the Company's rights in relation to the parties responsible for the loss incurred, by signing the necessary documents and performing any other act which may reasonably required.

SECTION 5 – INSURED AMOUNTS, PREMIUM CALCULATION, FRANCHISES AND UNCOVERED AMOUNTS

Art.1 – Amounts insured per guarantee/ accident/ insured person

Below is a summary of the amounts insured per guarantee/ accident/ insured person:

GUARANTEE	SUM INSURED
Documented medical expenses (Section 3 art. 2A)	actual costs without limit
Extension of stay due to health reasons (Section 3 art. 2 letter B)	€ 350.00 per day for a maximum of 30 days / € 10,000 for the companion
Sending of essential medicines (Section 3 art. 2 letter C)	Actual costs
Transport to hospital (Section 3 art. 2 letter D)	Actual costs
Search and rescue costs (Section 3 art. 2 letter E)	€ 25,000.00
Repatriation for health reasons (Section 3 art. 2 letter F)	Actual costs
Repatriation of the body and funeral expenses (Section 3 art. 2 letter G)	€ 15,000.00

This policy does not provide for any uncovered amount/excess.

Art. 2 – calculation of the premium and application of the adjustment

The anticipated minimum policy premium shall be calculated as follows:

No. of DAYS OF MISSION	INSURANCE PREMIUM DAY/MISSION TAXES INCLUDED	MINIMUM ANTICIPATED INSURANCE PREMIUM TAXES INCLUDED
15,000 days/mission	€	€

Premium subdivision

Taxable yearly insurance premium	€	.=
Taxes	€	.=
TOTAL MINIMUM PREMIUM ACQUIRED IN ANY EVENT	€	.=

At the end of each year, the Company shall calculate the premium due based on the variations communicated by the Contracting party upon premium adjustment. The related payment shall be made pursuant to Section 2 art. 4 "Payment of the insurance premium – guarantee applicability - adjusted premium" within the scope of this insurance policy.

The Contracting Party shall not be bound to notify, during the insurance term, any changes in the number of persons, destinations, and any other variable data.

Art.3 – Distribution of co-insurance (if any)

The risk shall be subdivided among the following Companies, according to the percentages outlined below:

The Company	Branch	Retention percentage

The Company

The Contracting Party

Vexatious clauses

To the effects and purposes of Articles 1341 and 1342 of the Italian Civil Code the Contracting party and the Company state that they specifically approve the following clauses:

Section 2 Art. 1 Declarations concerning the risk circumstances

Section 2 Art. 2 Insurance with different insurers

Section 2 Art. 3 Term of the contract

Section 2 Art. 4 Payment of the insurance premium - coverage starting date - adjusted premium

Section 2 Art. 5 Risk variation following award of the contract

Section 2 Art. 6 Guidelines governing events of insurance withdrawal

Section 2 Art. 10 Place of Jurisdiction

Section 2 Art. 15 Territorial extension

Section 2 Art. 19 Co-insurance and proxy

Section 3 Art. 3 Guarantee limitations and exclusions

Section 3 Art. 4 Restrictive measures (Sanctions Limitations Exclusion Clause)

The company has the right to extend the indication of the clauses requiring specific written approval pursuant to articles 1341 and 1342 of the Italian Civil Code. This should be done when issuing the contractual documents.

The Company
