APPENDIX TO THE SNOWCARE PLATINUM INFORMATION SET

Special conditions valid only for Consorzio Skipass Paganella Dolomiti

These Special conditions are valid only for Consorzio Skipass Paganella Dolomiti and are provided as a supplement to and partial derogation from the Snowcare Platinum Information Set (Edition December 2025), including the DIP Non-life, the Additional DIP Non-life and the Insurance Conditions. In the event of conflict, these Special conditions shall prevail. For everything not expressly supplemented, derogated from or modified, the Insurance Conditions of the Snowcare Platinum Information Set (Edition December 2025) remain valid.

SUPPLEMENT

1. Definitions

Multi-day Skipass: Skipass with a duration equal to or greater than 3 days, including non-consecutive days

DEROGATIONS

2. Multi-day Skipass

Derogation: By way of derogation from the insurance conditions, the Covers for cancellation of Skipass, cancellation of lessons and/or ski equipment rental due to Injury (hereinafter "cancellation of Lessons/Ski equipment") and Medical repatriation are operative only for **Multi-day Skipass**.

A Personal Skipass is not required (Skipass bearing the name or photo of the Insured or containing an identification code or serial number proving unequivocally that it belongs to the Insured).

The Insurance Conditions that refer to the Personal Skipass shall be understood as modified and operative only for Multi-day Skipass.

3. Cancellation of Skipass – Art. 2.1, Cover no. 8

Derogation: By way of partial derogation from the Insurance Conditions, the Skipass cancellation Cover:

- is valid only for Multi-day Skipass;

- operates only in the event of Injury;

- does not operate in the event of Illness and Quarantine.

4. Cancellation of Lessons/Ski equipment and Medical Repatriation – Art. 2.1, Covers 9 and 10

Derogation: By way of partial derogation from the Insurance Conditions, the Covers for cancellation of Lessons/Ski equipment and Medical repatriation are valid and operative only for Multi-day Skipass.

5. Exclusions – Art. 2.3, letters x), y) and z)

Derogation: the exclusions provided for by art. 2.3, letters x), y) and z) do not apply.

6. Definitions

Derogation: the definitions of Personal Skipass, Illness and Quarantine do not apply.

AMENDMENTS

7. Effective date and duration – Art. 1.5

Amendment: the Skipass cancellation Cover, valid only for Multi-day Skipass and operative only in the event of Injury, takes effect from 24.00 hours on the day of payment of the Premium.

8. Claim notification – Section 3 "What to do in the event of a Claim" – Skipass cancellation and cancellation of Lessons/Ski equipment Covers

Amendment: for the Skipass cancellation and cancellation of Lessons/Ski equipment Covers, the documents listed and to be indicated in the online form refer to the Multi-day Skipass.

9. Availability for medical examination – Section 3 "To remember" 2nd point – Skipass cancellation and cancellation of Lessons/Ski equipment Covers

Amendment: the obligation of the Insured to be available at the address indicated in the Claim notification, 7 days a week from 08:00 to 17:00, for the examination by the Company's trusted doctor applies for the period of Injury.

CNP Assurances IARD - Joint-stock company with a board of directors and a share capital of 146.952.480 euro, whose registered office is at 4 Promenade Cœur de Ville 92130 Issy-les-Moulineaux (FRANCE), registered in the Trade and Companies Register of Nanterre under number 493 253 652, IDU EMP FR232845_01WXTG - registration number in list II of the IVASS register of insurance companies II.00385.

Filassistance International - Joint-stock company, with a share capital of 4.100.000 euro, a company governed by the French Insurance Code, registered in the Trade and Companies Register of Nanterre under no. 433 012 689, ADEME unique identifier: FR329780_01LOPR, whose registered office is at 108, Bureaux de la Colline - 92213 Saint Cloud Cedex (FRANCE) - registration number in list II of the IVASS register of insurance companies II.01466.

INFORMATION SET

ASSICURAZIONE SCI E SNOWBOARD

Snowcare®

24hassistance

INSURANCE CONTRACT
SNOWCARE PLATINUM FOR AMATEUR SNOW SPORTS ACTIVITIES

CNP ASSURANCES IARD
FILASSISTANCE INTERNATIONAL

IMPORTANT NOTICE

This document is a courtesy English translation of the Information Set, provided for information only. The only official and legally binding version is the Italian one. In case of any discrepancy or dispute, the Italian version prevails.

Traduzione di cortesia. Fa fede esclusivamente la versione in lingua italiana.

Non-life Insurance Contract
This Information Set, containing:

- DIP - Pre-contractual Information Document
- Additional DIP - Additional Pre-contractual Information Document
- Insurance Conditions, including the Glossary

must be delivered to the Policyholder before the Conclusion of the contract.
The Policyholder must read the insurance conditions before the Conclusion of the contract.

Last updated: December 2025

Non-life Insurance

Information document on the insurance product

Product: Snowcare Platinum

Company:

CNP ASSURANCES IARD - Company registered in France, operating in Italy under the freedom to provide services regime - IVASS registration no. II.00385

FILASSISTANCE INTERNATIONAL (Co-Manufacturer) - Company registered in France, operating in Italy under the freedom to provide services regime - IVASS registration no. II.001466

Complete pre-contractual and contractual information on the product is provided in other documents.

What type of insurance is it?

This Policy insures you for damage unintentionally caused to third parties while practising Amateur snow sports activities and if you hold a Personal Skipass of any duration, including for several non-consecutive days, the Insurance reimburses you for the cost of the Personal Skipass, ski lessons and sports equipment rental in the event of non-use following Injury, Illness or Quarantine (Covers provided by CNP Assurances Iard). The Insurance also covers emergency medical expenses at Affiliated healthcare facilities, rescue expenses on foreign and Italian ski slopes, Legal Protection and provides the following services: Specialist Orthopaedic Consultation, Driver on call and Medical Repatriation (Covers provided by Filassistance International).

What is insured?

Covers always included

- ✓ **Liability for damage to third-party persons:** material and direct damage to the person of injured third parties as a result of an Accident caused by the Insured during the Amateur snow sports activity. The Cover is operative if the Rescue service on the slopes or the SSUEM in the case of off-piste skiing has been requested and has intervened.
- ✓ **Liability for damage to third-party property:** material and direct damage to the property of injured third parties when they have suffered personal injury as a result of an Accident caused by the Insured during the Amateur snow sports activity. The Cover is operative if the Slope rescue service or the SSUEM in the case of off-piste skiing has been requested and has intervened.
- ✓ **Legal protection:** covers expert and legal defence costs in the event of disputes arising following an Accident or Injury to the Insured while carrying out Amateur snow sports activities. The Cover is operative if the Slope rescue service or the SSUEM in the case of off-piste skiing has been requested and has intervened.
- ✓ **Emergency medical expenses:** following an Injury to the Insured during the Amateur snow sports activity. The medical expenses incurred by the Insured immediately after the Claim are covered. The Cover is operative if the Slope rescue service or the SSUEM in the case of off-piste skiing has been requested and has intervened. If an affiliated medical facility is present in the place where the Claim occurred, the Insured must go to that facility in order to benefit from the Cover.
- ✓ **Specialist Orthopaedic Consultation:** following an Injury to the Insured during the Amateur snow sports activity. A teleconsultation service is made available to the Insured for a qualified second medical opinion of a traumatological orthopaedic nature from affiliated specialist doctors.
- ✓ **Ordinary expenses for rescue by toboggan or helicopter on foreign slopes:** following an Injury to the Insured during the Amateur snow sports activity. The Cover is operative only on foreign slopes where the Skipass is valid and if the Slope rescue service is necessary on the basis of the Insured's state of health.
- ✓ **Expenses for rescue by toboggan or helicopter on Italian slopes**: following an Injury to the Insured in Italy during the Amateur snow sports activity. The Cover is operative on Italian slopes where the Skipass is valid and if the paid Slope rescue service has been requested and has intervened or, for off-piste skiing, if the paid SSUEM service has been requested and has intervened.
- ✓ **Driver on call:** to drive the vehicle and the passengers who were travelling with the Insured to the Insured's town of residence, following an Injury to the Insured during the Amateur snow sports activity. The Cover is operative if the Slope rescue service or the SSUEM in the case of off-piste skiing has been requested and has intervened and if there is

What is not insured?

Risks not insured:

- ✘ Bodily injuries (biological damage and disability) suffered by the Insured as a result of the Accident or Injury.
- ✘ Sports practices for which a permit or licence is required under the legislation in force at the time the Policy is taken out.

Persons not covered by the Liability Cover, as they are not considered third parties

- ✘ the spouse, parents and children of the Insured, as well as any other relative, relative by marriage or person cohabiting with the Insured.
- ✘ members of the same group carrying out the sports activity covered by the Insurance together with the Insured, except where all members of the group are covered by the Insurance.

Are there any coverage limits?

The cover does not operate in the event of:

- ! Failure to request and obtain the intervention at the place of the Claim of the Slope rescue service or of the SSUEM in the case of off-piste skiing.
- ! Use of the Skipass in breach of the regulations.
- ! Accident or Injury due to the liability of the ski lift operator.
- ! Participation in competitive events in any capacity (including amateur), including training for such competitions; with the sole exception of amateur giant slalom and special slalom competitions that are non-professional and without cash prizes.
- ! Intentional acts, wilful misconduct or gross negligence of the Insured and/or the Policyholder and/or the persons for whom he/she is legally responsible.
- ! Failure to comply with the law.
- ! Alcohol abuse and use of drugs, narcotics, illegal substances or medicines not prescribed by a doctor.
- ! Suicide or attempted suicide, self-harm of the Insured.
- ! Participation in thefts, robberies or other crimes.
- ! Use or possession of weapons, including hunting and military weapons.
- ! Any accidental act making it impossible to use the Insurance, including prohibitions decided by local, national or international authorities
- ! Whirlwinds, hurricanes, earthquakes, volcanic eruptions, floods, storm surges, snow slides, avalanches, tidal waves or landslides.
- ! Strikes, riots, civil commotion, acts of terrorism or sabotage, occupations, lockouts, as well as civil and military coups, wars, invasions, hostilities, civil wars,

a medical report certifying that the Insured is unable to move independently.

Covers included only for Personal Skipass of any duration

- ✓ **Cancellation of unused Skipass following Injury, Illness or Quarantine**: in the event that the Personal Skipass cannot be used following Injury, Illness or Quarantine of the Insured, or of the parents of an underage insured, or of a minor child of the Insured who is also insured under this Insurance. The cost of the Personal Skipass for the unused days is reimbursed. If the Injury occurred during the Amateur snow sports activity, the Cover is operative if the Slope rescue service or the SSUEM in the case of off-piste skiing has been requested and has intervened.
- ✓ **Cancellation of lessons and/or rental of ski, snowboard, cross-country ski, sledge and toboggan equipment**: following an Injury to the Insured during the Amateur snow sports activity which prevents him/her from continuing such activity. The cost of the lessons and/or of the rental of ski, snowboard, cross-country ski, sledge and toboggan equipment for the unused days of the Personal Skipass is reimbursed. The Cover is operative if the Slope rescue service or the SSUEM in the case of off-piste skiing has been requested and has intervened and if there is a medical report certifying that the Insured is unable to move independently.
- ✓ **Medical repatriation:** following an Injury to the Insured during the Amateur snow sports activity. Medical transport is provided by the means most appropriate to the Insured's clinical condition. The Cover is operative if the Slope rescue service or the SSUEM in the case of off-piste skiing has been requested and has intervened and if there is a medical report certifying that the Insured is unable to move independently.

revolutions, insurrections, military or usurped power, martial law, confiscation, nationalisation, requisition, destruction of or damage to property resulting from acts or orders of the Central, Regional or Local Public Authorities

- ! ionising radiation or radioactive contamination produced by nuclear fuels or by nuclear waste arising from transmutation of the atomic nucleus, as well as by radioactive, toxic, explosive or other hazardous properties of nuclear equipment or its components

For further limitations and exclusions relating to the individual covers, please refer to the "Additional pre-contractual information document" – section "Are there any coverage limits".

Where am I covered?

✓ The Insurance is valid worldwide if taken out by an Italian citizen resident in Italy. If the Policy is taken out by a foreign citizen or by an Italian citizen resident abroad, the territorial scope is limited to the Amateur snow sports activity practised in Italy and in neighbouring countries where the Skipass is valid.

What are my obligations?

When you enter into the Contract, you have the duty to make truthful, accurate and complete statements about the Risk to be insured. **During the Contract**, you must notify in writing any changes resulting in an aggravation of the insured Risk.
Untruthful, inaccurate or incomplete statements, or failure to notify the aggravation of the Risk, may result in the termination of the Policy and/or the total or partial loss of the right to the Indemnity.
In the event of a Claim, you must notify the Claims Management Company (Coris Assistance 24ore S.r.l., C.so Magenta n. 69/A, Milano) within 15 days from the date of the Claim, or from the day on which you became aware of it, and provide the documentation requested by the Claims Management Company, necessary to prove the right to the insurance benefit.

When and how do I have to pay?

The Premium must be paid in a single instalment before the issue of the Policy and/or at the time of joining in the case of Group Policies. You can pay the premium by credit card, google pay, apple pay or cash within the limits provided for by Law.

When does the cover start and end?

The insurance cover starts:

- from 24:00 on the day indicated in the Policy, if the cover effective date is later than the date of purchase of the Insurance;
- 20 minutes after payment of the Premium, if the cover effective date coincides with the date of purchase of the Insurance;
- from 24:00 on the day of payment of the Premium, **only** for the Personal Skipass cancellation Cover for Injury, Illness or Quarantine.

The insurance cover ends:

- at 24:00 on the expiry date indicated in the Policy, if the Insurance is not purchased together with the Skipass;
- on the date and at the time the Skipass ceases to be valid, if the Insurance is purchased together with the Skipass

How can I cancel the policy?

If the Insurance is taken out for a duration of more than 30 days by means of distance communication techniques, you have the right to cancel the Contract within 14 days of the date of receipt of the Policy certifying the conclusion of the Insurance.
The notice must be sent to the Intermediary by registered letter with return receipt or certified email (PEC).
The Policy does not provide for tacit renewal and, therefore, upon expiry you have no obligation to send a cancellation notice.

Non-life Insurance

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

Product: "SNOWCARE PLATINUM "

Edition December 2025 (Latest Available Edition)

Purpose

This document contains additional and supplementary information to that contained in the pre-contractual information document for non-life insurance products (DIP Non-life), to help the potential policyholder understand in more detail the characteristics of the product, with particular regard to the insurance covers, limitations, exclusions, costs and the financial position of the company.

The policyholder must read the insurance conditions prior to the signing of the contract.

Company

CNP ASSURANCES IARD has its registered office at 4 Promenade Cœur de Ville, 92130, Issy-Les-Moulineaux (France); - Website: www.cnp.fr – Email cnpiard-italia@cnp.fr - registration no. II.00385 in the Annexed List II of the Register of Insurance Companies.
CNP ASSURANCES IARD is incorporated as a Joint-stock company. The Company is authorised to carry out insurance business by the French Supervisory Authority and is subject to the supervision of the Autorité de Contrôle Prudentiel et de Résolution (ACPR). The Company operates in Italy under the freedom to provide services regime.
The net equity of CNP ASSURANCES IARD resulting from the latest approved financial statements is equal to 406M€ and the result for the period is 66M€. The value of the solvency ratio is equal to 165%.
Data relating to the Company's Solvency and Financial Condition Report (SFCR) are available at: https://www.cnp.fr/cnp/content/download/12807/file/CNP-Assurances-IARD-SFCR-31122024.pdf
FILASSISTANCE INTERNATIONAL (co-manufacturer) has its registered office at 108, Bureaux de la Colline - 92213 Saint Cloud Cedex (France); - Website: www.filassistance.fr – Email cnpiard-italia@cnp.fr - registration no. II.01466 in the Annexed List II of the Register of Insurance Companies.
FILASSISTANCE INTERNATIONAL is incorporated as a Joint-stock company. The Company is authorised to carry out insurance business by the French Supervisory Authority and is subject to the supervision of the Autorité de Contrôle Prudentiel et de Résolution (ACPR). The Company operates in Italy under the freedom to provide services regime.
The net equity of FILASSISTANCE INTERNATIONAL resulting from the latest approved financial statements is equal to 39M€ and the result for the period is 5M€ The value of the solvency ratio is equal to 182%.
Data relating to the Company's Solvency and Financial Condition Report (SFCR) are available at: https://www.filassistance.fr/wp-content/uploads/2025/05/SFCR_Filassistance_2024.pdf

The contract is governed by Italian law

Product

What is insured?

In addition to what is indicated in the DIP Non-life, it is specified that the Covers provided by the Insurance operate within the following limits per claim/event:

- ✓ **Liability for damage to third-party persons and third-party property** within the limit of:
  - 250.000€ for bodily injury to third parties
  - 10.000€ for damage to third-party property
- ✓ **Legal Protection**: within the Limit of 50.000€.
- ✓ **Emergency medical expenses**: within the Limit of 750€.
- ✓ **Specialist Orthopaedic Consultation**: the Company bears the cost of a teleconsultation service provided by affiliated specialist doctors.
- ✓ **Ordinary expenses for rescue by toboggan or helicopter on foreign slopes** within the following limits:
  - 1.100€ for ordinary rescue expenses by toboggan
  - 10.000€ for ordinary rescue expenses by helicopter
- ✓ **Expenses for rescue by toboggan or helicopter on Italian slopes** within the following limits:
  - 275€ for ordinary rescue expenses by toboggan
  - 5.000€ for ordinary rescue expenses by helicopter
- ✓ **Driver on call**: the Company bears only the cost of the driver made available.

The following Covers are provided only if the Insured holds a Personal Skipass and operate within the following limits:

- ✓ **Cancellation of unused Skipass due to Injury, Illness or Quarantine**: the Company reimburses the cost of the Personal Skipass for the days on which the Insured was unable to use the Personal Skipass due to the Injury, Illness or Quarantine
- ✓ **Cancellation of lessons and/or ski equipment rental due to Injury:** the Company reimburses the cost of the lessons and/or ski equipment rental within the limit of 100€ for each day of Personal Skipass not used due to the Injury
- ✓ **Medical repatriation:** the Company bears the cost of the return journey within the limit of 5.000€.

All Covers are provided on an excess-of-loss basis over what is already covered by other valid insurance policies taken out by the Insured and/or the Policyholder.

What is NOT insured?

Excluded risks	There is no further information in addition to that provided in the DIP Non-life.

Are there any coverage limits?

In the event of a Claim, Deductibles (expressed as a fixed amount) and Percentage Deductibles (expressed as a percentage of the indemnifiable damage) are provided for the following Covers, which identify the part of the damage borne by the Insured:

! **Liability for damage to third-party persons and third-party property**: Percentage Deductible of 10% of the indemnifiable damage with a fixed and absolute Deductible of 500€.

! **Reimbursement of unused lessons and/or rental of ski, snowboard, cross-country ski, sledge and toboggan equipment**: fixed and absolute Deductible of 50€.

! **For the "Medical Repatriation" Cover one transport service is provided per event.**

In addition to the exclusions provided for in the DIP Non-life applicable to all Covers, specific exclusions are provided for the following Covers:

Only for the Liability Cover - the following are excluded from cover and, therefore, are not indemnified:

! all indirect damage (by way of example but not limited to: requests for reimbursement, recourse and/or subrogation for any reason made by social security and/or compulsory insurance bodies, hospitals, nursing homes and/or public bodies)

! all damage that is not physical and material

! all damage arising from the ownership, possession, use and driving of motor vehicles

! Claims for which the Insured has entered into settlements of any kind with the injured party without the prior approval of the Claims Management Company, including the admission of partial or total liability

! Claims for which the Insured has not sent the Claims Management Company the form "Reconstruction of the dynamics of the claim" fully completed and signed**.**

Only for the Legal Protection Cover, the following are not covered:

! facts for which the Insured is liable if subject to criminal penalties by the local authorities

! judicial and extrajudicial expenses for the criminal defence of the Insured

! disputes having the Company, the Intermediary, the Claims Management Company, the Policyholder of the Insurance or another Insured with the Company as counterparty and/or co-litigant and/or party.

Only for the Emergency medical expenses Cover, cover is excluded:

! if the Insured did not go to the affiliated healthcare facilities present in the resort where the Claim occurred

Only for the Specialist Orthopaedic Consultation Cover – the service is not provided for:

! all cases not of an orthopaedic traumatological nature (for example, nose fractures or head trauma are excluded)

Only for the rescue by toboggan/helicopter Cover – the following are excluded from insurance cover and, therefore, are not indemnified:

! Rescue service by toboggan/helicopter provided on foreign and Italian ski slopes where the Skipass is not valid.

! Rescue service by toboggan/helicopter on slopes and off-piste in Italy that is not chargeable

Only for the Driver on call Cover - the following are excluded from insurance cover and, therefore, are not indemnified

! all costs connected with the journey (fuel, tolls, insurance, etc.)

! service not previously authorised by the Company

Only for the Cover for cancellation of unused Personal Skipass due to Injury, Illness or Quarantine – the insurance cover does not operate in the case of:

! restrictions and orders issued by local, national or international authorities aimed at forcing a population to remain at home or in a specific place under penalty of financial and/or criminal sanctions, for reasons other than Quarantine.

! Illness having one or more of the following characteristics: being permanent, with resulting disability, being caused by irreversible pathological changes and requiring special rehabilitation or long-term supervision, follow-up or treatment.

! Illness pre-existing at the time of the Conclusion of the contract

Only for the Medical Repatriation and Driver on call Covers - the following are excluded from insurance cover and, therefore, are not indemnified:

! requests for reimbursement, indemnity or services not previously authorised by the Company.

Who is this product for?

The Snowcare product is intended for those who practise Amateur snow sports activities and wish to insure themselves for Civil Liability arising from the sports activities practised, Legal Protection and assistance services following an Accident and Injury on the ski slopes. Holders of a Personal Skipass are also protected for the reimbursement of the cost of the Skipass, ski lessons and equipment rental for the days not used due to Injury, Illness or Quarantine.

What costs do I have to bear?

Intermediation costs

- The average share received by the Insurance Intermediary is equal to 34,00%.
- In the case of group policies, intermediation costs are included in the premium paid by the member

HOW CAN I FILE COMPLAINTS AND RESOLVE DISPUTES?

To the insurance company	Complaints concerning the contractual relationship or the management of claims for Civil Liability for damage to third parties, Civil Liability for damage to third-party property , Cancellation of unused Skipass following Injury, Illness or Quarantine, Cancellation of lessons and/or rental of ski, snowboard, cross-country ski, sledge and toboggan equipment: must be submitted as follows: CNP ASSURANCES IARD: - by email to: cnpiard-italia@cnp.fr - by ordinary mail to: 4 Promenade Cœur de Ville, 92130, Issy-Les-Moulineaux (France) Complaints relating to the Covers: Legal protection, Emergency medical expenses, Specialist orthopaedic consultation, Ordinary rescue expenses by toboggan or helicopter on foreign slopes, Rescue expenses by toboggan or helicopter on Italian slopes, Driver on call, Medical repatriation, may also be submitted to: FILASSISTANCE INTERNATIONAL: - by email to: qualite@filassistance.fr - by ordinary mail to 108, Bureaux de la Colline - 92213 Saint Cloud Cedex (France) In the complaint you must indicate the following data: name, surname, full address and telephone number of the complainant; policy number and name of the policyholder; number and date of the claim referred to; indication of the person or persons whose conduct is complained of; brief and comprehensive description of the reason for the complaint; any other information and document useful to describe the circumstances. To submit the complaint you can use the Form available on the website https://www.ivass.it/Consumatori, in the Complaints section, by consulting the relevant Guide. A reply will be provided within 45 days of the date of receipt of the complaint.
To IVASS	In the event of an unsatisfactory outcome or late reply, you may contact IVASS, Via del Quirinale, 21 - 00187 Roma, fax 06.42133206, PEC: **ivass@pec.ivass.it .** Info at: **www.ivass.it** or to the Company's Supervisory Authority in its Home State: Autorité de Contrôle Prudentiel et de Résolution (ACPR- DCPC / SIR 4 Place de Budapest, CS 92459, 75436 Paris Cedex 09).

BEFORE APPLYING TO THE JUDICIAL AUTHORITY it is possible to use alternative dispute resolution systems, such as:

La Mèdiation de l'Assurance **(Out-of-court dispute resolution system member of the FIN-NET network)**	By filing an appeal with: La Médiation de l'Assurance - TSA 50110 75441 Paris Cedex 09 - through the portal available on its website (https://www.mediation-assurance.org/contact/) where it is possible to consult the eligibility requirements, the other information relating to the submission of the appeal and any other useful information, La Médiation de l'Assurance is the out-of-court dispute resolution system of the FIN.NET network to which the Company is subject pursuant to article 2, paragraph 3 of the decree of the Minister of Enterprises and Made in Italy of 6 November 2024, no. 215.
Mediation	By contacting a Mediation Body among those included in the list of the Ministry of Justice, available on the website **www.giustizia.it.** (Law 9/8/2013, no. 98). **The procedure is mandatory for disputes concerning insurance contracts.**
Assisted negotiation	Through a request from your lawyer to the Company.
Other alternative dispute resolution systems	For the resolution of cross-border disputes, it is possible to file a complaint with IVASS or directly with the competent foreign system, i.e. that of the country in which the insurance company that entered into the contract has its registered office (which can be found on the website https://finance.ec.europa.eu/fin-net) requesting the activation of the FIN-NET procedure.

TAX REGIME

Tax treatment applicable to the contract	The tax regime applicable to the contract is as follows: **Tax on the Premium:** Civil Liability 22,25%; Legal Protection 21,25%; Illness 2,50%; Assistance: 10%; Miscellaneous financial losses: 21,25%

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CNP Assurances IARD - Joint-stock company with a board of directors and a share capital of 146.952.480 euro, whose registered office is at 4 Promenade Cœur de Ville 92130 Issy-les-Moulineaux (FRANCE), registered in the Trade and Companies Register of Nanterre under number 493 253 652, IDU EMP FR232845_01WXTG - registration number in list II of the IVASS register of insurance companies II.00385.

Filassistance International - Joint-stock company, with a share capital of 4.100.000 euro, a company governed by the French Insurance Code, registered in the Trade and Companies Register of Nanterre under no. 433 012 689, ADEME unique identifier: FR329780_01LOPR, whose registered office is at 108, Bureaux de la Colline - 92213 Saint Cloud Cedex (FRANCE) - registration number in list II of the IVASS register of insurance companies II.01466.

Glossary

The Company and the Policyholder conventionally attribute the following meanings to the following terms:

Member: the person who assesses and freely decides to benefit from the cover of a group insurance contract, expressing an explicit intention and bearing, in whole or in part, directly or indirectly, the economic cost of the Premium.
Ski Area: The snow-covered area, including artificially snow-covered, as defined by law 363 of 24.12.2003 as subsequently amended and supplemented, open to the public and consisting of slopes accessible by ski lifts, intended for the practice of snow sports.
Insured: the person, an Italian citizen resident in Italy or a foreign citizen purchasing the Skipass in Italy, whose interest is protected by the Insurance. If the Insurance is linked to a Skipass, the Insured is the person who holds and possesses the Skipass linked to the Insurance, duly issued by the Policyholder or by other parties authorised by it.
Insurance: this insurance contract.
Amateur snow sports activities: The amateur snow sports activities described below: skiing, in its various forms, snowboarding, cross-country skiing, sledging and tobogganing, carried out in compliance with national laws and local regulations.
Beneficiary: the person to whom the Company must pay the Indemnity and/or the Compensation.
Company:

- **CNP Assurances Iard** – provides the Covers: Liability for damage to persons and property – Cancellation of Skipass due to Injury, Illness or Quarantine – Cancellation of lessons and/or ski equipment rental due to Injury
- **Filassistance International** - provides the Covers: Emergency medical expenses – Rescue expenses on foreign slopes – Rescue expenses on Italian slopes – Driver on call - Medical repatriation - Specialist Orthopaedic Consultation - Legal Protection

Both Companies, authorised to carry out insurance business by the French Supervisory Authority and subject to the supervision of the Autorité de Contrôle Prudentiel et de Résolution (ACPR), operate in Italy under the freedom to provide services regime.
Conclusion of the Contract: the Contract is deemed concluded at the moment when, following completion of the purchase process, the Company issues the Policy in accordance with art. 1.3 of this Insurance.
Policyholder: the person who takes out the Insurance.
Contract: the contract under which the Company, against payment of the Premium, undertakes to indemnify the Insured for damage caused by an event covered by the Insurance.
DIP Non-life: the IPID, i.e. the information document for non-life insurance products, as governed by Commission Implementing Regulation (EU) 2017/1469 of 11 August 2017 laying down a standardised presentation format for the insurance product information document.
Additional DIP or Additional DIP Non-life: Additional pre-contractual information document for insurance products.
Deductible: Part of the compensable damage, expressed as a fixed amount, which remains payable by the Insured for each Claim.
Accident: the Claim occurring to the Insured during the Amateur snow sports activity, for which the intervention of the slope Rescue service at the place where the Claim occurred was necessary, caused by a collision between the Insured and a third person who has suffered objectively verifiable physical and/or material damage.
Indemnity: the sum owed to the Insured by the Company in the event of a Claim indemnifiable under the Insurance.
Injury: the Claim occurring to the Insured, due to a fortuitous, violent and external cause, which produces objectively ascertainable bodily injuries.
Intermediary: the intermediary of the Insurance.
Illness: Any clinically diagnosable alteration of the state of health not resulting from Injury or pregnancy, such as to prevent the Insured from carrying out Amateur snow sports activities.
Limit: The sum up to which the Insurance is provided.
Policy: the contractual document proving that the Insurance has been taken out.
Group policy: insurance contract taken out by the Policyholder on behalf of one or more Insured persons/Members.
Premium: The amount paid to the Company. The Premium includes the taxes charged by Law to the Policyholder and the commissions paid by the Company to the Intermediary.
Quarantine: mandatory individual confinement of a person infected or suspected of being infected due to a contagious disease, with the aim of stopping the spread of the disease in an epidemic or pandemic situation. The Quarantine must be evidenced by a certificate and/or an official communication issued by the competent authorities (e.g. ASL – local health authority, attending physician). For the purposes of this Insurance, the Quarantine must be such as to prevent the Insured from carrying out Amateur snow sports activities.
Residence: the place of habitual abode.
Data Processor: the Intermediary and the Claims Management Company.
Data Protection Officer (DPO): with reference to the Company:

- CNP Assurances Iard, Service DPO, TSA n° 16939, 4 Promenade Cœur de ville 92130 Issy-les-Moulineaux.
- Filassistance International, DPO, 108, Bureaux de la Colline - 92213 Saint Cloud Cedex (France)

  With reference to the Intermediary and the Claims Management Company: DFF S.r.l., Via Torino n. 7, cap. 11100 – Aosta, ordinary e-mail: segreteria@dffsrl.com – certified e-mail (PEC): dffsrl@pec.it.

Risk: The probability that the Claim occurs and the extent of the damage that may result from it.
Compensation: the sum owed by the Company to damaged third parties in the event of a Claim payable under the Insurance

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Percentage Deductible: percentage of the sum to be paid by the Company which remains payable by the Insured for each Claim.
Information Set: the set of documents prepared and delivered together to the Insured before the Conclusion of the Contract, comprising: DIP Non-life, Additional DIP Non-life and Insurance Conditions.
Claim: the occurrence of the harmful event for which the Insurance is provided.
Skipass: ticket granting access to the ski slopes via the ski lifts of a ski resort or of an entire ski area.
Personal Skipass: Skipass bearing the name or photo of the Insured or containing an identification code or serial number proving unequivocally that it belongs to the Insured.
Claims Management Company: Coris Assistance 24Ore S.r.l. C.so Magenta n. 69/A, 20123, Milano (MI).
Ski Slope Rescue: The civil or military rescue body or the specialised public or private body duly authorised to provide the ski slope rescue service to the insured at the place where the Claim occurred.
SSUEM or Urgent and Emergency Health Service (Servizio Sanitario di Urgenza ed Emergenza): The public rescue body that provides the rescue service off the slopes in situations of particular medical emergency.
Data Controller: CNP Assurances Iard and Filassistance International.

Insurance conditions

Section 1 – General rules applicable to all Covers

WHAT AM I INSURED FOR?
Accidents and Injuries– Cancellation of Skipass due to Injury – Illness – Quarantine

Art. 1.1 – Subject matter of the cover

Under this Contract the Company, **subject to the conditions, exclusions, limits and Limits specified in these Insurance Conditions**, provides insurance cover for:

- Accidents and/or Injuries related to the Insured's Amateur snow sports activities within the Skiable Area, including transport on ski lifts, and off-piste;
- cancellation of the Personal Skipass if unused due to Injury, Illness or Quarantine:
  - of the Insured;
  - or of the parents of the minor Insured;
  - or of a minor child of the Insured, provided that the minor child is also insured under this Insurance.

Art. 1.2 – Inoperability of the cover

With the exception of the cover for cancellation of the unused Personal Skipass due to Injury, Illness or Quarantine (see art. 2.1 – cover no. 7), **all other covers are valid exclusively during Amateur snow sports activities, if the slope Rescue service or the SSUEM in the case of off-piste was requested and intervened at the place where the Claim occurred.** The Insured must inform the slope Rescue service or the SSUEM that they are covered by the Insurance and show all the documents required in order to carry out the necessary checks.
Sports practices requiring a permit or licence under the legislation in force at the time of purchase of the Policy are excluded.

HOW CAN I PURCHASE THE POLICY?
At the ski lift ticket offices or online

Art. 1.3 – How the Insurance is concluded

The Insurance can be purchased online as an individual and/or group contract or through a ski lift operator by joining the Group policy.
Following payment of the Premium, the Insurance is concluded with the issue of the Policy, which is issued upon completion of the purchase procedure.
In the case of online purchase of the Insurance, the pre-contractual and contractual documentation is sent by e-mail to the Policyholder at the e-mail address provided during the purchase procedure.
After the conclusion of the Insurance, the Policyholder and/or the Member may at any time request to receive the pre-contractual and contractual documentation on paper and/or to change the subsequent methods of transmission.

Art. 1.4 – Insurance Premium

The Premium must be paid in a single instalment before the issue of the Policy and/or at the time of joining in the case of Group policies. **The Premium is determined on the basis of the customisation parameters provided for by the Tariff in force at the time of conclusion of the Insurance** and includes taxes and the commissions paid by the Company to the Intermediary. The Premium must be paid to the Intermediary or to another party authorised by the latter by credit card, google pay, apple pay and, in the case of cash, within the limits provided for by Law.

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FROM WHEN AM I INSURED?

If you take out insurance today: 20 minutes after purchase, otherwise from 24h00 of the chosen day

Art. 1.5 – Effect and Duration of the Insurance

The Insurance, subject to payment of the Premium or of the first Premium instalment, is effective:

- **for the cover for cancellation of the unused Personal Skipass due to Injury, Illness or Quarantine only, from 24:00 on the day of payment of the Premium;**
- **for all other covers, from 24:00 on the day indicated in the Policy**;
  OR
- **20 minutes after the Conclusion of the Contract according to the time indicated in the Policy, only if the date indicated in the Policy coincides with the date of purchase of the Insurance.**

The Insurance ends at 24.00 hours on the expiry date shown in the Policy.

If the Insurance is purchased together with the Skipass, the insurance cover has the same period of validity as the Skipass. If the Insurance is not purchased together with the Skipass, the insurance cover starts from the day and time shown in the Policy.

WHERE AM I INSURED?

In Italy and in the neighbouring countries where the skipass is valid

Art. 1.6 – Validity of the Insurance

The Insurance is valid worldwide, if taken out by an Italian citizen resident in Italy. **If the Policy is taken out by a foreign citizen or by an Italian citizen resident abroad, the territorial validity is limited to the Amateur snow sports activity practised in Italy and in the neighbouring countries where the Skipass is valid.**

WHAT OTHER CONDITIONS DOES MY POLICY COMPLY WITH?

Art. 1.7 – Policyholder's statements

The Insurance is entered into on the basis of the statements of the Policyholder and/or Insured. **The Policyholder and/or the Insured must make truthful, accurate and complete statements about the Risk to be insured and undertake to check the data and information shown in the Policy.** Pursuant to and for the purposes of arts. 1892, 1893 and 1894 of the Italian Civil Code, **inaccurate or incomplete statements** made by the Policyholder and/or Insured when taking out the Insurance **concerning circumstances affecting the correct assessment and underwriting of the Risk may result in the total or partial loss of the Indemnity and/or Compensation, as well as the cancellation of the Insurance.**

Art. 1.8 – Aggravation of Risk

For the entire duration of the Insurance, the Policyholder and/or the Insured must notify any change in circumstances resulting in an aggravation of the Risk, pursuant to art. 1898 of the Italian Civil Code. Notice of aggravation of the Risk must be given in writing by registered letter with return receipt or certified email (PEC) to be sent to the Company or to the Intermediary. **Aggravations of Risk not known to or not accepted by the Company may result in the total or partial loss of the right to the Indemnity, as well as termination of the Insurance.**

Art. 1.9 – Other Insurance

The Policyholder and/or the Insured must notify the Company or the Claims Management Company in writing of the existence or subsequent conclusion of other insurance for the same Risk. In the event of a Claim, the Policyholder or the Insured must notify all insurers, indicating to each the name of the others, pursuant to art. 1910 of the Italian Civil Code.

Art. 1.10 – Fraudulent Claim

If the Policyholder and/or the Insured make an intentionally false or fraudulent claim, whether in relation to the amount of the Compensation/Indemnity claimed or otherwise, the Insured loses the right to the insurance benefits provided for by the Insurance.

Art. 1.11 – Duty to Mitigate Loss

Pursuant to art. 1914 of the Italian Civil Code, the Insured is required to do everything possible to avoid or reduce the loss. **If the Insured negligently or wilfully fails to fulfil the duty to mitigate loss, the Company is entitled not to pay or to reduce the Indemnity in proportion to the prejudice suffered,** pursuant to art. 1915 of the Italian Civil Code.

Art. 1.12 – Right of Withdrawal in the case of Insurance concluded at a distance

In the case of a distance Contract with a duration of more than 30 days, the Policyholder has the right to withdraw from the Contract within 14 days from the date of receipt of the Policy issued by the Company. The Policyholder, within the aforementioned term, must give written notice thereof to the Intermediary and/or the Company by registered letter with return receipt. **For the purposes of exercising the right of withdrawal, the date of the postmark on the envelope shall be authoritative**. The Company shall refund to the

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Policyholder the portion of Premium paid and not used, **net of the charges borne by the Policyholder by law.**

Art. 1.13 – Applicable Law, Competent court and limitation periods

The Insurance is governed by Italian Law. In the event of disputes, the Competent court is that of the place of residence or registered office of the Policyholder. Pursuant to art. 2952 of the Italian Civil Code, **the rights arising from the Insurance are time-barred after two years from the day on which the event on which the right is based occurred.**

Art. 1.14 – Tax Charges

Taxes and other charges established by law relating to the Insurance are borne by the Policyholder.

Art. 1.15 – Reference to legal provisions

For all matters not otherwise regulated by this Insurance, the provisions of law shall apply**.**

Art. 1.16 – Complaints procedure

Any complaints concerning the contractual relationship or the management of Claims may be submitted as follows:

- **to CNP Assurances Iard**: by email to: cnpiard-italia@cnp.fr, by ordinary mail to CNP Assurances, Service DPO, TSA n° 16939, 4 Promenade Cœur de ville 92130 Issy-les-Moulineaux.

Complaints relating to the Covers: Emergency medical expenses – Rescue expenses on foreign slopes – Rescue expenses on Italian slopes – Driver on call - Medical repatriation - Specialist Orthopaedic Consultation - Legal Protection, may also be submitted:

- **to Filassistance International**: by email to: cnpiard-italia@cnp.fr, by ordinary mail to 108, Bureaux de la Colline - 92213 SAINT CLOUD CEDEX, (France),

taking care to indicate the following data: name, surname, full address and telephone number of the complainant; Policy number and name of the Policyholder; number and date of the Claim referred to; indication of the person or persons whose conduct is complained of; brief and comprehensive description of the reason for the complaint; any other information and document useful to describe the circumstances. The Company shall respond within 45 days from the date of receipt of the complaint, as provided for by the regulations in force. If the complainant has not received a reply or considers it unsatisfactory or late, before applying to the Judicial Authority, they may write to IVASS – Istituto per la Vigilanza sulle Assicurazioni – Servizio Tutela del Consumatore, Via del Quirinale 21, 00187 Roma (fax: 06.42133206 or via certified email (PEC) to: ivass@pec.ivass.it) providing a copy of the complaint already sent to the company and the related reply, also using the form available on the website www.ivass.it/come presentare un reclamo, taking care to indicate the following data: name, surname and address of the complainant, with telephone number if any; identification of the person or persons whose conduct is complained of; brief and comprehensive description of the reason for the complaint; copy of the complaint submitted to the Insurance company and of any reply provided by it; any document useful to fully describe the related circumstances. Any complaints not relating to the contractual relationship or to the management of the Claim, but relating to non-compliance by the Company, intermediaries and insurance loss adjusters with the provisions of the Italian Private Insurance Code, the related implementing rules and the rules on the distance marketing of insurance products may be submitted directly to IVASS, in the manner indicated above.

Any complaints relating to the services offered by the Company may also be addressed to the Company's Supervisory Authority in its Home State: Autorité de Contrôle Prudentiel et de Résolution (ACPR- DCPC / SIR 4 Place de Budapest, CS 92459, 75436 Paris Cedex 09).

For the resolution of cross-border disputes, a complaint may be submitted to IVASS or directly to the competent foreign system, i.e. that of the Country in which the insurance company that concluded the contract has its registered office (which can be found by accessing the website: http://www.ec.europa.eu/fin-net), requesting activation of the FIN-NET procedure.

Complaints relating to the conduct of other Insurance Intermediaries (registered in Section B of the RUI) and their employees and collaborators.

Complaints relating solely to the conduct of intermediaries registered in section B of the single register of insurance and reinsurance intermediaries (Brokers) involved in the Company's operating cycle will be handled directly by the Intermediary, within a maximum of 45 days, and may be addressed directly to it.

Should the complaint be received by the Company, the latter will promptly forward it to the Intermediary, notifying the complainant at the same time, so that the Intermediary analyses the complaint and replies within a maximum of 45 days.

In the event of the complaint being rejected or only partially upheld by the Company, the Complainant, before applying to the Judicial

Authority, may also use alternative dispute resolution systems such as:

a) La Médiation de l'Assurance - TSA 50110 75441 Paris Cedex 09 - through the portal available on its website (https://www.mediation-assurance.org/contact/) where it is possible to consult the eligibility requirements, the other information relating to the submission of the appeal and any other useful information,
   La Médiation de l'Assurance is the out-of-court dispute resolution system of the FIN-NET network to which the Company is subject pursuant to article 2, paragraph 3 of the decree of the Minister of Enterprises and Made in Italy of 6 November 2024, no. 215.
b) civil mediation governed by Legislative Decree 28/2010, which makes it a condition of admissibility for bringing a civil action in court concerning insurance contracts. This procedure is initiated by submitting an application to one of the mediation Bodies freely chosen by the party, among those with territorial jurisdiction. The head of that Body will appoint a mediator and set the first meeting between the parties, who must attend with the assistance of a lawyer.
   If the conciliation is successful, the mediator draws up minutes, signed by the parties and by the mediator, to which the text of the agreement is attached;

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b) assisted negotiation, governed by law no. 162/2014, which makes it a condition of admissibility for bringing a civil action in court concerning a claim for payment, on any grounds, of sums not exceeding 50.000 euro (unless, in relation to the latter case, the disputes concern matters already subject to mandatory mediation). This procedure is initiated by an invitation from one party to the other to enter into an agreement whereby they undertake to cooperate in good faith to resolve the dispute with the assistance of their respective lawyers.
In any case, the right to apply to the Judicial Authority remains unaffected, subject to prior completion of the procedures described above where they are provided for as conditions of admissibility for bringing a civil action.

Section 2 – Covers Provided

The Insurance provides the following Covers:

Covers always included
Third-Party Liability for injury to persons and damage to property
Legal Protection
Emergency medical expenses
Specialist Orthopaedic Consultation
Rescue expenses on foreign ski slopes
Rescue expenses on Italian ski slopes
Driver on call
Covers included only for Personal Skipass
Cancellation of Personal Skipass due to Injury, Illness or Quarantine
Cancellation of lessons and/or ski equipment rental due to Injury
Medical repatriation

All Covers are provided on a second-risk basis in excess of what is already covered by other valid insurance policies taken out by the Insured and/or the Policyholder.

Art. 2.1 – Description of covers

Covers always included

1. Liability for injury to third persons and for damage to third-party property

What am I covered for?	Limits, deductibles and percentage deductibles?	What do I need to know?
Following an Accident of the Insured, any physical, material and direct damage caused to third parties by the Insured is covered. Following an Accident of the Insured that caused physical injury to third persons, any direct material damage caused by the Insured to the property of the injured third parties is also covered (deterioration or destruction of tangible goods or animals owned by the third persons who suffered physical injuries in the Accident).	**Limits, percentage deductibles and minimums apply per Claim and per event.** **Limit for damage to third persons: € 250.000** **Percentage Deductible: 10% with a minimum of € 500** **Limit for damage to third-party property: € 10.000** **Percentage Deductible: 10% with a minimum of € 500**	**The Cover is valid only if the Ski Slope Rescue service on the slopes or the SSUEM in the case of off-piste was requested and intervened.** If a claim for Compensation is made against the Insured for any damage caused to third parties, **the Insured must immediately inform the Claims Management Company.** **The following are not considered third parties:** **- the spouse, parents and children of the Insured, as well as any other relative,**

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		relative by marriage or person cohabiting with the Insured; **- members of the same group who carry out the sports activity covered by the Insurance together with the Insured, except where all members of the group are covered by the Insurance**

2. Legal protection

What am I covered for?	Limits and deductibles or percentage deductibles?	What do I need to know?
Following an Accident or Injury of the Insured during the Amateur snow sports activity, the Company will provide the services of a lawyer in order to resolve judicial or out-of-court disputes in which the Insured is involved. The disputes must not have the Company, the Intermediary, the Claims Management Company, the Policyholder of the Insurance or another Insured with the Company as counterparty and/or co-litigant and/or party. The following judicial and out-of-court expenses incurred by the Insured are covered, as indicated below: costs for the services of a lawyer; expert fees; court costs in proceedings; any costs of the opposing party's lawyer, in the event of a settlement authorised by the Company, or costs awarded against the Insured if the Insured loses the case**.**	**Limit: € 50.000 per Claim and per event** No Deductible/Percentage Deductible	**The Cover is valid only in the event of a request for and intervention by the Slope Rescue service or by the SSUEM in the case of off-piste.** **The facts for which the Insured is held liable must not be subject to criminal penalties by the local authorities.** **If the Insured is summoned to court to compensate any damage caused to third parties covered by this Policy, the Insured may choose the lawyer to whom the judicial protection of their interests is entrusted, provided that the lawyer is: qualified in accordance with the applicable legislation; registered with the bar of the district of the court where the judicial offices competent to decide the dispute are located.**

3. Emergency medical expenses

What am I covered for?	Limits and deductibles or percentage deductibles?	What do I need to know?
Following an Injury of the Insured during the Amateur snow sports activity, **the Company covers the emergency medical expenses incurred by the Insured immediately after the Claim.** **The Insured is required to go to the Affiliated healthcare facilities in the ski resort where the Claim occurred.** The Company pays the healthcare facility directly, **within the Limit.** **If there are no affiliated healthcare facilities in the ski resort where the**	**Limit: € 750 per Claim and per event** No Deductible/Percentage Deductible	**The Cover is valid only in the event of a request for and intervention by the Slope Rescue service or by the SSUEM in the case of off-piste.** **Emergency medical expenses means exclusively the expenses incurred by the Insured immediately after the Claim, i.e. within 24 hours from the date on which the Injury occurred.**

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Claim occurred, the Company reimburses the Insured for the emergency medical expenses incurred by them and supported by an invoice, **within the Limit.**		

4. Specialist Orthopaedic Consultation

What am I covered for?	Limits, deductibles and percentage deductibles?	What do I need to know?
Following an Injury to the Insured during the Amateur snow sports activity, the Company provides a qualified second medical opinion through a teleconsultation service with its own network of affiliated specialist doctors.	**Full cost** **One specialist orthopaedic teleconsultation service**	The service is provided every day of the week, from 10:00 to 18:00, depending on the availability of the specialist doctors in orthopaedics and traumatology. The doctors will reply within 3 working hours of receipt of all the documents and information requested. The service must be requested within 7 days from the day on which the Claim occurred. **To activate the service, it is necessary to contact the Claims Management Company on +39 02 20564.441 or via Whatsapp.** **The Insured must provide the documentation of the first medical assessment received.** The service is provided for all injuries **of an orthopaedic trauma nature** occurring during the Amateur snow sports activity. **Other types of injuries and/or conditions are excluded.**

5. Expenses for rescue by toboggan or helicopter on foreign slopes

What am I covered for?	Limits, deductibles and percentage deductibles?	What do I need to know?
Following an Injury of the Insured during the Amateur snow sports activity abroad, the Company bears the ordinary costs of Rescue on the ski slopes by toboggan or helicopter organised by the slope Rescue service, which became necessary on the basis of the Insured's state of health.	**Limit for rescue expenses by toboggan:** **€ 1.100 per Claim and per event** **Limit for rescue expenses by helicopter:** **€ 10.000 per Claim and per event** No Deductible/Percentage Deductible	**The Cover is valid only in the event of a request for and intervention by the Slope Rescue service.** **The Cover operates only on foreign slopes where the Skipass is valid.**

6. Expenses for rescue by toboggan or helicopter on Italian slopes

What am I covered for?	Limits and deductibles or percentage deductibles?	What do I need to know?
Following an Injury during the Amateur snow sports activity in Italy, the	**Limit for toboggan rescue costs: € 275 per Claim and per event**	**The Cover is valid only in the event of a request for and intervention by the Slope**

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Company bears the ordinary costs of rescue by toboggan or helicopter organised by the slope Rescue service or by the SSUEM in the case of off-piste.	**Limit for helicopter rescue costs: € 5.000 per Claim and per event** No Deductible/Percentage Deductible	**Rescue service or by the SSUEM in the case of off-piste.** **The cover operates in Italy only if:** - **the Insured holds a valid Skipass and the slope Rescue service is provided for a fee**; - **The SSUEM service, intervening in the event of an off-piste Claim, is provided for a fee.**

7. Driver on call

What am I covered for?	Limits and deductibles or percentage deductibles?	What do I need to know?
If the Insured reached the ski slopes with their own car and is not in a condition to drive the vehicle following an Injury during the Amateur snow sports activity, and none of the passengers, if any, travelling with them is able to replace them for objective reasons, the Claims Management Company provides a driver to bring the vehicle and any passengers travelling with the Insured back **to the Insured's city of Residence by the shortest route**.	**Full cost** No Deductible/Percentage Deductible	**The Cover is valid only in the event of a request for and intervention by the Slope Rescue service, or by the SSUEM in the case of off-piste, and if there is a medical report certifying that the Insured cannot move independently.** **All costs connected with the transport (fuel, tolls, insurance, etc.) are borne entirely and exclusively by the Insured.**

The following Covers operate only if the Insured holds a Personal Skipass of any duration, also valid for several non-consecutive days.

Covers included only for Personal Skipass

8. Cancellation of Personal Skipass due to Injury, Illness or Quarantine

What am I covered for?	Limits and deductibles or percentage deductibles?	What do I need to know?
Following Injury, Illness or Quarantine: - of the Insured; - or of the parents of the minor Insured; - or of a minor child of the Insured, if the minor child is also insured under this Insurance, occurring before or after the start of the Amateur snow sports activity, **the Company reimburses the cost of the unused Personal Skipass pro rata temporis, i.e. in relation to the unused days of the Personal Skipass.**	No Limit, Deductible or Percentage Deductible.	If the Injury, Illness or Quarantine occurs before the start of the Amateur snow sports activity, **the Insured must provide the Claims Management Company with a medical certificate issued by a public or private facility (in the province of Residence of the Insured or of the place of hospitalisation), stating the diagnosis and the specific impossibility of starting the skiing activity.** If the Injury, Illness or Quarantine occurs after the start of the Amateur snow sports activity, **the Insured must submit to the Claims Management Company:** **1. In the event of an Injury occurring on the slopes during the Amateur snow sports activity, the intervention**

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		report of the Slope Rescue service on the slopes or of the SSUEM in the case of off-piste; **2. In all other cases, a medical certificate issued by a public or private facility (in the area of validity of the Skipass or in the place of hospitalisation), stating the diagnosis and the specific impossibility of continuing the skiing activity.**

9. Cancellation of lessons and/or ski equipment rental due to Injury

What am I covered for?	Limits and deductibles or percentage deductibles?	What do I need to know?
Following an Injury of the Insured during the Amateur snow sports activity, **the Company reimburses the cost of the unused lessons and/or rental of ski, snowboard, cross-country ski, sledge or toboggan equipment pro rata temporis, i.e. in relation to the unused days of the Personal Skipass.**	**Limit: € 100 per day** **Fixed Deductible: € 50**	**The cover is valid only if the slope Rescue service, or the SSUEM in the case of off-piste, was requested and intervened, and if there is a medical report certifying that the Insured cannot move independently.** **The Injury must be such as to prevent the Insured from resuming activities on the snow. The condition must be certified by a doctor and documented by an instrumental examination that can be verified by a doctor appointed by the Company.**

10. Medical repatriation

What am I covered for?	Limits and deductibles or percentage deductibles?	What do I need to know?
Following an Injury to the Insured during the Amateur snow sports activity, once the Insured has been declared fit to travel, the Claims Management Company, according to the opinion of its doctors, organises his/her transport home or to another hospital facility.	**Limit: € 5.000 per Claim and per event** **One transport service is provided per event** No Deductible/Percentage Deductible	**The cover is valid only if the slope Rescue service, or the SSUEM in the case of off-piste, was requested and intervened, and if there is a medical report certifying that the Insured cannot move independently.** **The Claims Management Company will decide with full autonomy and discretion by which means of transport to organise the return journey (by way of example, train, ambulance, scheduled flight or private air ambulance),** taking into account the physical condition of the Insured.

Art. 2.2 – Deductible and Percentage Deductible

	What is it?	How does the calculation work?
Deductible	The Deductible is the amount that remains payable by the Insured	Reimbursement requested: € 200 Deductible: € 50 (Amount payable by the insured) Amount paid: € 150 Calculation: €200 - €50 = € 150

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Percentage Deductible	The Percentage Deductible is the percentage that remains payable by the Insured.	**Physical injury to third parties:** Compensation claimed: € 15.000 Percentage Deductible: 10% (i.e. € 15.000/10% = € 1.500 payable by the insured) Minimum: € 500 (Amount payable by the customer) Calculation: since the percentage deductible (€ 1.500) is greater than the minimum € 500, the amount paid out will be equal to: € 15.000 - € 1.500 = € 13.500 **Damage to third-party property:** Compensation claimed: € 3.000 Percentage Deductible: 10% (i.e. in figures € 3.000/10% = € 300 payable by the insured) Minimum: € 500 (Amount payable by the customer) Calculation: since the percentage deductible (€ 300) is lower than the minimum of € 500, the minimum of € 500 will always be applied and the amount paid out will be equal to: € 3.000 - € 500 = € 2.500

Art. 2.3 – Exclusions

In addition to the specific limitations provided for by art. 2.1 for the individual Covers, the Insurance does not in any case cover Accidents, Injuries and Claims caused by or occurring as a result of or on the occasion of:

a) strikes, riots, civil commotion, acts of terrorism or sabotage, occupations, lockouts, as well as civil and military coups d'état, wars, invasions, hostilities (whether war is declared or not), civil wars, revolutions, insurrections, military or usurped power, martial law, confiscation, nationalisation, requisition, destruction of or damage to property resulting from acts or orders of Public Authorities, whether Central, Regional or Local;

b) whirlwinds, hurricanes, earthquakes, volcanic eruptions, floods, storm surges, snowslides, avalanches, tidal waves or landslides;

c) ionising radiation or radioactive contamination arising from nuclear fuels or nuclear waste resulting from transmutation of the atomic nucleus, as well as from radioactive, toxic, explosive or other hazardous properties of nuclear equipment or its components;

d) intentional acts, wilful misconduct or gross negligence of the Insured and/or the Policyholder and/or of persons for whom they are legally responsible;

e) use of drugs, narcotics, illegal substances or medicines not prescribed by a doctor;

f) alcohol abuse;

g) failure to comply with the provisions of Law;

h) suicide or attempted suicide, self-harm;

i) use or possession of weapons, including hunting and military weapons;

j) participation in thefts, robberies or other crimes;

k) any accidental act that makes it impossible to use this Insurance, including prohibitions decided by local, national or international authorities;

l) participation in competitive events in any capacity (including amateur), including training for such competitions, with the sole exception of amateur giant slalom and special slalom competitions that are non-professional and without cash prizes;

m) any Accident or Injury due to the liability of the ski lift operator;

n) use of the Skipass in breach of the regulations.

With reference to the Third-Party Liability Cover only, the following are also expressly excluded:

o) all indirect damages (by way of example but not limited to, requests for reimbursement, recourse and/or subrogation made on any grounds by social security and/or compulsory insurance bodies, hospitals, nursing homes and/or public bodies are expressly excluded);

p) all damages that are not physical and material;

q) all damages arising from the ownership, possession, use and driving of motor vehicles;

r) Claims for which the Insured has entered into settlements of any kind with the injured party without the prior approval of the Claims Management Company, including the acknowledgement of partial or total liability;

s) Claims for which the Insured has not sent the Claims Management Company the form "Reconstruction of the dynamics of the claim", fully completed and signed.

The Third-Party Liability Cover also does not cover the following persons, as they are not considered Third Parties:

- **the spouse, parents and children of the Insured, as well as any other relative, relative by marriage or person cohabiting with the Insured;**
- **members of the same group carrying out the sports activity covered by the Insurance together with the Insured, unless all members of the group are covered by the Insurance.**

With reference to the "Legal Protection" cover only, the insurance cover does not cover:

t) facts for which the Insured is liable if subject to criminal penalties by the local authorities;

u) judicial and out-of-court expenses for the criminal defence of the Insured;

v) disputes having the Company, the Intermediary, the Claims Management Company, the Policyholder of the Insurance or another Insured with the Company as counterparty and/or co-litigant and/or party.

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With reference to the "Specialist Orthopaedic Consultation" Cover only, the service does not cover:
w) all cases not included in the orthopaedic trauma area (for example, the following are excluded: nose fracture or head trauma).

With reference to the Cover for cancellation of the unused Personal Skipass due to Injury, Illness or Quarantine only, no reimbursement is provided also in the event of:
x) restrictions and orders issued by local, national or international authorities aimed at forcing a population to stay at home or in a specific place under penalty of financial and/or criminal sanctions, for causes other than Quarantine;
y) Illness having one or more of the following characteristics: being permanent, resulting in disability, being caused by irreversible pathological changes and requiring special rehabilitation or long-term supervision, follow-up or treatment;
z) Illness pre-existing at the time of the Conclusion of the Contract.

With reference to the Emergency medical expenses Cover only, cover is excluded:
zz) if the Insured did not go to the Affiliated healthcare facilities in the resort where the Claim occurred

With reference to the "Driver on call" and "Medical repatriation" covers only, the following are excluded from the insurance cover and, therefore, are not indemnified:
zzz) requests for reimbursement, indemnity or services not previously authorised by the Company.

Always remember that:

- In the event of an Accident or Injury **always call the Slope Rescue service or the SSUEM in the case of off-piste**
- You must **report the claim within 15 days** to the Claims Management Company by completing the **online form** otherwise the reimbursement request will be rejected
- For the "**driver on call**" and "**medical repatriation**" Covers, call **+39 02 20564.441**
- **Claim notifications will not be considered valid** if sent by **email or by registered letter**, as these means do not ensure a certain date of notification
- On **help.24hassistance.com** you will find all the information to report a Claim

Section 3 – What to do in the event of a Claim

What happened?	Which Covers protect me?	What do I have to do?
I had a collision on the ski slopes	Third-Party Liability for injury to persons and damage to property	Complete the **online form** and make sure you indicate: - **details of the person submitting the notification (Insured);** - **details of the injured party (counterparty);** - **detailed description of what happened;** - **original or copy of the Skipass;** - **report of the Slope Rescue service or of the SSUEM.**
	Legal Protection	
To remember: • **The Claims Management Company may ask you to supplement the documentation relating to the Claim, which must be provided as soon as possible.** • When notifying the Claim, you may request the intervention of a lawyer to resolve disputes. • **Even if you are the injured party, you must still report what happened by completing the notification form.**		
What happened?	**Which Covers protect me?**	**What do I have to do?**
I have had an Injury or I am ill:	Cancellation of Personal Skipass due to Injury, Illness or Quarantine	Complete the **online form** and make sure you indicate: - **details of the person submitting the notification (Insured);**

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- I got hurt - I did not use my Personal Skipass and/or ski lesson and/or sports equipment rental - I incurred emergency medical expenses	Cancellation of unused rental of ski, snowboard, cross-country ski, sledge or toboggan equipment due to Injury	- **details of the holder of the Personal Skipass (Insured);** - **detailed description of what happened;** - **Personal Skipass, original or copy;** - **cost of the Personal Skipass and document proving payment;** - **location where you purchased the Personal Skipass;** - **cost of the lessons and/or rented ski equipment and document proving payment;** - **address where the Insured guarantees to be available during the period of Illness or Quarantine;** - **report of the Slope Rescue service or of the SSUEM and/or medical certificate, according to the provisions of art. 2.1 – Covers provided.**
	Emergency medical expenses	

To remember:

- **The Claims Management Company may ask you to supplement the documentation relating to the Claim, which must be provided as soon as possible.**
- **The Claim notification must contain the address of the domicile where the Insured guarantees to be available 7 days a week between 8:00 and 17:00**, in order to allow the assessment by the doctor appointed by the Company during the period of Injury or Illness or Quarantine.
- **If the place of availability is not indicated, or if the Insured is not available at the time of the visit by the appointed doctor, the Company has the right not to proceed with the requested reimbursement.**

What happened?	Which Covers protect me?	What do I have to do?
I had an Injury on the ski slopes and I am unable to drive back home	Driver on call	**It is necessary to contact the Claims Management Company in advance on +39 02 20564.441, which is the only party authorised to organise the services and is operational 7 days a week, from 08.00 to 20.00.** The Claims Management Company requests the documents necessary to organise the requested service.
	Medical repatriation	
I had an Injury on the ski slopes: - I got hurt - I incurred emergency medical expenses	Specialist Orthopaedic Consultation	

To remember:

- **The Claims Management Company may ask you to supplement the documentation relating to the Claim, which must be provided as soon as possible.**
- **If you return without waiting for the driver, you must specify the place where the vehicle to be collected is kept and you must leave on site: the keys, the vehicle registration document, the authorisation to drive the vehicle and, if you are abroad, the green card.**
- **If you do not contact the Claims Management Company in advance, no indemnities, reimbursements or alternative services are provided.**

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HOW DOES THE CLAIMS MANAGEMENT PROCEDURE WORK?

Art. 3.1 – Claim notification deadlines

In the event of a Claim, regardless of their own liability, the Policyholder and/or the Insured must notify the Claims Management Company within 15 days from when the Claim occurred or from when the Policyholder and/or the Insured became aware of it, pursuant to art. 1913 of the Italian Civil Code. **In the event of intentional or negligent omission of the obligation to notify by the Policyholder and/or the Insured, the Company has the right respectively not to pay or to reduce the Indemnity in proportion to the prejudice suffered, pursuant to art. 1915 of the Italian Civil Code.**

Art. 3.2 – Indemnity and Compensation Procedure

The Claims Management Company, upon receipt of the complete documentation proving the Claim and every circumstance relating to it, shall:

a) **investigate the circumstances and manner of the Claim;**
b) **verify the accuracy of the descriptions and statements resulting from the contractual documents;**
c) **verify whether the Policyholder and/or the Insured have fulfilled their obligations;**
d) **proceed with the assessment of the damage and expenses.**

Once the operation of the Cover has been verified and the damage assessed, the Company, through the Claims Management Company, **pays the Indemnity and/or Compensation within 90 days of such assessments**. **In the event of judicial assessment of the damage, payment of the Indemnity and/or Compensation remains suspended until the date on which the judgment becomes enforceable.**

Art. 3.3 – Management of disputes

For the Cover **Third-Party Liability for damage to third persons and for damage to third-party property** the Company assumes, for as long as it has an interest in doing so, in the name of the Insured, the out-of-court and judicial management of disputes, both civil and criminal, concerning claims for compensation for damages made by the injured party against the Insured. The Company appoints, where necessary, lawyers or technical experts, and exercises all the rights and actions due to the Insured.

The Insured is required to cooperate to allow the management of the dispute and to appear in court in person where the procedure so requires.

The Insured must send the Claims Management Company the writ of summons or any judicial document served on them within 10 (ten) days of receipt, together with all the documents and information useful for handling the dispute and preparing the technical and legal defence. **If the Insured fails to fulfil these obligations or incurs the forfeitures provided for by Law, the Company reserves the right not to handle the dispute on behalf of the Insured**, to whom all deeds and documents will be returned, without prejudice to the Company's right of recourse against the Insured for the prejudice resulting from the failure to fulfil such obligations.

The costs incurred to defend the action brought against the Insured are borne by the Company within the limit of an amount equal to one quarter of the Limit set out in the Policy for the damage to which the claim refers. If the sum due to the injured party exceeds that Limit, the costs are shared between the Company and the Insured in proportion to their respective interests. **The Company does not recognise costs incurred by the Insured for lawyers or technical experts not appointed by it and is not liable for fines, penalties or sanctions payable by the Insured as a result of the Claim, nor for criminal court costs.**

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INFORMATION NOTICE ON THE PROCESSING OF PERSONAL DATA

INFORMATION RELATING TO PERSONAL DATA:
The personal data collected are subject to processing for which CNP Assurances IARD and Filassistance International are responsible in accordance with the legislation on the protection of personal data.
The personal data collected are necessary for the performance of pre-contractual measures taken at your request and for the performance of the contract. They are processed, in this context, for the analysis of the specific needs of each request, for underwriting, risk assessment, for the preparation of statistics and actuarial studies, for the management of complaints and disputes, for the management of customers and prospective customers and for operations relating to contract management.
If the insurance contract is concluded, your personal data will be retained for the entire duration of the contract.
The data collected are also necessary for compliance with legal or regulatory obligations and are processed, in this context, in particular, for the fight against money laundering and terrorist financing. On this basis, your data are retained for the entire duration of the contractual relationship.
Furthermore, they are necessary for the legitimate interest of CNP Assurances IARD and Filassistance International and are processed, in this context:

- for the fight against fraud and cybercrime. On this basis, the data collected are retained for a maximum period of six (6) months from the issue of the alerts in order to qualify them and of five (5) years from the closure of the file in the event of established fraud.
- for purposes of optimisation, personalisation and targeting of commercial offers in order to improve the commercial relationship. On this basis, the data collected are retained for a period of three (3) years from the end of the commercial relationship.

Furthermore, they may be used for commercial prospecting purposes by electronic means, subject to your authorisation, and retained on this basis for a period of three (3) years from the end of the commercial relationship or from the last contact initiated by you.
Finally, CNP Assurances IARD, Filassistance International, through its claims handler, may be required to collect health data in the event of claims. Your health data are processed, subject to your authorisation, for the purposes of handling the claim.
Health data are retained for the time necessary for the performance of the contract.
All data collected may be retained beyond the specified periods, in compliance with the applicable statutory limitation periods.
The personal data collected are mandatory; failing this, the insurance contract could not be concluded.

CNP Assurances IARD and Filassistance International may take automated decisions, including profiling, concerning you. Indeed, the conclusion, management and performance of contracts involve the assessment of the characteristics of the insurance risk in order to determine in particular its frequency, average cost, cost of the maximum possible claim, establish pricing and verify insurability. Depending on the case, these decisions may result, for example, in a refusal to conclude the contract.
The recipients of the personal data are, in strict compliance with the purposes indicated above: CNP Assurances IARD, Filassistance International, its subcontractors, the partners and companies of the Group to which it belongs, the insurance distributor(s), the reinsurer(s), the assistance providers, the persons concerned by the contract, as well as any authorised administrative or judicial authority or, more generally, any authorised third party in order to fulfil legal or regulatory obligations.
Any transfers of data to countries located outside the European Union take place in compliance with the specific rules guaranteeing the protection and security of personal data.
You have the right of access, rectification, erasure, objection, withdrawal of consent where it constitutes the basis of the data processing, and restriction of processing. You may also request portability for the data you have provided and which are necessary for the contract or for data deriving from processing to which you have consented.
Furthermore, you have the possibility to give instructions regarding the retention, erasure and communication of your data after your death.
You may exercise the above rights with:
CNP Assurances IARD, Filassistance International by sending a letter specifying your name, surname and postal address and enclosing a front and back copy of your identity document, to the following address: CNP Assurances IARD - Servizio DPO, TSA n° 16939, 4 Promenade Cœur de ville 92130 Issy-les-Moulineaux or by email: dpo.poleassurances@cnp.fr
FILASSISTANCE, by sending a letter specifying your name, surname and postal address and enclosing a front and back copy of your identity document, to the following address: CNP Assurances IARD - Servizio DPO, TSA n° 16939, 4 Promenade Cœur de ville 92130 Issy-les-Moulineaux or by email: dpo@filassistance.fr

In the event of difficulties relating to the management of personal data, you may lodge a complaint with the Italian Data Protection Authority (Garante per la protezione dei dati personali).

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