

POLICY SCHEDULE POLICY NO. 6001004776/A

The guarantees operating in favour of the Insured Party and the sums insured are listed below.

Please note that the details of each single guarantee in force are contained in the Insurance Conditions, of which this Policy Sheet is an integral part.

GARANTEES	GARANTEES IN FORCE		SUMS INSURED
	YES	NO	
CHAPTER 1 - MEDICAL EXPENSES (Travelling in Italy)	X		€ 1.000,00
CHAPTER 1 - MEDICAL EXPENSES (Travelling in Europe)	X		€ 10.000,00
CHAPTER 1 - MEDICAL EXPENSES (Travelling in the World)	X		€ 20.000,00
CHAPTER 2 – DAILY ALLOWANCE FOR HOSPITALIZATION FOLLOWING COVID-19 INFECTION	X		€ 100,00 max 10 gg
CHAPTER 3 – CONVALESCENCE INDEMNITY	X		€ 1.500,00
CHAPTER 4 – PERSONAL CARE	X		See Insurance Conditions
CHAPTER 5 – BAGGAGE (Travelling in Italy)	X		€ 500,00
CHAPTER 5 – BAGGAGE (Travelling in Europe)	X		€ 1.000,00
CHAPTER 5 – BAGGAGE (Travelling in the World)	X		€ 1.000,00
CHAPTER 6 – TRIP CANCELLATION		X	
CHAPTER 6 - TRIP CANCELLATION ALL RISK		X	
CHAPTER 7 - TRIP CANCELLATION FOLLOWING A DELAYED DEPARTURE		X	
CHAPTER 8 – REPEAT OF TRIP		X	
CHAPTER 9 – FLIGHT DELAY		X	
CHAPTER 10 – TRIP RE-ROUTING		X	
CHAPTER 11 – ACCIDENTS		X	
CHAPTER 12 - LEGAL PROTECTION		X	
CHAPTER 13 – CIVIL LIABILITY		X	
CHAPTER 14 – VEHICLE ASSISTANCE		X	See Insurance Conditions
CHAPTER 15 – HOMECARE FOR FAMILY MEMBERS WHO STAY AT HOME		X	See Insurance Conditions
CHAPTER 16 – TRIP INTERRUPTION FOLLOWING A QUARANTINE		X	
CHAPTER 17 – HOMECARE		X	
CHAPTER 18 – MISSING A CONNECTING FLIGHT		X	

OBLIGATIONS OF THE INSURED PARTY IN THE EVENT OF A CLAIM

Personal Care

In the event of a claim, IMMEDIATELY contact the Company's Operations Center which operates 24 hours a day and 365 days a year, by calling the following number +39/039/9890.702

Other guarantees

All claims must be filed using one of the following modalities

- **By Internet** (on the website www.nobis.it section "On-Line Filing") following the related instructions.
- **By mail sending the correspondence and the related documentation to the following address:**

NOBIS COMPAGNIA DI ASSICURAZIONI - Ufficio Sinistri (Claims Office)
Viale Gian Bartolomeo Colleoni, 21 – Centro Direzionale Colleoni
20864 AGRATE BRIANZA (MB)

The Policyholder

..... (stamp and signature)