Application form for Europ Assistance Italia S.p.A. Agreement no. 42175Q

Ticket(s): GN -

Contractor of the Agreement: Grandi Navi Veloci S.p.A.

Insurance coverage
Depending on the insurance policy purchased with the ticket, the insurance coverage includes the following risks:

- Property damage (with particular reference to the vehicle)

Prize
The Premium including taxes is paid to Europ Assistance Italia S.p.A. through the Contracting Party Grandi Navi Veloci S.p.A.
The amount of the premium is shown for individual policies on the travel document issued by the Policyholder.

Commencement and duration of the Insurance Coverage:
The insurance for each individual Insured driver of the vehicle is effective:

- from the moment the embarkation operations are carried out and lasts until the end of the disembarkation operations of the vehicle for each insured route.

The Insured's data and vehicle data are shown on the travel document issued by the Policyholder.

The undersigned declares:

- that they have received the Information Set (Mod.TAD479/3) relating to the Policy, together with this application form as well as the information on processing, that they have read and accepted them in their entirety, with particular reference to exclusions and limitations of coverage
- to undertake to make the information set and the information on the processing of data known to the other insured persons who will not be able to oppose the lack of knowledge of the same.
- to have taken note that the Policyholder and Europ Assistance Italia spa have agreed to submit the insurance contract to Italian legislation, accepting the contents
- to specifically approve, pursuant to art. 1341 and 1342 of the Civil Code, the following articles of the insurance conditions:
  art. Other insurance
  art. Limitation period
  art. Statements regarding the circumstances of the risk
  art. Aggravation of risk
  art. Exclusions
  art. Limitations of Warranties
  art. Obligations of the insured in the event of a claim

Place and date _____

Signature of the Insured _____

Privacy

"Having taken note of the Information on the processing of data for insurance purposes of Europ Assistance Italia S.p.A.,

- the Insured gives consent to the processing of data by Europ Assistance Italia S.p.A. for insurance purposes, including personal data relating to health necessary for the management of the policy
- the Insured undertakes to inform all those subjects whose personal data, including data relating to health, may be processed by Europ Assistance Italia S.p.A., in compliance with the provisions of the policy, of the content of the Information on the processing of data and to obtain from them the consent to the processing for insurance purposes carried out by Europ Assistance Italia S.p.A."

Place and date _____

Signature of the Insured _____

In the case of purchase through the Policyholder's website or through the call center, this Application Form duly completed and signed must be returned to the following address:

- By mail: insurance@gnv.it