

Application form for Europ Assistance Italia S.p.A. Agreement no. 42174Q**Ticket/ticket: GN - _____****Contractor of the Convention:** Grandi Navi Veloce S.p.A.**Insurance coverage**

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

- Travel and vehicle assistance
- Illness and medical expenses
- Damage to property (with particular reference to luggage)
- Ticket cancellation
- Travel accidents
- Pet Assistance
- Reimbursement of Veterinary Expenses while traveling
- Civil Liability (RC)
- Pet Travel Cancellation Fees

Pets on the roof

| N. | NAME | MICROCHIP |
|----|------|-----------|
| 1 | | |
| 2 | | |

Premium

The Premium including taxes is paid to Europ Assistance Italia S.p.A. through the Contracting Party Grandi Navi Veloce 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 Party, whose name is shown on the travel document issued by the Policyholder, starts:

- for the outward journey, 48 hours before the official time of embarkation (based on the actual time of departure of the ship) and is valid from the moment the movement to reach the port of embarkation begins and ends at 24 hours of the 15th day following the day of disembarkation (based on the actual time of arrival of the ship)
- for the return trip, 12 hours before the official embarkation time (based on the actual departure time of the ship) it is valid from the moment the movement to reach the port of embarkation begins and ends after 48 hours from disembarkation (based on the actual arrival time of the ship)

The maximum duration of coverage during the period of validity of the Insurance is 15 consecutive days.

For the "Trip Cancellation" Guarantee only , the insurance coverage starts from 24 hours on the day of purchase of the travel ticket and, in the case of pre-sale, the insurance coverage starts from 24 hours on the day on which the travel reservation is paid in full, until the start date of the trip. The start of the journey means the moment in which the first service purchased from the Policyholder begins to be used.

The undersigned declares:

- that they have received the Information Set (Mod.TAD478/3) 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 Assicurato _____

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