

Enrollment Form for Convention No. 42174Q of Redion Italy Insurance S.p.A..

Ticket: GN -

Convention Policyholder: Grandi Navi Veloci S.p.A.

Insurance Cover

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

- Travel Assistance and Vehicle Assistance
- Illness and Medical Expenses
- Damage to Property (with particular reference to baggage)
- Ticket Cancellation
- Personal Accident while Travelling
- Pet Assistance
- Reimbursement of Veterinary Expenses while Travelling
- Personal Liability
- Pet Trip Cancellation Expenses

Pets Covered

N.	NAME	MICROCHIP
1		
2		

Premium

The Premium, inclusive of taxes, is paid to Redion Italy Insurance S.p.A. through the Policyholder, Grandi Navi Veloci S.p.A.

The premium amount for each policy is shown on the travel document issued by the Policyholder.

Commencement and Duration of Insurance Cover:

The insurance for each individual Insured Person named on the travel document issued by the Policyholder commences:

- for the outward journey, 48 hours before the official boarding time (based on the vessel's actual departure time). It is valid from the time the journey to the port of embarkation begins and ends at 24:00 on the 15th day following the day of disembarkation (based on the vessel's actual arrival time)

- for the return journey, 12 hours before the official boarding time (based on the vessel's actual departure time). It is valid from the time the journey to the port of embarkation begins and ends 48 hours after disembarkation (based on the vessel's actual arrival time).

The maximum duration of cover during the insurance period is 15 consecutive days.

For the "Trip Cancellation" Cover only, insurance cover commences at 24:00 on the day the travel ticket is purchased. In the event of an advance booking, insurance cover commences at 24:00 on the day the outstanding balance for the travel booking is paid and continues until the trip start date. The trip is deemed to start when the first service purchased from the Policyholder begins to be used.

The undersigned declares:

- to have received the Policy Information Pack (Mod.TAD478/3) relating to the Policy, together with this Enrollment Form and the Data Processing Notice, and to have read and accepted all of them in full, with particular reference to exclusions and limitations of cover
- to undertake to make the Policy Information Pack and the Data Processing Notice available to the other Insured Persons, who may not claim to be unaware of them.
- to acknowledge that the Policyholder and Redion Italy Insurance S.p.A. have agreed that the insurance contract will be governed by Italian law, accepting its provisions
- to specifically approve, pursuant to Articles 1341 and 1342 of the Codice Civile, the following articles of the Insurance Terms and Conditions:
 - Art. Other Insurance
 - Art. Limitation Period
 - Art. Statements concerning the Circumstances of the Risk
 - Art. Aggravation of Risk
 - Art. Exclusions
 - Art. Limitations of Cover
 - Art. Obligations of the Insured Person in the Event of a Claim

Place and date _____

Signature of the Insured Person

Consent to Data Processing for Insurance Purposes

I have read the Data Processing Notice and consent to the processing by Redion Italy Insurance and the parties specified in the Notice of my health-related personal data required for policy administration. I undertake to inform all persons whose personal data may be processed for policy administration of the contents of the Notice and to obtain their consent to the processing of their personal data.

Date and signature of the Insured Person

Any untrue, inaccurate or incomplete statements made by the person entitled to provide the information requested for conclusion of the contract may prejudice entitlement to the benefit/cover. The right to oncological oblivion remains unaffected.

Place and date _____

Signature of the Insured Person

If purchased through the Policyholder's website or call centre, this duly completed and signed Enrollment Form must be returned to the following address:

By email: insurance@gnv.it

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