

Enrollment Form for Agreement no. 42175Q of REDION ITALY INSURANCE S.p.A.

Ticket: GN -

Agreement 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:

- Damage to Property (with particular reference to the vehicle)

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 stated in the travel document issued by the Policyholder.

Commencement and Duration of the Insurance Cover:

The insurance cover for each Insured Person driving the vehicle commences:

- when boarding operations begin and continues until the vehicle disembarkation operations have been completed for each insured leg of the journey.

The details of the Insured Person and the vehicle are stated in the travel document issued by the Policyholder.

I also declare that, before signing this Enrollment Form, I received the Insurance Product Information Pack required under IVASS Regulation 41/2018, including the Terms and Conditions of Insurance, Form TAD479/2, together with the Privacy Notice, and that I have read and accept them in full, with particular reference to exclusions and limitations of cover. I undertake to make the Terms and Conditions of Insurance and the Privacy Notice available to the other Insured Persons, who may not claim that they were unaware of them.

I acknowledge, pursuant to Article 180 of Legislative Decree no. 209/2005, that the Policyholder and Redion Insurance Italy have agreed that the insurance contract shall be governed by Italian law, and I accept the terms agreed.

I also specifically approve, pursuant to Articles 1341 and 1342 C.C., the following articles of the Terms and Conditions of Insurance:

Art. - Other Insurance

Art. - Limitation Periods

Art. - Statements Concerning the Circumstances of the Risk

Art. - Increase in Risk

Art. - Exclusions

Art. - Limitations of Cover

Art. - Obligations of the Insured Person in the Event of a Claim

Art. - Criteria for the Assessment and Settlement of Loss

Untrue, inaccurate or incomplete statements made by the person authorised to provide the information required to enter into the contract may prejudice entitlement to the benefit/cover. The right to be forgotten for cancer survivors remains unaffected.

Place and date _____

Signature of the Insured Person _____

Consent to the Processing of Data for Insurance Purposes

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

Place and date _____

Signature of the Insured Person _____

If the purchase is made through the Policyholder's website or call centre, this duly completed and signed Enrollment Form must be returned to the following email address:
insurance@gnv.it