

ACCIDENT INSURANCE POLICY**CONTRACT IDENTIFICATION CODE: B8A9CC67C3****This policy is entered into between**

UNIVERSITY OF PAVIA
Corso Strada Nuova, 65
27100 Pavia
VAT number: 00462870189

and

ITAS MUTUA
Piazza delle Donne Lavoratrici , 2
38122 – TRENTO (TN)
Tax Identification/VAT No. 00110750221

Term of the contract

From midnight on:	31.12.2025
To midnight on:	31.12.2030

With the expiry dates of insurance periods after the first:

At midnight on 31.12 of each year
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POLICY SCHEDULE	
POLICY NUMBER	M16551657
POLICYHOLDER	University of Pavia
REGISTERED OFFICE	Corso Strada Nuova, 65 - 27100 Pavia
TAX CODE / VAT NO.	Tax identification No.: 80007270186 VAT number: 00462870189
ACTIVITY CARRIED OUT	
DURATION OF POLICY	Effective from midnight on 31.12.2025 Expiry: at midnight on 31.12.2030
FIRST PERIOD OF COVER	from midnight on 31.12.2025 to midnight on 31.12.2026
SUBSEQUENT INSTALMENTS	Annually from 31.12.2026
ANNUAL TAXABLE PREMIUM	€70,092.68
TAX	€1,752.32
ANNUAL GROSS PREMIUM	€71,845.00
SPLIT	Annual
BROKER – INTERMEDIARY	The Broker who, on behalf of the Policyholder, is entrusted with the management and execution of the insurance contract
CORRESPONDENT/COVERHOLDER	
<p>This contract, issued following a procedure for the award of insurance services initiated by the Policyholder which resulted in the award to Itas Mutua, is governed by:</p> <ul style="list-style-type: none"> ✓ the title page of the policy and the <i>POLICY SCHEDULE</i> containing the essential data of the contract; ✓ the special tender specifications, which are set out in full in the annex; ✓ variants of the special tender specifications submitted at the time of the offer, approved by the Policyholder, which amend the provisions of the specifications and which are set out in full in an annex. 	

SECTION 1 DEFINITIONS

Accident	Any event due to accidental, violent and external causes that results in objectively detectable bodily injuries, resulting in death and/or permanent disability and/or temporary incapacity.
Accident/loss	The occurrence of the harmful event for which the insurance cover is provided.
Beneficiary	The person or persons to whom the Company is required to pay the indemnity.
Broker – Intermediary	Aon S.p.A., an insurance brokerage firm which, under a contract awarded by the Policyholder, is responsible for managing the insurance.
Commuting risk	<p>An accident which occurs due to and/or on the occasion of all transfers, by any means of locomotion (including ascending and descending from the means themselves and injuries sustained by the insured while waiting, in the event of a vehicle stopping, for the operations necessary for the resumption of movement) and also on foot, from the home (usual or occasional) of the insured to the workplace (usual or occasional), where the insured goes to carry out activities, duties or assignments on behalf of the Policyholder, and vice versa. The definition of “commuting” includes, but is not limited to, the route:</p> <ul style="list-style-type: none"> from the usual residence to work and vice versa (before and after working hours, and during the lunch break); from the workplace to places to eat lunch and to stay overnight (other than the usual place of residence), and vice versa; from the usual residence and/or workplace to another location if the worker performs work at external companies or entities (company premises other than their own workplace, clients, suppliers, shareholders, meeting venues, conventions, training venues, and the like); from the workplace to another location during the service provided outside the normal working hours, provided that the Policyholder declares in writing that the insured carried out his/her duties on behalf of the Policyholder.
Company – Insurer(s)	The insurance company as well as the co-insurers.
Deductible	The part of the damage that is not indemnified.
Employee	<p>A person connected to the Policyholder by an employment relationship, that is, personnel whether included in the mandatory insurance for accidents at work (INAIL) or not.</p> <p>In particular, persons who have a subordinate, para-subordinate, or, although not in an employment relationship, are appointed or authorised to participate in activities or work on behalf of the Policyholder.</p>
Hospitalisation	Admission to a nursing facility that involves at least one overnight stay.
Illness	Any changes in health not dependent on an accident.
Indemnity (compensation)	The sum payable by the Company in the event of loss.
Insurance	The insurance contract containing the guarantees provided under the terms of the policy.
Insurance year or insurance period	The period of 12 months or less between the effective date and the date of expiry or annual termination of the policy.
Insured	The individual who is the beneficiary of the benefits covered by the insurance.
Insured capital	The maximum payment by the Company for each insured person and the related indemnity for the guaranteed benefit.

IPM	Permanent disability due to illness
Maximum cover	The Company's maximum exposure for each loss.
Non-professional risk	Events that occur in the course of any activity not of a professional nature, relating to household duties, leisure time, practising hobbies and, in general, any aspect of daily life.
Permanent disability	Total or partial permanent loss, as a result of an accident or illness, of the insured's general ability to perform any work, regardless of his/her profession.
Policy	The document providing proof of insurance.
Policyholder	The person who enters into the insurance contract in their own name and in the interest of the entitled person.
Premium	The sum payable by the Policyholder to the Company.
Professional risk	Events that occur in the performance of the insured's main, ancillary and/or occasional professional occupations.
Risk	The probability of the loss occurring and the amount of damage that may result.
Temporary incapacity	Total or partial temporary loss, as a result of an accident, of the insured person's ability to perform his/her declared main and secondary professional activities.

SECTION 2 GENERAL INSURANCE REGULATIONS

ARTICLE 1 DURATION OF THE CONTRACT – EXTENSION

This policy takes effect and expires as indicated in the POLICY SCHEDULE; at the date of expiry, the policy shall be deemed terminated without any obligation to give prior notice.

In exceptional cases where objective and insurmountable delays occur in concluding the contract award procedure, the policy may be extended under the same economic and regulatory conditions in force for a maximum period of 6 months if the conditions indicated in Article 120, paragraph 11, of Legislative Decree 36/2023 are met. The extension shall last only for the time strictly necessary to complete the procedure for selecting the new Policyholder, and the related premium instalment shall be paid within the deadlines set out in article PAYMENT OF THE PREMIUM – COMMENCEMENT OF COVER, unless further extensions are agreed between the parties.

This right may be exercised by the Policyholder even if the annual notice of withdrawal referred to in article "ANNUAL EARLY WITHDRAWAL" has been submitted. The relevant extension period will be calculated based on 1/360 of the annual policy premium for each day of cover.

Following the availability of Consip agreements or framework agreements made available by central purchasing bodies (Legislative Decree 95/2012, Article 1, paragraph 13, converted into Law 135/2012), the Policyholder reserves the right to withdraw from the insurance should they identify more favourable conditions than those offered by the Policyholder, in the event that the Company is unwilling to revise the premium in accordance with these initiatives. The withdrawal will become operational after sending a specific communication, and setting a prior notice of not less than 20 days. In the event of withdrawal, the supplier shall be paid for services already performed and 10% of those not yet performed pursuant to Article 120 of Legislative Decree 36/2023 and Article 11 of Annex II.14.

ARTICLE 2 ANNUAL RIGHT OF EARLY WITHDRAWAL

The Company is entitled to withdraw from this policy at each annual expiry by registered letter or by certified electronic mail (PEC) bearing a digital signature, sent at least 3 months before each annual expiry date.

The Policyholder is entitled to withdraw from this policy at each annual expiry by registered letter or by certified electronic mail (PEC) bearing a digital signature, sent at least 1 month before each annual expiry date.

In both cases, the maximum extension of 6 months pursuant to Article 120, paragraph 11 of Legislative Decree 36/2023 as provided in Article DURATION OF THE CONTRACT – EXTENSION is confirmed.

ARTICLE 3 PAYMENT OF THE PREMIUM – COMMENCEMENT OF COVER

The insurance takes effect, with immediate cover, from midnight on the day indicated in the policy. The Policyholder shall pay to the Designated Intermediary:

- within 2 months of the effective date of the contract, the premium for the first insurance period;
- within 2 months of each subsequent expiry date (annual or half-yearly), the premium relating to the current insurance period;
- within 2 months from the date on which the Policyholder receives (including by e-mail) the premium relating to the endorsements correctly issued by the Company. It is nevertheless understood that the insurance shall give immediate cover from midnight on the day indicated in the change notice document.

After the above deadlines have expired, the insurance will remain suspended and will take effect again from midnight on the day of payment of the premium, without prejudice to the contractual deadlines established and the Company's right to payment of overdue premiums pursuant to Article 1901 of the Italian Civil Code.

Pursuant to Articles 48 and 48-bis of Presidential Decree 602/1973, the Company acknowledges that the insurance remains valid even during any checks carried out by the Policyholder pursuant to Ministerial Decree of the Ministry of Economy and Finance 40/2008, as well as Circular of the same Ministry No. 22 of 29/07/2008, including the 30-day suspension period referred to in Article 3 of the Decree.

The payment made by the Policyholder directly to the Collection Agent pursuant to Article 72-bis of Presidential Decree 602/1973 constitutes fulfilment, for the purposes of Article 1901 of the Italian Civil Code, vis-a-vis the Company proper.

ARTICLE 4 TRACEABILITY OF FINANCIAL TRANSACTIONS

The Company is required to fulfil all the obligations established in Article 3 of Law 136/2010 in order to ensure the traceability of financial transactions relating to the contract. If the Company does not fulfil the above obligations, this contract shall be terminated by law pursuant to Article 3, paragraph 8, of Law 136/2010.

ARTICLE 5 DECLARATIONS REGARDING THE CIRCUMSTANCES OF THE RISK – CHANGE IN RISK

Incorrect declarations or reticence on the part of the Policyholder or insured regarding circumstances that affect the assessment of the risk may result in total or partial loss of the right to benefits, as well as the termination of the insurance cover, pursuant to Articles 1892, 1893 and 1894 of the Italian Civil Code. However, failure on the part of the Policyholder or the insured to disclose any aggravating circumstances, or inaccurate statements when the contract is entered into or during the course of the contract, shall not prejudice the right to compensation for damages, provided that such omissions or inaccurate statements are not the result of wilful misconduct, without prejudice to the Company's right, once it has become aware of aggravating circumstances that involve a higher premium, to request the relevant modification of the ongoing conditions (increase in the premium from the date on which the aggravating circumstances become known to the Company or, in the event of loss, adjustment of the premium for the entire year).

A change in risk means any modification that results in a different probability of loss occurring or a change in its consequences that were not foreseen or not foreseeable at the time the contract was concluded.

The changes to be communicated concern factual circumstances within the Policyholder's organisation capable of causing an aggravation of the relevant risk.

The Policyholder is not required to provide written notice of changes in risk resulting from subsequent regulatory developments or from changes in case law.

Any circumstance occurring after the award of the insurance contract involving a change in the risk, as specified above, must be notified in writing by the Policyholder to the Company within 30 days of it becoming aware of the situation.

The parties further agree that changes entailing a reduction or increase in risk resulting from provisions of laws, regulations or administrative acts are not subject to the provisions of Articles 1897 and 1898 of the Italian Civil Code, and that therefore the new risk is automatically covered without modification of the premium, except for those changes to the nature of the insured which will entail the application of the provisions of this article. In the event of a reduction in risk, the Company is required to reduce the premium or subsequent premium instalments following notification by the Policyholder pursuant to Article 1897 of the Italian Civil Code and waives the relevant right of withdrawal; any reduction in the premium resulting from the cases provided for in this article shall take effect from the following annual period.

ARTICLE 6 PRICE REVISION

In the event of possible changes in the risk provided for in the Article DECLARATIONS REGARDING THE CIRCUMSTANCES OF THE RISK - CHANGE IN RISK, i.e. to a change in the ISTAT FOI index of more than 15%, after at least 6 months has elapsed since the start of the insurance, one party may report to the other party the occurrence said possible changes in the risk pursuant to said Article and submit a reasoned request according to Article 60 of Legislative Decree 36/2023, and Articles 10, paragraph 2 and 11, paragraph 5 of Annex II.2-bis, for the revision of the premium or the contractual conditions upwards or downwards and such adjustments shall apply to 80% of the change in question of the value exceeding the 5% change applied to the benefits to be provided.

The Policyholder shall monitor the performance of the ISTAT FOI index with the same update frequency as the index. For the purposes of calculating the change in risk, the ISTAT FOI index available at the time of recording the change is used and that corresponding to the month of award of the contract. The party that received the report shall within 3 months, following the relevant investigation and taking into account the requests made by the other party, formulate its counter-proposal for revision.

ARTICLE 7 WITHDRAWAL

In the event of failure to reach an agreement pursuant to the article PRICE REVISION between the parties, the party that submitted the revision request that was not accepted may withdraw from the insurance contract. Withdrawal shall take effect from the expiry of the annual period.

The right of withdrawal shall be exercised within 1 month of the proposal referred to in point (a) of the Article PRICE REVISION submitted by the party or, in the cases referred to in point (b) of that article, within 1 month of receipt of the counter-proposal.

If on the effective date of the withdrawal the Policyholder has not been able to secure a new insurance contract, the Company will, upon the Policyholder's simple request, extend the insurance on the same terms and conditions for up to 6 months.

The Policyholder shall contemporaneously pay the additional premium.

ARTICLE 8 INACCURATE STATEMENTS AND OMISSIONS WITHOUT FRAUDULENT INTENT

In the case referred to in Article 1893, paragraph 1, of the Italian Civil Code, in the absence of fraud, the Company's right of withdrawal may be exercised, without prejudice to the obligation to notify the Policyholder within 3 months of the day on which the Company became aware of the inaccuracy of the declaration or the concealment, according to the procedure set out in the articles PRICE REVISION and WITHDRAWAL, and with effect, from receipt of the aforementioned declaration, from the deadline referred to in point b) of the aforesaid article PRICE REVISION.

If an accident occurs before the inaccuracy of the declaration or the omission is known by the Company, or before the Company has declared its withdrawal from the contract, the Company is nevertheless required, in derogation of the provisions of Article 1893, paragraph 2, of the Italian Civil Code, to pay compensation for the entire sum.

ARTICLE 9 WITHDRAWAL FROM THE CONTRACT IN THE EVENT OF LOSS – REPEALED AND NOT OPERATIVE

After each loss and within thirty days of payment or refusal of indemnity, the Insurer or the Policyholder may terminate the policy with six months' prior notice.

In that case, within 30 (thirty) days of the effective date of withdrawal, the Company shall reimburse the part of the premium, net of government tax, relating to the unexpired risk period, after offsetting any sums that may be due from the Policyholder for changes occurring during the policy term.

It is in any case understood that the right of withdrawal cannot be exercised in the first 6 months following the date of effect of this insurance policy.

ARTICLE 10 CHANGES TO THE INSURANCE

Any changes to the insurance must be accepted by the parties and evidenced in writing.

ARTICLE 11 OTHER INSURANCE

As a partial exception to Article 1910 of the Italian Civil Code, the Policyholder is exempt from the obligation to inform the Company of the existence and subsequent taking out of other insurance policies for the same risk.

In the event of loss, the Policyholder must report the existence or taking out of other insurance for the same risk, informing each insurer of the names of the others. In the event of loss that is indemnifiable pursuant to this contract, the Company shall pay the expenses under all the conditions of this policy, without prejudice to the right of recovery from the other insurers of a portion of the indemnity paid in application of the provisions of Article 1910, paragraph 4, of the Italian Civil Code.

ARTICLE 12 INSURANCE ON BEHALF OF THE ENTITLED PARTY – OWNERSHIP OF THE RIGHTS ARISING FROM THE POLICY

This policy is taken out by the Policyholder in their own name and/or in the interest of the entitled party, it being understood that the Policyholder must fulfil the obligations arising from the contract, except for those which, by their nature, can only be fulfilled by the insured. The actions, claims and rights arising from the policy may only be exercised by the Policyholder, the insured and the Company.

In the event of loss, the insured is, in particular, required to carry out the acts necessary to ascertain and settle the damage. Third parties shall have no influence over the appointment of the experts to be chosen by the Company and the Policyholder; it is agreed that the claims, grounds and rights arising from the insurance proper may only be exercised through the Policyholder. Assessment and settlement of the damages as carried out are also binding on the third parties concerned, with no right of appeal available to them. Any indemnity which, pursuant to the foregoing, is settled in adversarial proceedings may only be paid with the joining, where relevant, of the third parties concerned at the time of payment. However, the Policyholder is entitled to request the substitution of the insured or the interested third parties in all acts necessary for the management and settlement of the claim. The assessment and settlement of the damages thus carried out are also binding on the Policyholder, excluding any right of appeal by them. It is agreed between the parties that, in the event of loss affecting the assets of the insured and of the third parties concerned, separate settlement will be made at the request of the insured for each eligible person.

To this end, the experts and persons responsible for settling the claim will draw up a settlement document for each claimant. The Company shall pay the damages, without prejudice to any other provisions of this policy, to each eligible person.

ARTICLE 13 CONTRACT MANAGEMENT – BROKER CLAUSE

It is understood between the Parties that the Broker engaged by the Associate is entrusted with the management and execution of this policy.

The parties mutually acknowledge that any communication concerning the execution of this insurance shall also be made through the appointed Broker. Therefore, the Company acknowledges that any communication made by the Policyholder and/or insured to the Broker shall be understood as made to the Company proper and vice versa, as shall any communication made by the Broker to the Company be treated as having been made by the Policyholder and/or insured. Please note that if the communications from the Policyholder would entail a contractual change, they will bind the Company only after written consent.

Exclusively for notices of withdrawal, the parties (the Policyholder and the Company) shall send said notice directly from one party to the other, copying the appointed Broker for information.

In the event of a conflict between communications made by the Broker and those made directly by the Policyholder to the Company, the latter shall prevail.

As a result of the authority to collect the premiums conferred by the Company, payment of the premium made in good faith to the Broker and to the persons for whom it is responsible shall be deemed to be made directly to the Company pursuant to Article 118, paragraph 2 of Legislative Decree 209/2005.

It is agreed that the payment thus effected shall also have a discharging effect pursuant to Article 1901 of the Italian Civil Code.

The Broker is required to comply, in the context of the pre-contractual information to be provided to insured persons, with the provisions of Articles 120, 120-bis, 120-ter, 120-*quater*, 120-*quinquies* and 121 of Legislative Decree 209/2005 and Article 65 of IVASS Regulation 40/2018.

The Broker's remuneration is borne by the Company and cannot therefore represent an additional cost for the Entity.

ARTICLE 14 TAX CHARGES

Taxes and all other charges established by law, present and future, relating to the premium and the acts arising from it, are borne by the Policyholder even if payment has been made in advance by the Company.

ARTICLE 15 FORM OF COMMUNICATIONS

All communications between the parties must be made in writing by email, by registered mail or by certified electronic mail (PEC).

ARTICLE 16 COMPETENT JURISDICTION – ELECTION FO DOMICILE

The Court of Pavia shall have jurisdiction over disputes concerning the application and execution of this insurance.

The Company may elect domicile other than at its registered office for the service of claims or legal acts.

ARTICLE 17 INTERPRETATION OF THE CONTRACT

In the event of a dubious interpretation of the clauses of this insurance contract, the clauses shall be interpreted in the most favourable sense for the Policyholder and the insured.

ARTICLE 18 REFERENCE TO PROVISIONS OF LAW

This contract is governed by Italian law; where it references standards, regulatory provisions and the like, any subsequent amendments and additions are also automatically referred to. For any matter not governed by these contractual conditions, only applicable laws and regulations, including subsequent amendments and supplements, shall apply.

ARTICLE 19 DATA PROCESSING

Pursuant to applicable legislation (EU Regulation 679/2016 - Legislative Decree 196/2003), each of the parties (Policyholder, Company, insured, Broker) allows the processing of personal data that can be collected from the policy or derived from it, for purposes strictly related to the fulfilment of contractual obligations.

ARTICLE 20 CO-INSURANCE AND DELEGATION

In the case of co-insurance, the insurance shall be divided by shares between the insurers indicated in the attached allocation. In the event of loss, the appointed Company shall manage and determine the settlement, and the co-insurers, who undertake to accept the settlement determined by the appointed

Company, shall contribute to the payment in proportion to their insured shares. In any case, the leading insurer undertakes to issue a deed of settlement for the entire amount of the claim and to give the beneficiary a receipt for the full amount of the indemnity. By signing this policy, the co-insurers give a mandate to the leading insurer to sign, also in their name and on their behalf, any annex, amendment, supplement, extension of cover, change in limit, insured sum and any other amount. Therefore, the signature by the leading insurer shall render the subsequent documents valid for all intents and purposes, including for the co-insurers.

ARTICLE 21 INTERNATIONAL SANCTIONS AND RESTRICTIONS

In no event shall the Company be required to provide any insurance cover, satisfy any claim, or ensure any payment or compensation under this insurance if such cover, payment or compensation would expose the Company (or any of its employees or Policyholders) to prohibitions, sanctions or restrictions, or otherwise violate them, pursuant to United Nations Resolutions on embargoes or economic and commercial sanctions, laws or regulations of the European Union, its Member States, the United Kingdom, or the United States of America.

ARTICLE 22 WAIVER OF RIGHT OF RECOURSE AND SUBROGATION

The Company waives, in favour of the insured and its successors in interest, the right of recourse and subrogation pursuant to Article 1916 of the Italian Civil Code against the third parties liable.

ARTICLE 23 TRANSLATION OF THE POLICY

The Company undertakes to provide the Policyholder with an English translation of the policy, compliant with the Italian version that will in any case prevail.

SECTION 3 INSURED PARTIES AND GUARANTEES PROVIDED

ARTICLE 1 - SUBJECT MATTER OF THE INSURANCE

The insurance covers accidents suffered by the Insured while carrying out the activities declared by the Policyholder, including the risk of commuting.

The state of "irreversible coma" resulting from an accident is also considered "death".

The cover also includes:

- asphyxia of a non-pathological origin;
- poisoning or intoxication resulting from ingestion or absorption of substances;
- contact with corrosives;
- bites, stings and burns caused by animals, insect or arachnid stings, or injuries from plants in general, as well as infections (including tetanus infections) and pathological conditions (excluding malaria) resulting from an injury indemnifiable under the terms of the policy;
- drowning;
- hypothermia or exposure;
- electrocution;
- sunstroke, heatstroke or sudden chilling;
- injuries caused by muscular exertions of a traumatic nature;
- accidents arising from attacks in general;
- accidents arising from popular unrest, acts of terrorism, vandalism, attacks, kidnappings, robberies, hijacking or piracy, provided that the Insured has not taken an active part in them;
- accidents resulting from illness and unconsciousness;
- accidents resulting from imprudence, incompetence and negligence, including serious accidents;
- accidents arising from the use or driving of mopeds and motorcycles of any engine capacity, self-propelled agricultural tractors and machinery, motor vehicles and watercraft, provided that the Insured, when driving, is in possession, where required, of a valid driving licence;
- accidents caused by natural forces, including earthquakes, tsunamis, volcanic eruptions, floods, landslides, mudslides, avalanches, and snow slides;
- accidents caused by thermal and atmospheric influences;
- accidents arising from the abuse of alcohol;
- abdominal hernias and muscle tears caused by physical exertion;
- traumatic hernias.

ARTICLE 2 - CATEGORIES OF INSURED**CATEGORY 1) STUDENTS**

This insurance covers accidents sustained by insured persons in the course of all institutional activities of the University of Pavia, whether during their stay on University premises or elsewhere, in Italy or abroad, such as, by way of example but not limited to, establishments, industrial or research laboratories, offices of other universities and research institutes, and similar locations, including outdoor sites, where the aforementioned persons may be present for reasons of study, visits and experiments, or for complementary and ancillary activities.

By way of example and without limitation, accidents suffered during and in connection with the following are covered:

- a) the hours of attendance at teaching activities, the time spent and the transfer from one facility to another within the University;
- b) transfers from or to other places, for institutional purposes, also by public and/or private transport, provided they are duly authorised by the competent teaching bodies of the University;
- c) the completion of study, research and internships, including practical;
- d) participation in internships with companies;
- e) educational trips, international cultural exchange programmes provided they are duly authorised by the University's competent bodies;
- f) cultural, artistic, religious and recreational events, such as trips, visits to museums, shows and exhibitions, walks and excursions;
- g) participation in training and competitions for university sporting events (excluding competitive events) convened and organised by the University bodies.
- h) any physical activity of any kind that forms part of the curriculum of degree courses which include such activities (lessons, practicals, internships, etc.).

INSURED PERSONS CATEGORY 1) STUDENTS AND OTHER UNIVERSITY ATTENDEES

- 1) enrolled, current and former students, including part-time students, in all degree programmes (first and second level and single cycle) and individual courses;
- 2) enrolled in training programmes or courses, including international training at any level, including postgraduate training (by way of example but not limited to: Erasmus, teacher training courses, Foundation Year, Marco Polo/Turandot, CICOPS, etc.), international courses (double degrees or joint degrees) for the period of training at the University of Pavia;
- 3) all participants enrolled in speciality schools across all Departments, with the exception, pursuant to Article 41, paragraph 3 of Legislative Decree No. 368/99, of doctors in specialist training who carry out their training activities within health authority facilities, unless they are performing academic teaching duties at university institutions; it should be noted that such individuals (medical specialist trainees when they are performing academic teaching duties at university institutions) shall not be included in the calculation of the bonus nor in the year-end adjustment;
- 4) recipients of scholarships for postgraduate research activities;
- 5) students duly enrolled in PhD courses administratively based at the University of Pavia and those awaiting their final examination;
- 6) research fellows of the University of Pavia;
- 7) enrolled in the preparatory course for the state examination, in the advanced training courses and master's;
- 8) interns (students and graduates) engaged in internship activities of a didactic, training and guidance nature, including compulsory postgraduate internship and the internship undertaken for the purpose of passing the State qualifying examination for the practice of the profession);
- 9) volunteer attendees with authorisations from the University and/or professional assignments at the University (for example, not exhaustively: appointed professionals, associates of various kinds, etc.);
- 10) students with part-time activities pursuant to Article 13 of Law 390/91;
- 11) Visiting Professors, Visiting Students and Visiting PhD Students;
- 12) candidates in state examinations to practise professions during the written, oral and practical tests;
- 13) persons taking part in and/or beneficiaries of activities and initiatives organised by the Policyholder, such as but not limited to: conferences, debates, congresses, courses, internships, lessons, promotional days in support of potential future enrollees of the university, exhibitions, fairs, and events of various kinds. These activities and initiatives are all of a temporary nature.

The University is exempt from the obligation to report on the details of the persons considered insured and the illnesses suffered by the individual insured at the time of conclusion of this policy or which may subsequently occur.

For their identification, reference is made to the registration documents (by way of example but not limited to: student's personal file, etc.), or other documentation attesting that the person holds/possesses the status of insured; the University undertakes to provide the persons appointed by the Company with the above documents at any time.

SUMS INSURED — CATEGORY 1) STUDENTS AND OTHER PERSONS ATTENDING THE UNIVERSITY

Each insured in this category is covered for the following sums::

€ 300,000.00	in the event of death;
€ 400,000.00	in the event of permanent disability;
€ 200,000.00	in the event of permanent disability due to illness;
€ 25,000.00	for reimbursement of costs of care;
€ 50.00	hospitalisation allowance (maximum 120 days)

CATEGORY 2) PRIVATE VEHICLE DRIVERS

The insurance applies to accidents sustained by employees authorised by the Policyholder during assignments or external service away from the workplace, while driving and using vehicles not registered in the name of the Policyholder in the P.R.A. (Public Vehicle Register), limited to the time strictly necessary for the performance of such services.

The insurance also covers injuries sustained whilst the vehicle is stationary, during the operations required to get it moving again.

The ascent and descent from the vehicles are also covered.

For the identification of the Insured, reference shall be made to the documentation kept by the Policyholder pursuant to the Law.

The parameter used to calculate the premium is the number of kilometres travelled annually, which is quantified on the basis of the documentation kept by the Policyholder in accordance with the Law.

SUMS INSURED CATEGORY 2)

Each insured in this category is covered for the following sums::

€ 260,000.00	in the event of death;
€ 260,000.00	in the event of permanent disability;
€ 10,000.00	for reimbursement of care expenses

CATEGORY 3) INJURIES TO DRIVERS OF VEHICLES OWNED BY THE ENTITY, OWNED BY THIRD PARTIES, EXCLUSIVELY USED BY THE ENTITY, OR LEASED OR LOANED TO THE ENTITY

The insurance covers accidents suffered by Insured persons (Employees and Non-Employees) authorised by the University while driving and transporting vehicles owned by the Entity, owned by third parties and used exclusively by the Entity, or leased or loaned to the Entity.

The insurance also covers injuries sustained whilst the vehicle is stationary, during the operations required to get it moving again.

The ascent and descent from the vehicles are also covered.

SUMS INSURED CATEGORY 3)

Each insured in this category is covered for the following sums::

€ 260,000.00	in the event of death;
€ 260,000.00	in the event of permanent disability;
€ 10,000.00	for reimbursement of costs of care;

CATEGORY 4 ACCIDENTS INVOLVING CYCLISTS

The insurance covers accidents suffered by persons authorised by the Policyholder (Employees and Non-Employees) during assignments or for external service duties, while riding bicycles, limited to the time strictly necessary to carry out such duties. For the identification of the Insured, reference shall be made to the documentation kept by the Policyholder pursuant to the Law.

The number of bicycles held by the Policyholder is used to calculate the premium.

SUMS INSURED CATEGORY 4)

Each insured in this category is covered for the following sums::

€	260,000.00	in the event of death;
€	260,000.00	in the event of permanent disability;
€	2,500.00	for reimbursement of costs of care;

ARTICLE 3 - HERNIAS AND PHYSICAL EXERTION

Muscular injuries from exertion, as well as hernias caused by violent exertion, are considered accidents with the understanding that:

- if the hernia is operable, a daily allowance of €50.00 (with a maximum of 90 days) is paid for the period of hospitalisation in a care facility
- if the hernia, even if bilateral, is not operable, the daily allowance for the period of hospitalisation in the care institution and an allowance, as a permanent disability, not exceeding 20% of the related insured sum are paid.

ARTICLE 4 - TRANSPORT

The insurance applies to accidents arising from the use or operation of any motor vehicle or motor boat, provided that the Insured is authorised under the provisions of law, excluding underwater vehicles and aircraft.

ARTICLE 5 - FLIGHT RISK

The insurance covers accidents suffered by the Insured during air travel as a passenger of aircraft and helicopters operated by regular, non-regular and on-demand transport companies, as well as by civil and military authorities during civil traffic, by companies and individuals for tourist and transfer activities, and by aerial work companies, exclusively during public passenger transport, and is provided for the sums corresponding to those insured under this policy and for the risks provided by it. Flights carried out on aircraft and helicopters operated by flying clubs shall be excluded in all cases.

In any event, the sum of the cover under this policy and any other insurance taken out by the University of Pavia, the Insured or by a third party in its favour may not exceed the following amounts:

€ 1,500,000.00 for total permanent disability;

€ 1,500,000.00 in the event of death; per person and:

€ 15,000,000.00 for total permanent disability;

€ 15,000,000.00 in the event of death;

total per aircraft, in the case of insurance provided with a combined policy.

This aircraft limitation also includes sums relating to any other persons insured for the same risk under other policies of the same specification stipulated by the University of Pavia.

In the event that the total sum insured exceeds the sums indicated above, the compensation due in the event of a claim shall be adjusted, reduced and proportionally allocated to the individual contracts.

ARTICLE 6 - SPECIAL EXTENSIONS OF THE INSURANCE COVER**a) Earthquakes - volcanic eruptions - floods**

The cover also extends to accidents resulting from earthquakes, volcanic eruptions, floods, inundation, overflows, storm surges, landslides, hail and snow, with the understanding that the maximum payout by the Company shall not exceed €15,000,000.00, regardless of the number of persons injured and insured under this policy.

b) State of war and insurrection

In partial derogation of the provisions of the Article "Exclusions", the cover is understood as extended to accidents resulting from a state of war (declared or not declared) and insurrection for a maximum

period of 14 days from the start of hostilities if and as the Insured is surprised by the outbreak of war events while abroad in a country previously at peace.

Accidents arising from the aforementioned cause that affected the Insured in the territory of the Italian Republic, the Vatican City State and the Republic of San Marino are excluded from cover.

c) Sociopolitical events

Cover also applies to injuries resulting from popular unrest, acts of terrorism, vandalism, attempts, and violent acts motivated by political, economic, social or trade-union reasons, provided that the insured proves they did not take an active part.

ARTICLE 7 - TERRITORIAL LIMITS

Insurance applies to the entire world.

ARTICLE 8 - EXCLUSIONS

The insurance does not cover accidents caused by:

- war and insurrection, except as provided by Article "Special extensions of the insurance cover";
- accidents caused by the voluntary use of alcohol, narcotics or hallucinogens, the abuse of psychotropic drugs for non-therapeutic purposes;
- injuries that are the consequence of persons' own criminal actions;
- The direct or indirect consequences of chemical or biological contamination resulting from a terrorist act or war.

ARTICLE 9 - DEATH

If the accident causes the death of the Insured within three years of the date of its occurrence, the Company shall pay the sum insured for death in equal shares, applying the rules for intestate succession.

If, after the payment of a permanent disability allowance, but within two years of the day of the accident and as a result of this, the Insured dies, the Company shall pay the beneficiaries the difference between the compensation paid and that insured in the event of death, if this is higher, and shall not request reimbursement if this is not the case.

ARTICLE 10 - PRESUMED DEATH

If, as a result of an indemnifiable accident under the terms of the policy, the Insured's body disappears or is not found and death is presumed to have occurred, the Company will pay the capital sum provided for in the event of death. The settlement, provided that no elements have emerged in the meantime rendering the damage not compensable, shall not take place before 180 days have elapsed since the filing of the application for the declaration of presumed death pursuant to Articles 60 and 62 of the Italian Civil Code.

If, after payment, it appears that the death did not occur or in any case did not result from an indemnifiable accident, the Company shall be entitled to a refund of the entire sum paid.

Once the Insured has returned the entire sum paid out, the Insured may assert their rights in respect of any permanent disability that may have been sustained.

ARTICLE 11 - PERMANENT DISABILITY

If the accident results in a permanent disability, the Company shall pay, in respect of this, an indemnity calculated on the sum insured for total permanent disability according to the following provisions and based on the percentages indicated in the table in Annex 1 to Presidential Decree No. 1124 of 30 June 1965 (Industry Table), with the Company waiving the application of the deductible provided for by law.

The absolute and irremediable loss of the functional use of an organ or a limb is considered an anatomical loss of the organ or limb; if it is a disability, the percentages established in the table are reduced in proportion to the lost functionality.

In cases of permanent disability not specified in the table above, the indemnity is established by analogy with the most similar case listed in the table or taking into account the decrease in the Insured's working capacity.

In the event of established left-handedness, the permanent disability rates in the above legal table for the right upper limb and right hand shall apply to the left upper limb and left hand and vice versa.

In the case of pre-existing injuries or physical defects, the permanent disability benefit shall be paid taking into account the more serious consequences that the insured suffers in the accident because of those pre-existing conditions.

If the Insured dies for reasons independent of the accident even before the indemnity has been paid or offered in any case to a certain extent, the Company pays the beneficiaries the sums paid that the insured would have received

In the event that permanent disability is higher than 50% and the insured is unable to carry out any activity, the compensation for permanent disability will be paid at 100% of the insured capital under the permanent disability policy.

ARTICLE 12 - ABSOLUTE DEDUCTIBLE FOR PERMANENT DISABILITY

Only for category 1) insured persons the sum insured for Permanent Disability due to accident is subject to the absolute deductible of 2%.

ARTICLE 13 - EXTENSION OF PERMANENT DISABILITY DUE TO ILLNESS

The scope of the insurance covers illnesses that are the direct and exclusive consequence of an accident eligible for compensation under the terms of the policy

The cover is extended, **only for category 1) insured persons**, to permanent disability due to illness, of a degree exceeding 50% of the total, contracted during university courses, with the limit specified in the insured sums for category 1.

The maximum period for the final assessment of the damage under this extension shall be two years from the day on which the illness is reported.

ARTICLE 14 - SPECIAL ALLOWANCE FOR AESTHETIC IMPAIRMENTS

If the accident results in permanent disfigurements or scarring that cannot otherwise be indemnified, the Company pays an additional lump-sum allowance of €10,000.00.

ARTICLE 15 - REIMBURSEMENT OF HEALTHCARE EXPENSES AND TRANSFER TO EQUIPPED HOSPITAL CENTRE

For any accident the Company shall reimburse the following expenses:

- fees of the surgeons or the operating team;
- use of the operating theatre, surgical materials, therapeutic and endo-prosthetic devices applied during the procedure;
- fees for inpatient stays;
- diagnostic tests and assessments;
- physiotherapy and rehabilitative treatments;
- transporting the insured party to a hospital or clinic and returning home by ambulance;
- medical and nursing services, medicines, purchase and/or rental of prosthetic and medical devices, including orthopaedic wheelchairs.

It also includes expenses for treatment and applications carried out in order to reduce or eliminate the consequences of cosmetic damage caused by injury.

If the insured is deemed non-curable within the public hospital organisation where the accident took place, the Company shall also reimburse the costs of air transfer to a hospital, including a private hospital, equipped for the care of the insured.

The Company shall make the reimbursement upon presentation of the relevant supporting expenditure documents in their original form. Payment is made on completion. For expenses incurred abroad, reimbursements will be made in Italy, at the average exchange rate of the week in which the expenditure was incurred by the insured.

This cover applies up to the sum insured for each category.

ARTICLE 16 - DAILY ALLOWANCE FOR HOSPITALISATION

The Company pays, **solely for insured persons in categories 1), 2) and 3)** in the event of an accident indemnifiable under this policy, the daily allowance of € 50.00 (maximum 120 days) as indicated in the sums insured for category 1, for each day of hospitalisation in public, accredited or private healthcare institutions in Italy or abroad. For the purpose of calculating days of hospitalisation, the day of admission and the day of discharge are calculated as a single day.

ARTICLE 17 - REPATRIATION OF THE BODY

In the event of death resulting from an accident that occurred abroad and is covered by the policy, the insurance covers the cost of repatriating the body, duly documented, up to a maximum of €7,500.00.

ARTICLE 18 - MEDICAL REPATRIATION

In the event of an accident occurring abroad, the insurance covers reimbursement of the expenses incurred by the Insured for their transport by any means deemed suitable to a suitably equipped hospital in Italy, duly documented, up to a maximum of €4,000.00.

SECTION 4 PREMIUM CALCULATION AND ADJUSTMENT

ARTICLE 1 - PREMIUM CALCULATION

The gross premium for each person shall be set as shown below for each individual insured category, calculated on the estimates indicated:

Category	Description	Quote	Gross unit premium	Gross annual premium per category
1 a)	Insured persons – annual premium (frequencies longer than six months and up to one year)	30,000	€2.30	€69,000.00
1 b)	Insured persons – six-monthly premium (frequencies longer than three months and up to six months)	9	€2.50	€22.50
1 c)	Insured person – quarterly premium (frequencies longer than one month and up to three months)	6	€2.50	€15.00
1 d)	Insured persons – monthly premium (frequencies up to one month)	3	€2.50	€7.50
2	Kilometres travelled using own vehicle	300,000	€0.005	€1,500.00
3	Vehicles owned by the University	20	€25.00	€500.00
4	Bicycles owned by the University	20	€40.00	€800.00
Total				€71,845.00

Breakdown of the premium at signing and subsequent instalments

Taxable annual premium	€	70,092.68
Tax	€	1,752.32
TOTAL	€	71,845.00

ARTICLE 2 - PREMIUM ADJUSTMENT

The gross annual advance premium is provisionally established as €71,845.00, except for the adjustment to be made on the parameters for calculation of the premium. With regard to the foregoing, at the end of each insurance period, in order to make any adjustment, the Policyholder shall inform the Company of the necessary final figures. Since the premium is agreed on the basis of variable factors, it is provisionally paid in advance in the sum calculated as shown in the policy and settled at the end of the period.

To this end, within 180 days of the end of the insurance period, the Policyholder shall provide the Company with all the necessary data in writing.

Differences whether surpluses or deficits must be settled within 90 days of receipt of the appropriate annex.

If the Policyholder does not provide the aforementioned data within the prescribed deadline and pay the amount due, the Company must issue a formal notice of default granting a further period of not less than 30 days. If this period expires without fulfilment, the advance premium paid provisionally for subsequent instalments will be set off against, or held as security for, the premium relating to the insurance period for which no settlement or payment of the amounts due has been made. The cover will remain suspended until midnight on the day the Policyholder fulfils its obligations, without prejudice to the Company's right to take legal action or to terminate the contract by registered letter.

For expired contracts, if the Policyholder fails to comply with the obligations relating to the premium adjustment, the Company, without prejudice to its right to take legal action, is not obliged to cover claims

occurring during the period to which the failure to make the premium adjustment relates.

The Company has the right to conduct audits and controls for which the Policyholder is required to provide the necessary clarifications and documentation.

ARTICLE 3 - CLARIFICATION OF THE CALCULATION OF INSURED PARTIES

For some types of insured parties, it is acknowledged that they will be covered from midnight on the day on which they make payment of the premium, which may also be made by the Policyholder.

This payment will be made in the manner specified in the special condition of the policy "Premium Adjustment".

The Company gives and takes note that cover for the said insured may also terminate after the expiry of this contract.

The Insured have the option to temporarily suspend their activities, for example, but not limited to, maternity or military service, and must subsequently make up the suspended periods for up to twelve months.

Therefore, the Company acknowledges and accepts that the guarantee will not be effective during such periods of suspension and that the guarantee will become effective again when the activities are resumed, without any additional premium, as the premium paid will be valid for the period provided, even if not continuous, and therefore the cover will be guaranteed by the Company until the completion of the activities and may terminate even after the expiry of this contract.

For the purpose of the suspension and subsequent resumption of activities, and consequently the related insurance cover, the documents deposited with the University Administration shall serve as proof; therefore, the University shall not send any communication to the Company. If necessary, such documents shall be sent by the University Administration to the Company at its express request.

Please note that cover is also valid during any extension periods of the insured persons' activities.

Furthermore, it is acknowledged between the parties that the request for cover and the subsequent payment of premiums may be made either directly by the Policyholder or by the Insured, in any case through the Broker.

It is hereby agreed and acknowledged that, for some of the insured parties, insurance cover may be provided either by opting in (using a specific form which the Company may request at any time) or by payment made via deduction by the Policyholder; the activities of such insured parties may commence at any time of the year; therefore, insurance cover may continue even after the expiry of the contract.

It is understood that in the event that an insured party holds two or more positions at the same time, the premium that shall be paid is understood as unitary.

It is hereby acknowledged by the parties that first-year students shall be considered insured and therefore included in the cover from the moment they enrol at the University.

SECTION 5 - REGULATIONS APPLICABLE IN THE EVENT OF LOSS

ARTICLE 1 - NOTIFICATION OF THE ACCIDENT

In derogation of Article 1913 of the Italian Civil Code, the accident is reported by the University using one of the means referred to in the Article "Form of communications" within 30 business days of the date on which the competent University Office received written notification of the accident from the Insured.

Within 30 days of the previous notification, a letter will be sent containing the details of the Insured, an indication of the place, day and time of the event and the causes that led to it, accompanied by a medical certificate from the emergency first aid services. Subsequently, the Insured must send, for periods not exceeding 180 (one hundred and eighty) days and until recovery, medical certificates on the course of the injuries as well as invoices and any other documents proving the medical expenses incurred.

If the accident has resulted in the death of the insured person, or if death occurs during the period of treatment, the Company must be notified as soon as possible.

The insured person, their family members or other beneficiaries must consent to an examination by the Company's doctors and to any investigation or assessment that the Company deems necessary, thereby releasing the doctors who have examined and treated the insured person from their duty of professional confidentiality.

If the Insured and his/her beneficiaries are not intentionally complied with the obligation to report and the other obligations indicated in the preceding paragraphs, they will forfeit their right to compensation.

ARTICLE 2 - SETTLEMENT

Once the necessary documentation has been received and the necessary investigations have been carried out, the Company settles the indemnities due, notifies the interested parties and, upon notice of their acceptance, makes payment within 30 days. The indemnity is paid in Italy in euros.

ARTICLE 3 - ADVANCES

At the Insured's request, the Company pays advances in the event of hospitalisation, application of a plaster cast and of permanent disability if the final assessment is postponed until more than one year from the day of the accident. These advances, to be attributed in the final settlement of the accident, will be made up to a maximum disbursement of €20,000.00.

ARTICLE 4 - DISPUTES RESOLUTION

In the event of disagreement as to the nature or consequences of the injuries, the degree of permanent disability, the degree and duration of temporary incapacity, and the payment of the indemnities or the extent of reimbursement, the parties undertake, by private agreement, to grant a mandate to decide whether and to what extent the indemnities are due, in accordance with and within the limits of the policy conditions, to a panel of three doctors, one appointed by each party and the third by mutual agreement between the parties or, failing that, by the President of the Medical Association having jurisdiction in the place where the medical panel is to meet. The medical panel is based in Pavia.

Each party must bear its own costs and remunerate the doctor it appointed, and contribute half of the costs and fees of the third doctor.

The decisions of the medical panel shall be taken by a majority of votes, with dispensation from any legal formalities, and are binding on the parties even if one of the doctors refuses to sign the relevant report.

The medical panel is entitled to postpone, if it finds that it is appropriate, the definitive assessment of permanent disability at the time to be established by the medical panel within two years, in which case the medical panel may in the meantime grant an amount to be attributed to the final settlement of the accident.

ARTICLE 5 - WAIVER OF THE RIGHT OF SUBROGATION

The Company waives the Insured's right of subrogation under Article 1916 of the Italian Civil Code to third parties responsible for accidents.

Done in three originals in Genoa

9 aprile 2026



Alessandro Cioci
Technical Director
ITAS Mutua

Read, accepted and signed

dated, _____ 20__

POLICYHOLDER/INSURED