



AXA Assicurazioni S.p.A.

Sede Legale e Direzione Generale: Corso Como 17, 20154 Milano - Italia
 PEC: axaassicurazioni@axa.legalmail.it - Capitale Sociale € 232.535.335 interamente versato
 Ufficio del Registro delle Imprese di Milano-Monza-Brianza-Lodi e C. F. n. 00902170018 - P.IVA GRUPPO IVA AXA ITALIA n. 10534960967 - Numero R.E.A. della C.C.I.A.A. di Milano n. 1576311 Direzione e coordinamento di AXA MEDITERRANEAN HOLDING SAU ai sensi dell'art. 2497 bis C.C.
 Iscrizione Albo Imprese IVASS n. 1.00025 - Capogruppo del gruppo assicurativo AXA ITALIA iscritto all'Albo Gruppi IVASS con il n. 041
 Impresa autorizzata all'esercizio delle assicurazioni con Decreto del Ministero dell'Industria, del commercio e dell'artigianato del 31 dicembre 1935 - (Gazzetta Ufficiale del 9 aprile 1936 n. 83)

I dati che identificano la sua polizza

Furto Enti Pubblici

Ramo 1	N° POLIZZA_PREV 410728710	Codice 005014 Agenzia GAMBONI S.R.L. PERUGIA Indirizzo VIA CAMPO DI MARTE 13/D E 13/E 06124 PERUGIA PG Tel. 075-31645 Fax ==== E-mail AG5014@AXA-AGENZIE.IT
-----------	------------------------------	---

Contraente (denominazione sociale) POLITECNICO DI MILANO		Cod. Cliente 00001020924	Cod. Fiscale / Partita IVA 04376620151	
Indirizzo VIA LEONARDO DA VINCI,32		Comune MILANO		Provincia MI
C.A.P. 20121				
Cod. Prodotto 1EPPP	Allegati che integrano la polizza Set Informativo-Condizioni di Assicurazione N° allegati Mod 2621 Ed. 10/2022 0		Settore / Codice rischio 854200	Tariffa ===
Tipo ===		Cod. Subagente ===	Cod. Produttore ===	
La polizza decorre dal 31/12/2023	La polizza scade il 31/12/2026	Scadenza prima rata 31/12/2024	Frazionamento Annuale	Scadenza annuale 31/12
Proroga NO		Adeguamento automatico ===		
N. indice ===		Convenzione ===		Vincolaria ===
Scadenza vincolo ===				
Polizza sostituita ===	Ramo ===	Ultima quietanza pagata ===	Premio imponibile euro ===	Rischi comuni - N° polizza ===
Ramo ===		Coassicurazione Quota AXA Assicurazioni ===		Cod. Delegataria ===
n. Polizza Delegataria ===				

TOTALE SOMME ASSICURATE IN POLIZZA		Euro	0,00
---	--	------	-------------

Il prezzo della sua copertura assicurativa

PRIMA RATA	Premio netto euro 237.600,00	Di cui complemento/ diritti euro ===	Premio imponibile euro 237.600,00	Imposte totali euro 52.866,00	Premio Totale prima rata euro 290.466,00
COMPENSO DELL'AGENTE PER IL SERVIZIO DI INTERMEDIAZIONE PRESTATO AL CLIENTE (spazio riservato all'Agente e al Contraente) Compenso concordato con l'Agente per il servizio di intermediazione prestato, come consentito dall'art. 106 e ss. del Codice delle Assicurazioni private e relative norme di attuazione. Il presente importo non è in alcun modo una componente del premio assicurativo, né è ad esso assimilabile.					Compenso prima rata euro 0,00
TOTALE A PAGARE PRIMA RATA					290.466,00
RATE SUCCESSIVE	Premio netto euro 237.600,00	Di cui complemento/ diritti euro ===	Premio imponibile euro 237.600,00	Imposte totali euro 52.866,00	Premio Totale prima rata euro 290.466,00
COMPENSO DELL'AGENTE PER IL SERVIZIO DI INTERMEDIAZIONE PRESTATO AL CLIENTE (spazio riservato all'Agente e al Contraente) Compenso concordato con l'Agente per il servizio di intermediazione prestato, come consentito dall'art. 106 e ss. del Codice delle Assicurazioni private e relative norme di attuazione. Il presente importo non è in alcun modo una componente del premio assicurativo, né è ad esso assimilabile.					Compenso rate successive euro ===
TOTALE A PAGARE RATE SUCCESSIVE					290.466,00
PREMIO ANNUO	Premio netto euro 237.600,00	Di cui complemento/ diritti euro ===	Premio imponibile euro 237.600,00	Imposte totali euro 52.866,00	Premio Totale annuo 290.466,00

Emessa in 3 esemplari	il 19/01/2024	alle ore: 09:09	Data pagamento del premio di rata iniziale
-----------------------	---------------	-----------------	---

Il Contraente

AXA Assicurazioni S.p.A.
Il consulente AXA per quietanza

.....

.....



SPECIFICATIONS FOR INSURANCE

**“THEFT AND ROBBERY OF
MOBILE PROPERTY OF
STUDENTS”**

9B

CONTRACTOR

POLITECNICO DI MILANO

INDEX

DEFINITIONS [DEF]	1
GENERAL INSURANCE CONDITIONS	3
COMMENCEMENT OF INSURANCE AND CONTRACTUAL TERMS	3
Art.1 Duration of the Insurance - Extension - Cancellation - Withdrawal from Terrorism and Sabotage Cover.....	3
Art. 2 Premium Payment and Commencement of Insurance	3
Art. 3 Payments for Changes with Premium Collection.....	3
Art. 4 Form of Communications and Amendments to the Insurance	4
Art. 5 Traceability of Payments.....	4
Art. 6 Change in Risk.....	4
Art. 7 Price Review and Other Contractual Clauses	4
Art. 8 Termination Clause	4
Art. 9 Inaccurate Statements and Innocent Omissions	5
Art. 10 Reduction of Risk	5
Art. 11 Interpretation of the Policy.....	5
Art. 12 Previous Losses	5
Art. 13 Insurance with Different Insurers	5
Art. 14 Inspection of Insured Property.....	6
Art. 15 Maximum Indemnity Limit.....	6
Art. 16 Ownership of Rights Arising from the Policy.....	6
Art. 17 Tax Burdens	6
Art. 18 Competent Court	6
Art. 19 Reference to Legal Provisions.....	6
Art. 20 Data Processing	6
Art. 21 Coinsurance and Delegation.....	6
Art. 22 Premium Calculation	7
Art. 23 Premium Adjustment	7
Art. 24 Sanctions Limitations Exclusion Clause.....	8
Art. 25 Policy Translation	8
OPERATING RULES IN THE EVENT OF A CLAIM	9
Art. 26 Obligations of the Policyholder - Claim Notification	9
Art. 27 Procedure for Damage and Loss Assessment	9

Art. 28 Appointment of Experts - Claims Investigation	9
Art. 29 Value of Mobile Property and Damage Determination.....	10
Art. 30 Pairs - Sets - Series	10
Art. 31 Payment of Indemnity.....	11
Art. 32 Waiver of Subrogation Rights	11
Art. 33 Termination in Case of a Claim	11
Art. 34 Possession and Management of Damaged Property.....	11
Art. 35 Provision of Information on Claims	11
ACTIVITIES AND RISK CHARACTERISTICS.....	13
INSURED PROPERTY	13
INSURED AMOUNTS	13
COVERED RISKS	13
Art. 1 Object of Insurance	13
EXCLUSIONS [E].....	15
LIMITATIONS AND DEDUCTIONS [DD].....	17
SPECIFIC CONDITIONS [SC].....	17
Art. 1 Existence and/or Use of Radioisotopes	17
Art. 2 Insurance Operativity.....	17
Art. 3 First Absolute Risk.....	17

DEFINITIONS [DEF]

Insurance: The insurance contract

Policy: The document that proves and regulates the insurance

Policyholder: Politecnico di Milano

Insured: The person(s) for whom the insurance is provided, specifically all types of students enrolled in courses at Politecnico di Milano, including students enrolled in individual courses, for the entire duration of their enrollment, even during part-time activities pursuant to article 13 of law 391/90. Upon specific communication from the Policyholder, students enrolled in university master's programs, scholarship recipients, and research grant holders may also be beneficiaries of the insurance.

Insurance Company: The insurance company, or group of companies, that has assumed this insurance

Premium: The amount due from the Policyholder to the Insurance Company in exchange for the coverage provided under this insurance

Risk: The probability of the occurrence of the insured event and the extent of the damages that may result

Claim: The occurrence of the damaging event for which the insurance is provided

Damage: The economic loss suffered by the Insured as a result of an indemnifiable claim under the terms of the policy, without taking into account any deductions (deductibles and excess) and indemnity limits

Indemnity: The amount payable by the Insurance Company in the event of a claim

Indemnity Limit: The maximum indemnity payable by the Insurance Company

Deductible: The predetermined amount deducted from the damage and borne solely by the Insured

Excess: The percentage of the damage borne solely by the Insured

Insurance Period: The period, up to 12 months, between the effective date and the annual expiration date

Moveable Assets: All assets, whether fixed or movable, other than Real Estate, as well as any other assets used for the activities carried out by the Insured. Electronic Equipment, Mobile Assets (assets that, due to their particular nature, can be transported and used in different locations, even outdoors), and their related programs and data are also included.

Electronic Equipment: Data processing systems and related peripheral units for data transmission and reception; personal computers including monitors and printers; mini-computers; other electronic machines or instruments; topographic instruments owned or used by the Insured, tested and ready for the intended use, including internal telecommunications networks in their hardware components.

Mobile Assets: Systems and equipment, both electronic and non-electronic, by their nature and construction suitable for transport and use outside the buildings and/or real estate of the Insured or within the control of the Insured. This includes, but is not limited to, personal computers (laptops, etc.), smartphones, cellular phones, portable satellite

phones, radios, measurement and/or detection systems and equipment in general, systems and equipment permanently affixed, even for research activities, to vehicles and means of transport in general. Media supporting mobile device operations are also included in this definition.

Real Estate: Buildings, structures, and constructions owned by the Policyholder, even if held in any capacity by its employees or held by third parties, or owned by third parties but held in any capacity by the Policyholder, excluding outbuildings, gardens, courtyards, parking lots, and any other outdoor location or area.

Art Objects: Paintings, frescoes, mosaics, sculptures, reliefs, engravings, tapestries, carpets, and any other item with artistic value

Valuables: Coins, banknotes, securities, and generally any card, ticket, voucher, certificate, or document representing value

GENERAL INSURANCE CONDITIONS [CGA]

COMMENCEMENT OF INSURANCE AND CONTRACTUAL TERMS

Art. 1 DURATION OF INSURANCE – RENEWAL - TERMINATION - WITHDRAWAL FROM TERRORISM AND SABOTAGE COVERAGE

This policy is effective from 12:00 a.m. on 31.12.2023 and expires at 12:00 a.m. on 31.12.2026; on that date, the policy will be considered terminated without the need for prior notice of termination.

However, the Policyholder reserves the right, pursuant to Article 35 of Legislative Decree 50/2016 and subsequent amendments, to exercise the option of express contract renewal, under the same economic and regulatory conditions currently in force, for a duration of three years, upon adoption of a specific act. The Policyholder exercises this option by notifying the Company, via certified email, with a notice period of 90 (ninety) days before expiry. This option granted to the Policyholder requires the prior agreement of the Company, which undertakes to express its will within 30 (thirty) days from the receipt of the Policyholder's request.

It is also at the discretion of the Policyholder, by the natural expiration date, to request from the Company an extension of this insurance, limited to the complete completion of the new insurance award procedures, and in any case for a maximum period of 180 (one hundred eighty) days.

The Company undertakes to extend the insurance for the maximum aforementioned period, under the same contractual and economic conditions, in force, and the corresponding premium installment will be paid within 30 (thirty) days from the start of the extension.

Art. 2 PAYMENT OF PREMIUM AND COMMENCEMENT OF INSURANCE

The insurance takes effect immediately from 12:00 a.m. on the date specified in the policy, even if the payment of the first premium may be made by the Policyholder by 12:00 a.m. on 31.03.2024.

Subsequent premium installments must be paid by March 31 of each year.

If the Policyholder fails to pay within these deadlines, the insurance remains suspended and resumes at 12:00 a.m. on the day of payment, subject to subsequent due dates.

However, if the Policyholder does not make the payment within the aforementioned deadlines due to a default by the Company, which, in accordance with Article 48/bis of Presidential Decree 602/73 and subsequent amendments, has made regular payment of the premium impossible, the insurance coverage will remain in full force provided that the Policyholder formally notifies the Company of this circumstance within the payment terms. In this case, it will subsequently be the obligation of the Company to transmit the authorization to pay issued by the collection agent, and the Policyholder must pay the premium installment within fifteen days from the receipt of such documentation.

Art. 3 PAYMENTS FOR CHANGES INVOLVING PREMIUM COLLECTION

Any changes involving premium collection may also be paid within 90 (ninety) days from the date of receipt, by the Policyholder, of the relevant document correctly issued by the Company.

It is understood, however, that the insurance will take effect immediately from 12:00 a.m. on the date indicated in the change document.

Art. 4 FORM OF COMMUNICATIONS AND MODIFICATIONS TO INSURANCE

All communications between the Parties must be made in writing; any modifications to the insurance must be evidenced in writing.

Art. 5 TRACEABILITY OF PAYMENTS

The Company is required to fully comply with what is provided for in Article 3 of Law 136/2010 and subsequent amendments and integrations.

Art. 6 RISK VARIATION

Risk variation means any modification that determines a different probability of the occurrence of a claim or a variation of its consequences, not foreseen or foreseeable at the time of contract conclusion.

Any element occurring subsequently to the contract award, which results in a risk variation, must be communicated immediately, or within fifteen days from the knowledge thereof, in writing to the Insurer by the Policyholder.

It is also agreed that in case of risk changes resulting from legislative changes, new regulations and/or rules whereby the obligation of the Policyholder to provide the guarantees governed by this policy ceases, for one or more categories, this will not entail any revision of the conditions awarded in the tender and will therefore remain in force for the remaining insured categories.

The contracting administration is not obliged to notify in writing the risk variations resulting from normative changes or changes in case law trends.

Art. 7 REVISION OF PRICES AND OTHER CONTRACTUAL CLAUSES

For multi-year contracts, if, following significant, motivated, and substantiated hypotheses of risk changes that alter the economic balance of the contract, the Insurer deems it necessary to request a price revision, six months before the annual expiry, based on the data available to be communicated to the Administration, the Insurer may report to the contracting administration the occurrence of the hypotheses of risk changes provided for in article 6 and request, motivated, pursuant to article 106 of Legislative Decree 50/2016, the revision of premiums or contractual conditions relating to deductibles, excesses, or insured limits.

The contracting administration, within 15 days, following the relevant investigation and taking into account the requests made, decides on them, formulating its counterproposal for revision.

In case of agreement between the Parties, the contract will be modified from the new year.

Art. 8 TERMINATION CLAUSE

In case of disagreement between the Parties pursuant to Article 7, the Insurer may terminate the insurance contract. The termination takes effect from the expiry of the annual term.

The right of termination is exercised within 30 (thirty) days from the proposal referred to in the first paragraph of Article 7, presented by the Insurer, or, in cases referred to in the second paragraph of the same article, within thirty days from the receipt of the counterproposal from the Administration.

If, on the date of termination, the contracting administration has not managed to award the new insurance contract, at the mere request of the latter, the Insurer undertakes to extend the insurance under the same conditions, regulatory and economic, in force for a maximum period of 30 (thirty) days. The contracting administration simultaneously provides for the payment of the premium supplement.

The termination does not take effect if the detail of all claims reported by the Policyholder pursuant to article 35 "Submission of information on claims", referring to the month preceding that of termination, is not produced.

Art. 9 INACCURATE DECLARATIONS AND NON-FRAUDULENT CONCEALMENTS

In the event provided for in Article 1893, paragraph 1, of the Civil Code, in the absence of fraud or gross negligence and to partially derogate from it, the right of withdrawal of the Insurer is excluded.

The inaccurate statements or concealments of the Policyholder and/or the Insured at the time of the conclusion of the policy and relating to circumstances that affect the risk assessment, as well as the failure to communicate subsequent circumstances or changes that increase the risk, will not result in forfeiture of the right to indemnification, nor reduction thereof, nor termination of the insurance pursuant to Articles 1892, 1893, 1894, and 1898 of the Civil Code, provided that the Policyholder or the Insured have not acted with fraud.

Art. 10 REDUCTION OF RISK

It is also agreed that, in partial derogation from Article 1897 of the Civil Code, in cases of risk reduction, as well as insured values, the premium reduction will be immediate.

The Company will reimburse the corresponding portion of the premium paid and not enjoyed (excluding government taxes as they are already paid to the Treasury) within 60 (sixty) days from the communication and waives the termination of the contract and the right of withdrawal that it is entitled to under Article 1897 above.

Art. 11 INTERPRETATION OF THE POLICY

In case of doubtful interpretation of the policy clauses, they are to be interpreted in the most favorable sense to the Insured and/or Policyholder.

Art. 12 PREVIOUS DAMAGES

The Insured and the Policyholder are exempted from the obligation to declare any damages that have affected the insured property and/or the activities in general of the Insured and/or the Policyholder themselves.

Art. 13 INSURANCE WITH DIFFERENT INSURERS

If multiple insurances coexist on the same property and for the same coverage, the Insured is exempt from informing the Company of the other contracts entered into.

However, in case of a claim, the Insured must notify all insurers and is required to request from each of them the indemnity due according to their respective contract considered independently.

If the sum of these indemnities - excluding the indemnity due from the insolvent insurer - exceeds the amount of the damage, the Company is only required to pay its proportional share in relation to the indemnity calculated according to its own contract, however, excluding any joint liability with the other insurers.

Art. 14 INSPECTION OF INSURED PROPERTY

The Company always has the right to visit the places where the insured property is located, and the Insured is obliged to provide all necessary indications and information.

Art. 15 MAXIMUM INDEMNITY LIMIT

Except for expenses incurred for salvage purposes pursuant to Article 1914 of the Civil Code, under no circumstances shall the Company be obliged to pay an amount greater than the insured sum.

Art. 16 OWNERSHIP OF RIGHTS ARISING FROM THE POLICY

The actions, rights, and claims arising from the policy can only be exercised by the Policyholder and the Company. In particular, it is the responsibility of the Policyholder to carry out the acts necessary for the assessment and settlement of claims. The assessment and settlement of damages thus carried out are binding even on the Insured, with any right of challenge excluded.

The indemnity settled under the policy cannot, however, be paid except to or with the consent of the holders of the insured interest.

Art. 17 TAX BURDENS

The tax burdens related to insurance are borne by the Policyholder.

Art. 18 JURISDICTION

For disputes concerning the application and execution of this policy, the Court of Milan has jurisdiction.

Art. 19 REFERENCE TO LEGAL NORMS

For all matters not differently regulated herein, the legal norms apply.

Art. 20 DATA PROCESSING

Pursuant to Regulation (EU) 2016/679, the Parties consent to the processing of personal data contained in this policy or arising therefrom, for purposes strictly related to the fulfillment of contractual obligations.

Art. 21 CO-INSURANCE AND DELEGATION

In the event that the insurance contract is awarded to a temporary grouping of companies, established in accordance with the law, Article 1911 of the Civil Code is derogated, as all subscribing companies are jointly and severally liable towards the contracting party.

If the insurance is divided into shares among the different Companies indicated in the Offer Sheet relating to this insurance, it is understood that the total amount of premiums - in terms regulated by Article 2 - will be paid in full to the Delegated Company, which will provide a comprehensive receipt for the amount collected.

In the event of a claim, the Delegated Company (hereinafter Company) will manage and settle directly with the Policyholder/Insured, and the Co-insurance Companies, who undertake to accept the settlement defined by the Company, will contribute to the payment in proportion to the share they have insured, without prejudice to joint liability. The Company also undertakes, in any case, to issue a settlement document for the entire amount of the claims and to provide a receipt for the total amount of the compensation.

Also, in the event that the insurance is divided into shares among different Companies, with the subscription of this policy, the Co-insurance Companies authorize the Company to sign subsequent amendment documents also on their behalf and for their account; therefore, the signature affixed by the Company makes subsequent documents valid for all purposes, including for the Co-insurance Companies.

Art. 22 PREMIUM CALCULATION

The premium, net of applicable government taxes, is determined by the annual taxable premium per capita multiplied by the actual number of insured individuals. The estimated number of insured individuals is 50,000 (fifty thousand).

For the validity of the coverage, the Contracting Party must pay an advance premium, calculated on 80% of the estimated number of insured individuals, and it will be adjusted at the end of the insurance period in accordance with the provisions of the following Article 23.

Art. 23 PREMIUM ADJUSTMENT

With reference to the previous article - Premium Calculation - within 180 (one hundred and eighty) days from the end of each annual insurance period, the Contracting Party must communicate in writing to the Company the actual data relating to the total number of insured individuals for that year, as resulting from the official records and acts of the University.

The Company must issue the corresponding premium adjustment appendix within 60 (sixty) days from the receipt of the communication.

Any positive or negative differences resulting from the adjustment must be paid respectively by the Contracting Party within 90 (ninety) days from the date of receipt, by the Contracting Party itself, of the correctly issued adjustment document, or by the Company within 30 (thirty) days from the date of issuance of the adjustment document.

If the Contracting Party fails to communicate the actual data or make the payment of the positive difference within the prescribed time limits, the Company may set an additional deadline, after which the advance premium for the future installment is considered as payment or guarantee of the premium for the insurance period for which the adjustment or payment of the positive difference has not taken place, and the insurance remains suspended until 11:59 p.m. on the day the Contracting Party fulfills its obligations, without prejudice to the Company's right to take legal action or to declare, by registered letter, the termination of the contract.

However, if the Contracting Party does not make the payment within the aforementioned deadlines due to a default by the Company, which, in accordance with Article 48/bis of Presidential Decree 602/73 and subsequent amendments, has made regular payment of the premium impossible, the insurance coverage will remain in full force provided that the Contracting Party formally notifies the Company of this circumstance within the payment terms. In this case, it will subsequently be the obligation of the Company to transmit the authorization to pay issued by the collection agent, and the Contracting Party must pay the premium installment within fifteen days from the receipt of such documentation.

In the event of a contract definitively expired, if the Contracting Party does not fulfill the obligations relating to the premium adjustment, the Company, without prejudice to the right to take legal action, will prioritize the payment of the outstanding adjustment premium over the settlement of any claims.

It is understood, in any case, that pending the communication of the final data, the insurance will be valid and effective for all individuals attending the courses covered by this policy.

Art. 24 SANCTIONS LIMITATION EXCLUSION CLAUSE

The Company is not obliged to provide coverage, or to provide any consequential benefit or pay any claim, to the extent that providing such coverage, providing such benefits, or paying such claim may expose the insurer itself to any sanction, prohibition, or restriction under the resolutions of the United Nations or economic or commercial sanctions, legislative or regulatory measures of the European Union, the European Economic Area, and/or any other applicable national law concerning economic or commercial sanctions and/or international embargoes.

Art. 25 POLICY TRANSLATION

The Company undertakes to provide the Contracting Party with a translation of the policy in English, consistent with the Italian version, which will prevail in any case.

OPERATING NORM IN CASE OF PROCEDURES

Art. 26 OBLIGATIONS OF THE INSURED - CLAIM NOTIFICATION

In the event of a claim, partially derogating from Article 1913 of the Civil Code, the Insured must notify the Company within 30 (thirty) days from when they become aware of it.

The Insured shall provide the Company with the information and evidence that it may reasonably request in this regard.

The Insured must keep traces and remnants of the claim until the conclusion of the expert operations or until different communication from the Company preceding said term, subject to the Insured's right to continue their activity without having to wait for expert operations.

Art. 27 PROCEDURE FOR DAMAGE AND LOSS ASSESSMENT

The amount of damages and/or losses is agreed upon directly between the Parties or, at the request of either Party, by Experts appointed one by the Company and one by the Insured, with a single separate document.

The two Experts must appoint a third when they disagree, and also before that upon the request of one of them. The third Expert intervenes only in case of disagreement, and decisions on disputed points are made by majority vote.

If one of the Parties fails to appoint their Expert, or if the Experts cannot agree on the appointment of the third, such appointments, even at the request of only one of the Parties, shall be entrusted to the President of the Court of Milan.

Each Expert may be assisted and supported by other individuals, who may participate in the expert operations without having any deliberative vote.

Art. 28 EXPERTS' MANDATE - EXPERT OPERATIONS

The Experts must:

- a) investigate the circumstances, nature, cause, and manner of the claim;
- b) verify the accuracy of the descriptions and statements resulting from the contractual documents and report whether at the time of the claim there were circumstances that had aggravated the risk and had not been communicated;
- c) verify the existence, quality, quantity, and value of the insured property;
- d) proceed with the estimation and settlement of the damage, including salvage expenses, in accordance with all the provisions of this insurance.

The results of the expert operations, agreed upon by the Experts or by the majority in the case of a collegial appraisal, must be recorded in a separate report (with detailed estimates attached), to be drawn up in duplicate, one for each of the Parties.

The results of the assessments referred to in point c) are binding on the Parties, who hereby waive any challenge, except in cases of fraud, error, violence, or breach of contractual agreements, without prejudice in any case to any action or exception regarding the compensability of the damages.

The collegial appraisal is valid even if one Expert refuses to sign it; such refusal must be recorded by the other Experts in the final expert report.

The Experts are exempt from observing any formalities.

It is agreed that, in the event of a claim, the expert operations will be conducted so as not to unduly affect, as much as possible, the activity - even if reduced - and the tranquility in areas not directly affected by the claim or in the usable portions of the damaged areas.

Art. 29 VALUE OF MOVABLE PROPERTY AND DETERMINATION OF DAMAGE

Provided that "new value" means:

for Movable Property (excluding Securities and Works of Art), the cost of replacing the Property with others that are new, identical, or equivalent in economic performance (net of any taxes due to the Treasury and/or any other charge, transport expenses, additional expenses for extraordinary work, including night and holiday work, as well as costs for assembly, testing, and commissioning in general),

in the event of damage to Movable Property, the following is determined:

- a) the amount of damage and the respective compensation as if this "new value" insurance did not exist, namely net of depreciation determined in relation to the condition, use, and any other relevant circumstance affecting the assessment, and minus the eventual value of recoverable items after the claim (net of recovery expenses);
- b) the supplement which, added to the compensation referred to in a), determines the overall compensation calculated based on the "new value".
- c) The payment of the compensation supplement referred to in point b) is made in relation to the progress of the works as provided for in the provisions of the subsequent Article "Payment of Compensation".

Reconstruction may take place at the same or another location, and both repair and reconstruction or replacement may be carried out in the manner and according to the type and kind most suited to the Insured's needs, provided that the Company will not compensate for any additional costs incurred.

Art. 30 PAIRS - SETS - SERIES

In the event of damage to one or more items forming part of a pair, set, or series, but not affecting the remaining part of the pair, set, or series, the measure of compensation for the damage to such item or items shall be a reasonable and fair portion of the total value of the pair or series, considering the importance of such item or items; in no case shall the damage be considered as total damage to the pair, set, or series.

In the event of damage to an item, or part thereof, which cannot be found individually because it is sold together with another item or part, the Company compensates for the cost of repurchasing the entire pair and/or set and/or series net of any recoveries, if permitted and obtainable.

Art. 31 PAYMENT OF COMPENSATION

Once the guarantee has been verified, the damage assessed, and the necessary documentation received, the Company shall submit to the Insured a settlement proposal within 30 (thirty) days from receipt of said documentation and shall pay the corresponding amount within 30 (thirty) days following the acceptance of said proposal, provided that no objection has been made.

Any exceptions, reservations, rejections, or proposals for partial settlements regarding the amount of the compensation requested must be detailed in writing by the Company to the Insured within the 30 (thirty) days of the aforementioned settlement proposal, and in any case, must contain the calculation and the amount of the presumed compensation.

If a criminal proceeding has been opened concerning the cause of the claim, payment will be made only when the Insured demonstrates that there is no fraud by the Insured or the Contracting Party.

Payment of compensation shall be made by the Insurers even before the completion of the judicial investigation, if any, and the Insured undertakes to promptly provide such documentation, if available.

Art. 32 WAIVER OF RIGHT OF SUBROGATION

The Company waives - except in cases of fraud - the right of subrogation action provided for in Article 1916 of the Civil Code, unless explicitly authorized by the Contracting Party, provided that the Contracting Party or the Insured do not themselves exercise such subrogation action against any responsible parties, whoever they may be, for the damage, unless the Contracting Party and/or the Insured themselves exercise such action to recover any uncovered amounts and/or deductibles and/or excesses of the damage or losses suffered compared to the compensation paid by the Company.

Art. 33 TERMINATION IN CASE OF CLAIM

This provision does not apply to the present insurance.

Art. 34 POSSESSION AND MANAGEMENT OF DAMAGED PROPERTY

In the event of damage to the insured property, the Insured shall have full right to its possession and management.

It is also agreed that after adequate examinations have indicated which property has actually been damaged, the Insured shall determine whether such property is suitable for use, subject, however, to any different provisions that may be issued or imparted by the competent Authorities.

The value of recoveries shall belong to the Company.

Art. 35 PRODUCTION OF INFORMATION ON CLAIMS

Within three months of the expiry of each half-yearly period and in any case six months before the contractual expiry date, within 30 calendar days thereafter, failing which penalties as per the following paragraph shall apply, the Insurer, in compliance with the current provisions on the confidentiality of personal data, undertakes to provide the Contracting Administration with evidence of claims reported from the contract's start date. This list must be provided in an open standard digital format (e.g., CSV) via editable (i.e., not read-only) and unalterable files, and must include for each claim:

- the claim number assigned by the Insurer; -the date of occurrence of the event; -the date of notification; - the type of event, specifying if ...;
- the type of insured risk (e.g., insurance class); - the type of compensation (whether direct or indirect);
- indication of the status of the claim according to the following classification and with the details indicated below:
 - a) claim to the acts, without follow-up, with written clarification of the reasons;
 - b) settled claim, as of [date], with settlement amount of € ...;
 - c) open claim, being verified with estimated amount of €

All claims must be accompanied by the date of opening the file with the Company, the date of occurrence of the reported claim, indication of the damaged Property and its location, type of event, and date of closure of the file for settlement or other reasons.

The obligations described above shall not prevent the Contracting Party from requesting and obtaining an update, using the same methods described above, on dates other than those indicated.

In case of failure to comply with the provisions of the first paragraph of this article, in the absence of adequate reasons related to force majeure, the Insurer shall pay the Administration an amount equal to 0.05% of the total annual premium for each calendar day of delay, with a maximum amount of 10% of the contractual net amount.

The Insurer undertakes to provide any other available information related to the current insurance contract that the Administration, in agreement with the Insurer, deems useful to acquire during the validity of the contract. In this regard, the Administration must provide adequate justification.

For the compliance with the obligations relating to the information to be provided after the contractual expiry date, the application of any penalties is guaranteed by the final deposit, which cannot be released until the complete transmission of the information referred to in the first paragraph.

ACTIVITIES AND CHARACTERIZATION OF THE RISK

Activities carried out by the University as required by statute, by law, by regulations or resolutions, including acts and provisions issued by its own bodies. Any changes that occur will be automatically incorporated. The definition also includes all ancillary, complementary, connected, and related activities, both preliminary and subsequent to the main activity, carried out even on behalf of third parties, wherever and however performed.

INSURED PROPERTY

Moveable Property, including movable assets, as previously defined, owned by the Insured (as resulting from the purchase document of the Moveable Property, or owned by the respective spouses or cohabitants more uxorio or the parents of the Insured or other cohabiting family members) located in the premises of the Immovable Property where the Policyholder carries out its activities and that are functional to the educational and research activities of the Insured.

INSURED SUMS

Schedule n.	insured property	Somme Assicurate
1	Moveable Property owned by the Insured	€ 1.250.000,00 1.500.000,00 or greater amount indicated in the Offer Sheet

COMPENSABLE RISKS

Article 1 OBJECT OF THE INSURANCE:

The Company indemnifies all material damages caused to the Insured Property, even if caused by gross negligence of the Policyholder and/or the Insured, except as provided for in the Articles "Exclusions" and "Special Conditions", caused by:

A) THEFT: The Company responds to losses due to theft in the premises of the Immovable Property, provided that the theft occurs by violating the defenses of the insured property, by entering the premises in a non-ordinary way, or by remaining hidden in the premises and then removing the stolen items.

B) THEFT WITH SKILL: The Company responds to losses due to theft committed with skill, as well as to disappearances of property owned by the Insured in the premises of the Immovable Property, provided that the theft is reported within 5 days of its discovery.

C) ROBBERY: The Company responds to losses due to robbery of the Insured Property, provided that it occurs in the premises of the Immovable Property, even if the threatened persons have been abducted from outside.**

Additionally, the Company equates to theft and robbery losses any compensation due by law to third parties for the recovery of stolen property, as well as damages, impairments, and acts of vandalism committed by the perpetrators of the crimes against the insured property.

EXCLUSIONS [E]

In this Policy, the following exclusions apply:

a) EXCLUDED DAMAGES

Even if caused by events not otherwise excluded, damages occurring during:

Acts of declared or undeclared war, military occupation or invasion, civil war, revolution, insurrection, seizures, and/or government and/or local authority ordinances, whether de jure or de facto. It is specified, however, that actions by terrorist/political organizations, even if charged with armed insurrection against constituted powers or similar accusations, are not considered "acts of war or insurrection."

Explosions or heat or radiation emanations resulting from atomic nucleus transmutations, as well as radiation caused by artificial acceleration of atomic particles.

Volcanic eruptions, tsunamis, bradyseism, landslides, subsidence, ground collapse, or slippage, avalanches, and snowslides, unless the Insured can prove that the loss is unrelated to these events.

b) EXCLUDED DAMAGES

b1) From:

Fraud, deception, shortages, losses, misplacements, misappropriation, or embezzlement by employees, looting, misappropriation, or mismanagement and their attempts.

Extortion, misappropriation, or extortion.

Moisture, frost, and condensation, seepage, drought, insects, worms, fungi, bacteria, animals, and plants in general.

b2) Due to or caused by:

Construction, modification, transformation, assembly, disassembly.

Design, calculation, and execution errors of Real Estate and Movable Property.

Storm surges and penetration of sea water.

Processing errors, material defects, provided they are not the cause of other events specifically excluded; in this case, the Company shall only be liable for the part of the damage not explicitly excluded.

Defects known to the Insured, its Managers, and Executives at the time of policy inception.

Events for which the builder or supplier is liable, by law or contract.

If other indemnifiable damage arises as a result of any events mentioned in subsection b), the Company shall only indemnify the part of the damage not otherwise excluded.

c) EXCLUDED DAMAGES UNLESS CAUSED BY EVENTS OTHERWISE EXCLUDED

Due to or caused by:

Settlements, shrinkages, or expansions of Real Estate.

Corrosion, encrustation, deterioration, wear, or tear of any part of the insured property due to its natural use or operation, limited to the property or parts thereof directly affected.

Malfunctions or improper operation of Movable Property.

Loss, unavailability, alteration, or destruction of data and/or computer programs and computer viruses.

Suspension, interruption, or abnormal production and/or supply of electricity, heat, gas, water.

Pollution.

If other indemnifiable damage arises as a result of any events mentioned in subsection c), the Company shall only indemnify the part of the damage not otherwise excluded.

d) NOT INSURED

Loss of Movable Property owned by legal entities or sole proprietorships.

Loss of money, securities, and credit securities in general as a result of mugging and robbery, skilled theft, theft following an accident, or sudden illness of the Insured.

Loss of jewelry as a result of mugging and robbery, skilled theft, theft following an accident, or sudden illness of the Insured.

Loss of works of art as a result of mugging and robbery, skilled theft, theft following an accident, or sudden illness of the Insured.

The value of the land.

Vehicles registered with the P.R.A. including existing Movable Property on them.

Aircraft and boats.

Forests, crops, and animals in general.

Electronic equipment if insured under specific policies.

LIMITATIONS AND DEDUCTIONS [DD]

Under no circumstances will the Company pay the Insured, for each claim, an amount exceeding €1,500.00 (one thousand five hundred euros). Payment of the indemnity will be made after deducting, for each claim, a deductible equal to 2.5% (two point five percent) or a lower percentage indicated in the Offer Sheet, with a minimum amount of €100.00 (one hundred euros).

SPECIFIC CONDITIONS [SC]

Art. 1 EXISTENCE AND/OR USE OF RADIOISOTOPES

With partial derogation from the provisions of point a) of the "Exclusions," the Company shall indemnify damages resulting from the existence and/or use of radioisotopes used by the Insured for the activities carried out.

Art. 2 OPERATION OF THE INSURANCE

If some property is affected by an indemnifiable claim under the policy, and if such claim cannot be settled solely because the affected property is not covered by this insurance, it is understood that any damage, expense, or loss resulting, even if related solely to the damaged and uninsured property, will still be indemnifiable.

Art. 3 ABSOLUTE FIRST-RISK BASIS

The insurance is provided on an Absolute First-Risk basis, in total derogation from Article 1907 of the Civil Code.