

PROTECTION PROVISION

pursuant to Article 47, Paragraphs 2 to 6 of Legislative Decree No. 79 of 23 May 2011

Dear Customer,

Thank you for choosing our agency for your trip.

We are pleased to confirm our compliance with the Italian regulations governing the activities of TRAVEL AGENCIES/TOs, from Operating Licences through to the Insurance Policies rendered compulsory by Italian and European legislation, including on the matter of Consumer Rights protection.

In compliance with the legal obligations arising from Article 50, Paragraphs 2 and 3 of Italian Legislative Decree No. of 23 May 2011, and subsequent amendments, the undersigned travel agency has taken out an adequate INSURANCE POLICY with TUA ASSICURAZIONI, which belongs to the "Revo Insurance S.p.A." (Policy number **OX00017944** - FOGAR Consortium - FIAVET). Within the limits of the maximum coverage provided, said insurance policy guarantees customers a refund of the price of their holiday package and/or the cost of their immediate return home if they are not able to use all or part of the services included in said package. The above only applies in the event of the insolvency or bankruptcy of said TRAVEL AGENCY/TO.

As such, should customers not be able to use the services they have purchased due to a lack of advance payments, they may contact our 24-hour Operations Centre without hesitation for advice and assistance finding alternative hotel accommodation and/or means of transport to reach the same and/or information on travel solutions for their immediate return to their residence in Italy as soon as possible, as per Article 15.2 of the aforementioned insurance policy. If any of these inconveniences arise and customers have to pay for the services requested themselves, they may submit a request for reimbursement within the insurance policy's limits, provided that the expenses incurred are documented and comply with Legislative Decree No. 79 of 23 May 2011.

TRAVEL ASSISTANCE TELEPHONE NUMBER: +39 02 24128 578

Please have the following information to hand:

- **first and last name;**
- **policy number OX00017944;**
- **service required;**
- **your address;**
- **contact telephone number for use by the OPERATIONS CENTRE.**



**GARDA DOLOMITI
AZIENDA PER IL TURISMO S.P.A.**

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