

FAM. PERUZ

PARKHOTEL LADINIA

★★★★

DOLOMITI SPA RESORT

PARKHOTEL LADINIA TRAVEL CANCELLATION INSURANCE

Occasionally, something can happen before the start of a trip. With the Ladinia Travel Insurance you can avoid losing the paid deposit due to cancellations within the penalty period.

The Ladinia Travel Insurance is valid for a minimum stay of 3 nights and costs 5% of the total amount of your stay.

The Ladinia Travel Insurance protects you in the following cases:

- Travel cancellation due to unexpected illness of the insured guests or of their close relatives (parents, children)
- Serious accident of the insured guests or of their close relatives (parents, children)
- Significant damage to the guest's property, which requires necessary his/her presence.

The travel cancellation has to be notified in writing within the expected check in day and has to be reconfirmed by the hotel.

To take advantage of the Travel Insurance a **written certification** is required (e.g. from authorities, medical certificate, etc.).

The LADINIA Travel insurance is valid in case of cancellation of the complete reservation but not in case of postponed arrival or early departure.

The payment of the premium has to be done at the same time as the payment of the deposit. If you pay by bank transfer please indicate as reason for transfer "deposit + insurance".

HOW CAN I SUBSCRIBE THE TRAVEL INSURANCE?

1. Fill in this form and send it by e-mail to **info@hladinia.it**
2. Pay the insurance premium by bank transfer or credit card

Reservation in the name of: _____

Check in _____

Check out _____

CALCULATION: (5% of the total amount of your stay)

Total amount: _____

5% of the amount: _____

Yes, I subscribe the Ladinia Travel Insurance and will pay by:

☐ **bank transfer** (BANCA INTESA, branch of Cortina
IBAN: IT 69 S030 6961 0711 0000 0001 331 SWIFT: BCITITMM
Account holder: Fratelli Peruz di Peruz Franco & C. snc

☐ **credit card** Visa/Mastercard/Eurocard/American Express

I authorize Parkhotel Ladinia to charge the insurance premium on the following credit card:

Number: _____

Expiration: _____

Card holder: _____

Signature: _____

Please send this form by e-mail to info@hladinia.it