

Insurance terms and conditions

Policy number SP577067



BOLCOL-1

Trossamfundet Svenska kyrkan
Er referens: 420101
Fack 95800009
Box 15018
750 15 UPPSALA

12 January 2023

Attached to this letter you will find a copy of the terms and conditions which apply for your insurance.

Best regards,
If

Contact information:

Bolander & Co, Leif
Svenska Kyrkan, Dragarbrunnsgatan 39, 75320 UPPSALA, Telephone: 018-56 71 13, E-mail:
bo.hemgard@bolander.se



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Insurance overview

Insurance details

Terms and conditions

How to read the insurance documents you have received

Below are some brief details of what applies to your insurance. Please read through this information together with the insurance policy and the other insurance documents as soon as you can. Information is also given about who to approach if you are not satisfied with a decision taken by If in a particular case.

Insurance documents

Your insurance documents consist of

- an explanation of their contents and who to approach if you are not satisfied with a decision that has been taken by If (this document),
- post-contract information, which contains a brief description of the scope of the insurance,
- an insurance policy, which sets out in detail how the insurance applies to you, in particular.
- You should note that the insurance policy may contain texts which limit or extend the scope of the conditions.
- general insurance conditions, which contain, among other things, rules about the payment of the premium, the duty to disclose changed circumstances that can affect the insurance, and what to do if you wish to make a claim,
- product conditions, which set out the specific conditions for each type of insurance taken out by you. These include details of who is insured and the scope of the insurance as well as how a claim is assessed and how compensation is calculated.
- definitions that make up a glossary of certain terms in the insurance conditions and in the insurance policy. In the insurance conditions these terms appear in italics.
- a premium invoice, which states the premium for each area of insurance, the total premium and the date by which it must be paid.

Co-insurance

Where you have chosen to co-insure another party in the insurance, i.e. the insurance covers in whole or in part the co-insured, this is shown in the insurance policy. Special insurance conditions that apply only to the co-insured may then apply (e.g. for a co-insured vendor).

Insurance conditions

The insurance always applies with general insurance conditions that are common to all the insurance products you have chosen to purchase.

Each insurance product also has its own product conditions, describing what applies to the type of insurance in question.

The first time that you purchase the insurance, all the insurance conditions are enclosed with it. When the policy is renewed, you will be sent conditions only if there have been any changes to the previous conditions or if new conditions apply.

How should the product conditions be read?

The product conditions are divided into sections with sub-sections. The sections are:

1. To whom does the insurance apply
2. When does the insurance apply
3. Where does the insurance apply
4. What is insured
5. The insurance coverage
6. Sums insured
7. Deductibles
8. Safety regulations
9. Duties of the insured in the event of damage
10. Claim valuation and claim indemnity rules

Another division may exist for Marine insurance.

Other

The insurer is If P&C Insurance Ltd (publ), unless otherwise specified.

If P&C Insurance Ltd (publ)
516401-8102
Barks väg 15, 106 80 Stockholm,
0771-43 00 00
www.if.se

If is supervised by the Swedish Financial Supervisory Authority. (Finansinspektionen, P.O. Box 7821, 103 97 Stockholm, 08-408 980 00, finansinspektionen@fi.se). If is supervised by the Swedish Consumer Agency in matters relating to marketing and advertising. (Konsumentverket, Box 48, 651 02 Karlstad, 0771-42 33 00, konsumentverket@konsumentverket.se, www.konsumentverket.se).

If does not make personal recommendations on the insurance products they offer as specified in Chapter 1, Section 9, paragraph 18, Insurance Distribution Act (SFS 2018:1219).

Complaints about distribution of insurance shall be made to the distributor. Contact primarily the person who handled the matter. Complaints can also be made to If's Customer Ombudsman (kundombudsmannen@if.se).

We are processing personal data of our customers in compliance with the applicable insurance and data protection legislation. More information about processing personal data can be found at: <https://www.if-insurance.com/about-the-website/handling-of-personal-data>

If's employees distributing insurance policies are paid a fixed monthly salary, irrespective of the number of policies sold. In case variable remuneration is received, it is only to a small extent based on quantitative criteria.

Insurance services, including services provided by insurance intermediary, are exempted from VAT (3 kap. 10 § mervärdesskattelagen).

For brokered business:



On behalf of the insurance intermediary, at the client's request, the invoice contains the specification of If P&C's premium and the insurance intermediary's commission.

If P&C is not responsible for whether the insurance intermediary's commission would include VAT.

Is the insurance correct?

Read carefully through your insurance documents and check that the contents meet your requirements. Should the circumstances of your business change, you must inform If of this. Incorrect or missing details may result in a reduction in or the absence of compensation from the insurance.

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If you think that If has acted wrongly

You should always contact first the person who has dealt with the case. By talking to this person, you can obtain additional information and in this way any misunderstandings can be cleared up.

Customer Ombudsman

The Customer Ombudsman can review most types of cases and thus investigate how the case was handled and the decision concerning the issue of compensation. However, there are exceptions to this.

The Customer Ombudsman does not review cases that are being decided by a court of law, by arbitration or by another external body, such as a commission – nor cases in which the dispute has been reviewed by any of these bodies.

How does it work?

The Customer Ombudsman acts impartially and independently. Write down your views and send them to the Customer Ombudsman by post. Always state the insurance or case number.

If you have any questions, you can contact us by telephone. Once you have reported your case, you will be kept informed of the progress of the matter. After the Customer Ombudsman has reviewed your case, his/ her written decision will be sent to you.

Your request for a review by the Customer Ombudsman must be received within twelve (12) months from the date you received notification of our decision. The review is free of charge.

Postal address: If's Customer Ombudsman, SE-106 80 Stockholm

Telephone switchboard: +46 (0)771 43 00 00

E-mail: kundombudsmannen@if.se or by completing the form under Customer Ombudsman at if.se

Other routes for review

If you would rather have your case reviewed by a body other than Customer Ombudsman, the following options are available.

The national board for consumer disputes (ARN)

- However, the Board does not review disputes relating to medical assessments.
- NB! Only private individuals may use ARN.
- Application to ARN must be made within one year after you have provided your claim to If.

Telephone: +46 (0)8-508 860 00

Postal address: Box 174, 101 23 Stockholm, Sweden

Internet: www.arn.se

Link to ARN's application form. <http://www.arn.se/info-konsument/hur-jag-anmaler/> anmal/

The board for insurance of persons

The Board for Insurance of Persons (PFN) reviews cases relating to life, health and accident insurance, which requires a medical assessment. The Board also examines denials – partial or complete – of applications for life, health and accident insurance. Application for review of the PFN must be within one year from the date of submitting your complaint to If.

Telephone: +46 (0)8-522 787 20

Postal address: Box 24067, 104 50 Stockholm

Internet: www.forskringsnamnder.se

The board for legal protection insurances issues

The Board for Legal Protection Insurance Issue (FNR) reviews cases regarding disputes in legal expenses and corresponding part in motor insurance. Application to FNR must be made within one year after you have provided your claim to If.

Telephone: +46 (0)8-522 787 20

Postal address: Box 24067, 104 50 Stockholm

Internet: www.forskringsnamnder.se

If you live in another EU country, the EU Commission's online platform, <http://ec.europa.eu/odr>, can also be used to file a complaint to ARN, PFN and FNR.

Court of law

You may take your case to a court of law. If you decide to do so, contact your nearest District Court for information. If you have legal expenses cover with us, the same terms and conditions apply even in the case of a dispute with If.

If you wish to have your case decided by a court, you must remember to request this within a certain period of time. This is called the period of limitation. This applies even if the case is being reviewed by other bodies. The period varies depending on the legislation and any agreement, etc. that apply with regard to your case. You can obtain further information about the period of limitation for your case from our case handler.

Would you like to know more?

If you would like more information about these or other insurance matters, please contact us or Konsumenternas försäkringsbyrå (the Swedish Consumers' Insurance Bureau).

Telephone: +46 (0)8-22 58 00

Visiting address: Karlavägen 108

Reading instructions - general information



Postal address: Box 24215, 104 51 Stockholm, Sweden
Internet: www.konsumenternasforsakringsbyra.se

Insurance overview

Insurance details

Terms and conditions

Information about the product areas covered by the agreement

We have selected some particularly important rules and provisions which you should read as soon as possible. What determines the content of your insurance cover is the full text under each section of the insurance conditions, together with the information contained in the insurance policy.

Notification of claim

So that we can give you the most effective assistance, any claim should be notified to If without delay. If notification does not take place in time, this may in some cases affect the compensation. You can read more about this in the conditions. Notification can be made by telephone (0771-81 58 18) twenty-four hours day, all year round, or by e-mail (skadeservice@if.se). In the case of major claims, we will quickly be on the scene (regardless of the time of day) and will take measures to salvage values and get the business going again as soon as possible.

Limitations of cover

The insurance conditions specify what is covered and what is not covered by the insurance. There may be exclusions under certain sections. This will be clear from the conditions under the section in question.

Important safety regulations

The conditions contain safety regulations that must be observed. The aim of these regulations is to avoid loss being suffered by you. In the event of their non-observance, the amount of compensation may be reduced.

Business Travel

If you have employees who are to be away for longer than twelve months and will be posted abroad, we recommend our expatriates insurance. Contact us if you wish to learn more.

More than just an insurance

As a customer of If, you can expect to be well looked after. If you have a claim abroad, you can contact the alarm center contracted by If, which can arrange for transportation of a sick person, see to contacts with a hospital and doctor and issue payment guarantees when required.

Special situations

There are certain situations that increase the risk to which you are exposed, e.g. if you engage in sport at a high level, if you take part in particularly hazardous activities or if you travel in areas of especial risk. If you also wish to be covered in such situations, you should contact If to purchase additional cover. If you have taken out additional cover, this is shown in the insurance policy.

Important to keep in mind

If cover is to be extended to more persons, it is important for you to let If know so that we can together review your level of cover to ensure that the employees have the right protection.

This is a translation from Swedish of *Allmänna avtalsvillkor*. In case of discrepancy, the Swedish wording prevails.

1 The insurance contract

1.1 The insurance contract, parties and insured

1.1.1 The insurance company

If Skadeförsäkring AB (publ), referred to below as If.

1.1.2 The policyholder

The person who has taken out insurance with If. The policyholder is shown in the policy.

1.1.3 The insured

In the case of *business* and *consumer* insurance, the person whose interest is insured against loss or damage.

In the case of *personal* insurance, the person whose life or health is covered by an insurance.

1.2 Inception date (initial policy period)

1.2.1 Policy period and indemnity period

Unless otherwise agreed or made clear by the circumstances, the policy period is one year, counted from 00.00 hours (Swedish time) on the inception date agreed by If and the policyholder.

Should the insurance be taken out on the inception date, the policy period will run from the time at which the insurance contract is concluded.

The period during which If is liable for insurance events (the indemnity period) is specified in the conditions for each insurance product.

If may stipulate that the indemnity period should not start until it has received the premium (cash clause).

1.2.2 The policyholder's duty of disclosure

The information that has a bearing on If's assessment of the risk is shown in the policy and/or another insurance document, where appropriate.

The policyholder shall

- a) disclose particulars, on request, that may have a bearing on whether the insurance should be issued, extended or renewed, and
- b) give correct and complete replies to the questions put by If.

In the case of *business* insurance, the policyholder shall also

- c) volunteer without being asked information about any circumstances that have a clear bearing on the assessment of risk, and
- d) during the policy period provide particulars, on request, of the above circumstances.

In the case of insurance which is not *personal* insurance, the policyholder shall also

- e) without unreasonable delay correct the information, if he realises that If has previously been given incorrect or incomplete details of circumstances that have a clear bearing on the assessment of risk. This also applies to information that If has been given by someone other than the policyholder.

In the case of *personal* insurance, the policyholder and the insured have a duty during the policy period to assist If in obtaining particulars of financial conditions sought by it.

1.2.3 Particulars of the insured's circumstances

The policyholder's duty of disclosure also includes the circumstances of all the insureds.

In the case of *personal* insurance, the insured has a duty to provide particulars to the same extent as the policyholder if the insurance has been taken out with the knowledge of the insured or on his behalf.

1.2.4 Consequences of non-observance of the duty of disclosure

1.2.4.1 Fraudulent behaviour or breach of utmost good faith

If the policyholder in performing his duty of disclosure acts fraudulently or in breach of utmost good faith, the insurance will become void and If will be absolved of liability for an insured event. If will be entitled to the paid premium up to the time when the voidability of the contract was discovered.

1.2.4.2 Intentional or reckless disregard of the duty of disclosure

If the policyholder has in any other way intentionally or recklessly disregarded his duty of disclosure, If will be absolved from liability if it would not have granted insurance had the duty of disclosure been fulfilled. If it would have granted insurance subject to a higher premium or other conditions, its liability will be limited to what corresponds to the premium paid and the conditions that should, in fact, have applied. Should If not have obtained reinsurance that would otherwise have been taken out, its liability shall be adjusted accordingly.

This limitation of liability also applies in relation to another insured than the one who disregarded his duty of disclosure. This does not apply to creditors with a preferential right to real property or with a site-leasehold right.

In the case of third-party motor insurance, If shall only be entitled to the remaining premium if incorrect or incomplete details have resulted in too low a premium.

In the case of *consumer* insurance, If applies the Insurance Contracts Act ch.4 s.2.

1.2.4.3 When no consequences follow

The above consequences will not ensue if If realised or should have realised when the duty of disclosure was disregarded that the information provided was incorrect or incomplete. The same applies if the circumstances to which the particulars referred were of no significance or later ceased to be of significance.

1.2.5 Pricing in the event of an insurance broker's power of attorney

In an insurance contract with an insurance broker's power of attorney, the broker performs certain services on behalf of the policyholder. Payment for this work is agreed between the policyholder and the broker. This also affects the price of the insurance.

If the power of attorney is revoked or ceases to apply during the insurance year, the services of the insurance broker will be performed instead by If personnel. For this work, If will be entitled to price compensation.

1.2.6 Payment of premium

The initial premium shall be paid no later than on the first day of the policy period or on another later date stated on the invoice. It need not be paid, however, earlier than 14 days after If has invoiced the policyholder. Should the premium not be paid within this period, a delay in payment by the policyholder will be deemed to exist.

A premium for a later premium period need not be paid earlier than one month after the date on which If sends the policyholder a payment demand.

If the policyholder does not pay the premium invoice in full, the period of the agreement will be reduced in proportion to the ratio of the premium paid and the premium that should have been paid. The same rule applies if the policyholder extends the insurance during the policy period but does not pay the additional premium. At the end of the reduced period of the agreement, the insurance will be renewed for one year from that time, unless otherwise agreed.

Should the premium be paid after the due date, If will be entitled to penalty interest under the Interest Act and to compensation for costs by law due to the delay.

The policyholder is considered to have paid the premium when he has made out a payment order for the premium to a bank or any other similar payment agency.

1.3 Increase in risk

1.3.1 Duty of disclosure in the event of an increase in risk

Business and consumer insurance

The policyholder shall notify If without unreasonable delay if the risk of an insured event increases following a change

- a) in a circumstance which is specified in the insurance contract and which is of material importance for the risk.
- b) in any circumstance declared to If at the time the contract was entered into, or
- c) in the risk in general.

In the case of *consumer* insurance, only paragraph a) applies.

Personal insurance

The policyholder shall notify If without unreasonable delay if he or an insured within the scope of the insurance undergoes a change of circumstances (e.g. occupation, place of residence or the like).

1.3.2 Consequences of non-observance of the duty of disclosure

If the risk of an insurance event has increased and the policyholder has not fulfilled his duty of disclosure in the event of an increase in risk, If will be absolved fully or in part from liability as specified in the Insurance Contracts Act.

The limitation in liability in the previous paragraph also applies in relation to another insured than the one who has not fulfilled his duty of disclosure in the event of an increase in risk. This does not apply to creditors with a preferential right to real property or with a site-leasehold right.

In the case of *personal* insurance, If's liability will not be affected by any deterioration that occurs in the state of health of the insured.

1.4 Extensions or limitations during the policy period

1.4.1 Policyholder's right to make changes

If the policyholder during the policy period wants

- the insurance to be extended, what is stated about taking out new insurance in paragraph 1.2 shall apply, where appropriate.
- to limit the scope of the insurance, what is stated about cancelling the insurance contract in paragraph 1.6 shall apply, where appropriate.

1.4.2 Premium adjustment after the end of the policy period

For certain parts of the insurance indicated in the policy, the policyholder pays a preliminary premium for the policy period based on budgeted values or the values of the preceding year. Changes in these values need not be notified to If during the policy period. On request, the policyholder shall provide details of the actual values for the policy period, on the basis of which the definitive premium is then determined.

If the policyholder does not provide the details requested within the time specified, If will be entitled to set what may be regarded as a reasonable premium.

1.5 Renewal of the insurance

1.5.1 Amendment of the insurance in connection with renewal

The rules governing the policyholder's duty of disclosure and particulars of the insured's circumstances in connection with the taking out of new insurance also apply to renewal.

Should If wish to amend the insurance in connection with renewal, it shall specify the amendment in writing no later than at the time it requests a premium for the renewed insurance. The latter will then apply for the period and on the conditions stipulated by If.

Apart from the above provision, any amendment to *personal* insurance is subject to the Insurance Contracts Act ch.11 and any proviso in the conditions for the insurance product.

1.5.2 Policy period and indemnity period

Should no valid notice of cancellation have been given, the insurance will be renewed for a further term of one year on the conditions in general which applied prior to renewal. This is not the case, however, if otherwise agreed or the circumstances make this clear. In the case of *business* insurance, If is entitled not to renew the insurance if the policyholder has delayed paying the premium from the previous policy period.

The policy period for renewed insurance commences when the previous period comes to an end.

The period during which If is liable for insurance events (indemnity period) is stated in the conditions for each insurance product.

If may reserve the right in the policy to specify that the indemnity period will not commence until it has received the premium (cash clause).

1.5.3 Premium in the event of an insurance broker's power of attorney

The same applies as for the taking out of a new insurance (see 1.2.5).

1.5.4 Payment of premium

The renewal premium shall be paid no later than on the first day of the new policy period or on another later date stated on the invoice. It need not be paid, however, earlier than one month after If has sent a premium invoice to the policyholder. Should the premium not be paid within this period, a delay in payment by the policyholder will be deemed to exist.

A premium for a later premium period need not be paid earlier than one month after the date on which If sends the policyholder a demand for the premium.

If the policyholder does not pay the premium invoice in full, the period of the agreement will be reduced in proportion to the ratio of the premium paid and the premium that should have been paid. The same rule applies if the policyholder extends the insurance during the policy period but does not pay the additional premium. At the end of the reduced period of the agreement, the insurance will be renewed for one year from that time, unless otherwise agreed.

Should the premium be paid after the due date, If will be entitled to penalty interest under the Interest Act and to compensation for costs by law due to the delay.

The policyholder is considered to have paid the premium when he has made out a payment order for the premium to a bank or any other similar payment agency.

1.5.5 Reinstatement and payment as a request for a new insurance

If when no *personal* insurance is involved the policyholder pays a premium after the insurance has come to an end due to cancellation as a result of an unpaid premium, this shall be regarded as a request for a new insurance on the same conditions, commencing on the day after the premium was paid. Should If not be willing to grant insurance in line with the policyholder's request, it shall inform the policyholder of this within 14 days after the date on which the premium was paid. Otherwise a new insurance will be considered to have been taken out in line with policyholder's request.

In the case of *personal* insurance, if the policyholder pays a premium within three months of the insurance coming to an end due to cancellation as a result of an unpaid premium, cover will be reinstated on the same conditions. The indemnity period will then commence on the day after the premium is paid.

1.6 Cancellation of the insurance contract

1.6.1 Cancellation to take effect on expiry of the insurance contract

1.6.1.1 Cancellation by the policyholder

If the policyholder does not wish to renew the insurance, he shall notify If no later than one month before the contract expires. In the case of *consumer* or *personal* insurance, the policyholder may at any time give notice of cancellation, to take effect on expiry of the contract.

In the case of *business* insurance, should If wish to amend the insurance in connection with renewal, the policyholder will be entitled to cancel the insurance no later than 14 days after being informed of the amendment. The insurance will then cease on the expiry of the contract or, if the contract has been renewed, with immediate effect.

1.6.1.2 Cancellation by If

Should If not wish to renew the insurance, the following will apply.

a) In the case of *business* insurance, If may cancel the insurance to take effect on expiry of the contract. Cancellation shall be in writing and be sent to the policyholder no later than one month before the contract expires.

b) In the case of *consumer* or *personal* insurance, If may cancel the insurance to take effect on expiry of the contract. Cancellation shall be in writing and be sent to the policyholder no later than one month before the expiry of the contract. In order to be valid, it must contain an inquiry as to whether the policyholder wishes to have the insurance renewed. Should the policyholder request renewal, cancellation will only apply if there are special reasons to refuse insurance in the light of the circumstances referred to in ch.3 s.1 of the Insurance Contracts Act (*consumer* insurance) and ch.11 s.1 of the Insurance Contracts Act (*personal* insurance).

1.6.2 Premature cancellation

1.6.2.1 Cancellation by the policyholder

The policyholder is entitled to cancel the insurance to take effect before the expiry of the contract, if

- a) If substantially neglects its obligations under the Insurance Contracts Act or under the insurance contract,
- b) the need for insurance ceases, though not as a result of the policyholder taking out or intending to take out insurance with another insurance company, or in the event of a similar circumstance,
- c) If has amended the insurance contract during the policy period,

and also, in the case of *consumer* insurance, if

- d) the insurance has been renewed and the policyholder has still not paid the premium for the new period,
- e) the policyholder takes out a similar insurance after renewal with another insurance company without paying the premium for the renewed insurance, when it will be regarded as having been cancelled with immediate effect, or
- f) there is otherwise a new circumstance of material importance for the insurance relationship.

Unless otherwise stated, the cancellation will take effect on the day after If has been notified of it. The insurance may also be cancelled to take effect on a particular date in the future.

In the case of *personal* insurance, the policyholder may at any time cancel the insurance with immediate effect.

The policyholder may also cancel the insurance prematurely in certain other situations that are specified in the Insurance Contracts Act (e.g. bankruptcy and liquidation).

1.6.2.2 Cancellation by If

If may cancel the insurance at 14 days' notice

- a) in the event of a significant delay in the payment of premium
- b) if the policyholder or the insured grossly neglects his obligations to If or if there are otherwise clear reasons,

and also, in the case of *business* insurance,

- c) if the policyholder or the insured has substantially failed to fulfil his obligations to If, or
- d) if a circumstance specified in the conditions of material importance for the risk has changed in a manner that If cannot be assumed to have taken into account.

Cancellation shall take place without unreasonable delay after If became aware of the circumstance on which it is based. If will otherwise forfeit its right to cancel the insurance by reason of this circumstance, unless the policyholder or the insured has acted fraudulently or in breach of utmost good faith.

In the case of *consumer* insurance or *personal* insurance, If may not rely on delay in connection with certain obstacles to the payment of premium referred to in ch.5 s.2 or ch.13 s.2 of the Insurance Contracts Act.

In the case of *personal* insurance, If is not entitled to cancel the insurance on the grounds that the insured's state of health is deteriorating.

In the case of *personal* insurance, If reserves the right to cancel the insurance in accordance with what is stated in the conditions for each insurance product, if this reservation is needed because of the nature of the insurance or some other special circumstance. Cancellation or information concerning an amendment by virtue of the reservation takes effect one month after If sends the notice of cancellation or the information.

Should If become aware during the policy period that the duty of disclosure when taking out *personal* insurance has been disregarded, it may give notice of cancellation or amendment of the insurance. Cancellation shall be in writing to take effect three months after it is sent out. Should If, had the duty of disclosure been observed, have granted the insurance in return for a higher premium or otherwise on other conditions than those agreed, the policyholder will be entitled to continued insurance with the sum insured that corresponds to the premium and the conditions in general that had been agreed. A request for continued insurance shall be made before the notice of cancellation expires. The notice of cancellation shall state under what circumstances a policyholder is entitled to continued insurance, otherwise it has no effect.

All insurance contracts, apart from those for personal insurance, in force between If and the policyholder and his associated juristic persons may be cancelled at 14 days' notice in the event of fraud or breach of utmost good faith. Associated juristic persons are any juristic persons in which the policyholder has a significant controlling or ownership right.

1.6.3 Premium if the insurance ceases

Should the insurance cease prematurely, If will be entitled to the premium that would have been paid if a contract had been entered into for the period during which If has been liable. If a higher premium has been paid, If shall repay the excess amount. If does not automatically repay amounts of less than SEK 50, although lower amounts will be paid out at the request of the policyholder.

If the insurance contract is void, If may retain the premium paid for the time that has gone by.

2 In the event of a claim

2.1 Provoking an insured event

If the insured has provoked an insured event

- a) intentionally, no compensation will be paid.
- b) through gross negligence or as a result of the fact that he must be assumed to have acted or failed to act in the knowledge that this entailed a significant risk of the loss occurring and the insurance is
 - *business* insurance, no compensation will be paid.
 - *consumer or personal* insurance, the compensation paid to him may be reduced by an amount which is reasonable given his circumstances and the circumstances in general.
- c) through negligence which is not gross, this may result in a reduction in compensation insofar as this is specially stated in the conditions for an insurance product.

If the insured has aggravated the consequences of a loss, what is said in the previous paragraph applies to the extent that the circumstance has affected the loss.

In the case of *health* insurance and *accident* insurance where the claimant is a minor and also in the case of suicide within life insurance, the Insurance Contracts Act ch.12 ss.8 and 9 contain special rules.

With regard to a reduction in the amount paid out under third-party motor insurance, the Swedish Traffic Damage Act applies.

2.2 Preventing or reducing the loss

2.2.1 Salvage obligation

When an insured event occurs or is feared to be imminent, i.e. also when an event that may be expected to give rise to a claim for damages occurs, the policyholder and the insured shall take steps to the best of their ability to prevent or reduce the loss.

The insured shall notify If as soon as possible and has a duty to observe any instructions that If may issue on account of the insured event.

2.2.2 Preserving If's right of recovery

If anyone who is not a party to the insurance contract is liable for damages, the insured shall also take steps to preserve any right that If may have against this person.

2.2.3 Admitting liability

The insured may not without If's consent meet a claim or admit liability which may give rise to a claim against If.

2.2.4 In the event of accident or illness

If the insured suffers an accident or an illness, he shall

- seek medical help as soon as possible
- follow the instructions of the doctor
- follow If's recommendations.

2.2.5 Salvage costs

If will meet the reasonable costs of any measure aimed at preventing or reducing loss which is covered or should have been covered by the insurance, on condition that If has stipulated the measure or if the measure is defensible in the circumstances. No payment will be made, however, if the insured is entitled to compensation from another party in accordance with the law, a statutory provision, an agreement, a guarantee or similar undertaking.

2.2.6 Consequences when loss has not been prevented or reduced

If the Insured has deliberately disregarded his obligation to prevent or reduce the loss and this has been to the disadvantage of If, payment to the insured may be reduced according to what is reasonable in the light of his circumstances and the circumstances in general. The same applies if the insured has disregarded his obligations in the knowledge that this entailed a significant risk of the loss occurring or otherwise through gross negligence. Insurance compensation that has already been paid out shall be repaid to If to an extent commensurate with any reduction that would have been made.

In the case of *business* insurance, the first paragraph will apply even if the insured acted with a substantial degree of negligence.

The conditions for certain insurance products contain detailed instructions about when and in what amounts a reduction should be made.

With regard to a reduction in compensation under third-party motor insurance, the Swedish Traffic Damage Act applies.

2.3 Notification of loss and request for insurance compensation

2.3.1 Obligation to document the loss and assist in the claim

It is the duty of the insured to document the loss with the aim of establishing its cause and extent.

At If's request, the insured shall provide particulars and supply vouchers, certificates, medical certificates, death certificates, original receipts and other documents needed by If to settle the claim.

Damaged property shall be saved and handed over to If, if so requested.

The person claiming compensation has a duty to assist in any inspection that If wishes to make on account of the loss.

The obligations in regard to documentation and assistance also apply insofar as they are needed for If's right of recovery.

The insured's documentation of the loss and participation in the loss adjustment shall take place at his own expense.

2.3.2 Notification of loss

An insured event which

- has occurred
- the insured realises or should realise will occur, or
- the insured fears or should fear will occur

shall be reported to If without delay.

2.3.3 Request for insurance compensation or other coverage

The person claiming compensation or other coverage under the insurance shall

- a) demonstrate the occurrence of an insured event
- b) make an itemised claim for compensation according to If's instructions
- c) inform If if another insurance covers the same claim
- d) report the matter to the police at the location where the loss occurred and send the police certificate to If in the event of
 - theft or other misappropriation,
 - burglary,
 - robbery, threat or assault,
 - a crime against property or
 - a suspicion of or an attempt at such crimes, where appropriate.

Claims for compensation or other insurance coverage shall be submitted to If no later than a year from the time when the right to compensation occurred. This does not affect a claimant's right to pose a direct demand against If according to the insurance law (försäkringsavtalslagen 2005:104) chapter 9 paragraph 7.

In the case of *motor* insurance and *consumer* insurance, only the rules relating to the limitation of actions in 2.8 apply.

2.3.4 Consequences of shortcomings in the reporting of loss and claim

If the insured fails to observe the provisions relating to documentation, assistance, inspection, reporting of loss or the method of submission to If of a claim for compensation, the following applies.

If the failure has been to the disadvantage of If, the compensation otherwise payable may be reduced according to what is reasonable in the circumstances. In the case of *liability* insurance, if it has paid out damages to the claimant, If will be entitled to recover from the insured a reasonable proportion of what it has paid.

No reduction will be made if the failure was insignificant.

With regard to a reduction in compensation under third-party motor insurance, the Swedish Traffic Damage Act applies.

If the insured fails to observe the provision regarding when a claim for damages should be submitted to If, the latter will be absolved of liability.

2.3.5 Misleading information in connection with a claim

If the Insured or any other person who claims compensation from If following an insured event intentionally or through gross negligence misleadingly reports, withholds or conceals anything of importance for assessment of the right to compensation under the insurance, the compensation that would otherwise have been paid to him may be reduced in the light of what is reasonable in the circumstances.

2.4 Handling by If of a claim

When If has received notification of loss, If shall take the steps required to enable the claim to be settled without unreasonable delay.

2.4.1 Claim registration

If is entitled to register losses in the joint loss notification register of the insurance industry (GSR). This register is used only in connection with claims adjustment. Responsibility for personal data in the GSR lies with the association Insurance Sweden.

2.4.2 Subrogation

To the extent that it has paid compensation for loss, If assumes the right of the Insured to recover damages from the party who is liable for the loss or who has undertaken to be responsible for the loss.

In the event of subrogation regarding a third-party motor claim, the Swedish Traffic Damage Act applies.

Should If's compensation relate to the policyholder's liability to compensate another insured or his undertaking to take out insurance, the loss for which If has paid compensation is considered to have been suffered only by the policyholder.

In the case of *personal* insurance, the provisions of ch.16 s.10 of the Insurance Contracts Act apply, instead of what is stated above.

If's right of subrogation does not imply an obligation for If to make such a claim.

2.4.3 Settlement of a claim between insurance companies

Claims from a liability insurer in accordance with the subrogation agreement between the insurance companies will be settled by If without notification of loss from the insured being required.

2.4.4 Double insurance

If in *business* insurance the same interest has been insured against the same risk with more than one insurer, each insurer is liable towards the insured as if it alone had issued insurance. The insured is not entitled, however, to a greater amount of compensation from the insurers than the total amount corresponding to the loss. Should the total payments made exceed the amount of the loss, liability will be apportioned between the insurers in proportion to the compensation paid by them.

If what is covered by this insurance is also covered by another insurance which contains a clause concerning double insurance, the same clause will apply to this insurance. Liability will then be apportioned between the insurances as stated in the current Insurance Contracts Act.

In certain cases of double insurance, apportionment will be in accordance with the double insurance agreement between the insurance companies.

2.5 Value-added tax (VAT)

If does not pay VAT when

- the policyholder,
 - the insured,
 - the claimant or
 - the owner or hirer of the insured property
- is registered for this tax.

On request, the policyholder and the insured shall make use of their right to deduct value-added tax and to pay to If VAT that If has paid to the claimant.

2.6 Deductible and waiting period

2.6.1 Deductible

For each loss, the deductible shown in the policy will be subtracted from the amount of compensation. In some cases the deductible may be higher or lower than stated in the policy and there may be an additional deductible, in which case this will be clear from the relevant part of the conditions for the form of insurance in question.

If compensation for a claim shall be paid from more than one of the insured's business insurances within If, only one deductible shall apply – the largest one – from the total claims amount.

2.6.2 Percentage deductible

Percentage deductibles are expressed either as a percentage of the basic amount or as a percentage of the cost of the claim. In the latter case the deductible is calculated on that part of the cost of the claim which exceeds the basic deductible. The deductible as a percentage of the basic amount is rounded down to the nearest one-hundred Swedish kronor.

2.6.3 Waiting period

During the waiting period no compensation will be paid. Unless otherwise stated in the contract, the waiting period is counted from the first working day.

2.7 Insurance compensation

2.7.1 Time of payment of compensation

If shall pay compensation not later than one month after the person entitled to compensation has fulfilled his obligations.

If the person claiming compensation is clearly entitled to at least a certain amount, the latter shall be paid immediately and be deducted from the final compensation.

With regard to property that is repaired or replaced, If shall pay compensation not later than one month after the person entitled to compensation shows that the property has been repaired or replaced.

If the result of a police investigation or valuation by an assessor is awaited or if an authority announces a decision or other similar event occurs which affects If's ability to pay compensation, If will pay compensation no later than one month after this obstacle has been removed.

An annuity is paid in instalments.

2.7.2 Interest on insurance compensation in the event of a delay

Should indemnity be paid later than stated in 2.7.1, penalty interest is payable in accordance with s.6 of the Interest Act.

During a period that an obstacle to payment exists in the form of a police investigation, valuation by an assessor, a decision by the authorities or other similar event, interest is payable according to the reference rate of the Swedish Central Bank.

In the case of *business* insurance, no interest payment will be made if it is less than SEK 500.

2.7.3 Force majeure

If is not liable for any loss which may occur if the investigation of a claim, the payment of compensation or the restoration of damaged property is delayed because of

- war, hostilities, civil war, revolution, insurrection or civil disturbance
- a labour market conflict, even if If has adopted or is the object of conflict measures
- confiscation or nationalisation
- requisition of, destruction of or damage to property resulting from an order issued by the government or the authorities.

2.7.4 If's right of offset

If is entitled, but not obliged, to offset any claim the insured has on If to any claim If has on the insured.

In the case of personal injury compensation, If's right of offset may be limited by law.

2.8 Limitation of actions

Anyone who wishes to make a claim under the insurance will forfeit his right to do so unless he brings an action against If within ten years from the time when the right to compensation occurred.

In order to expedite a settlement, If may, through a written injunction, direct the insured to initiate proceedings against If within one year from the date on which the insured receives the injunction. This does not affect a claimant's right to pose a direct demand against If according to the insurance law (försäkringsavtalslagen 2005:104) chapter 9 paragraph 7.

If the insured has submitted a claim to If in time, he always has six months in which to initiate proceedings after If has given its final decision regarding compensation.

2.9 Assessment

2.9.1 Time and place of assessment

Valuation shall be based on the price situation in Sweden at the time of the claim.

2.10 Intentional Sanctions exclusion

If P&C Insurance shall not be deemed to provide cover or to be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose If P&C Insurance to any sanction, prohibition or restriction under United Nations resolution or the trade or economic sanctions, laws or regulations of the European Union, Norway or the United States of America.

2.11 Virus, exclusion for losses caused by a pandemic or epidemic

The insurance does not cover losses caused by a Pandemic or Epidemic, where the Pandemic or Epidemic has been officially declared by the World Health Organisation or a similar authorised national or international body, arising from:

- any actual, alleged, fear or threat of virus, including but not limited to diseases arising out of any type of virus as well as unknown viruses and any mutation or variation of virus and/or
- any action taken or failure to take action in controlling, preventing, suppressing the spread of or in any way responding to such actual, alleged, fear or threat of virus.

3 General information

3.1 Personal Data Act (PuL)

If Skadeförsäkring AB processes personal data. More information about processing personal data can be found at: www.if.se/hantering-av-personuppgifter.

3.2 If we are unable to agree

3.2.1 Dispute concerning the insurance contract

Any dispute concerning the interpretation and application of this insurance contract shall be heard by a Swedish court of law, with the application of Swedish law.

3.2.2 Dispute concerning the value of damaged insured property

In the event of a dispute concerning the value of damage to insured property, an assessor shall assess the value, provided that If and the insured agree to this. The assessor must be authorised by the Swedish Chamber of Commerce unless the parties have agreed otherwise.

The assessor shall make use of the valuation rules contained in the conditions. The parties may set forth their own investigation and give their own views. In his assessment the assessor must state how he has calculated the value of the damage. He must deliver his assessment within three months of being appointed.

Of the remuneration paid to the assessor, the insured shall pay 50% of the amount, up to a maximum of SEK 5,000. If the damage is valued by the assessor at a higher amount than that offered by If, the latter will pay the entire cost.

In the case of *business* insurance, if the cost of the claim for either of the parties is estimated to exceed SEK 500,000, any dispute regarding the interpretation and application of the loss assessment rules shall, at the request of either party, be referred to arbitration according to the arbitration rules of the Stockholm Chamber of Commerce that relate to insurance disputes.

3.3 The Insurance Contracts Act (FAL)

This insurance is subject to the provision of the Insurance Contracts Act (FAL) and Swedish law in general.

3.4 Premium tax, premium charge and similar costs

The agreed premium does not include taxes, charges and similar costs that the insured is obliged to pay by law by reason of this insurance contract.

3.5 When If does not rely on limitation of liability

In the case of *personal* insurance, the provisions of the Insurance Contracts Act ch.12 ss. 8-11 apply instead of what is stated below.

In the case of third-party motor insurance, the conditions for this apply instead of what is stated below.

When If becomes aware of a circumstance which, in connection with an insured event, may give rise to a limitation of its liability, it shall without unreasonable delay give written notification of this to the policyholder and anyone who may otherwise claim compensation. Failing this, it will lose the right to invoke this circumstance in relation to the person who should have been notified, unless the policyholder or the insured has acted fraudulently or in breach of utmost good faith.

If does not rely on a limitation of liability in the event of a breach of the duty of disclosure, failure to notify an increase in risk, provocation of the insured event, a breach of safety regulations and a breach of the salvage obligation as a result of

- a) a slight degree of negligence,
- b) an action by someone who was severely psychologically disturbed or under the age of twelve, or
- c) an action that was intended to prevent bodily injury or property damage in an emergency situation which rendered the action defensible.

Nor does If rely on a limitation of liability in the event of a breach of the duty of disclosure and failure to notify an increase in risk if at the time of the negligence it realised or should have realised that the information provided was incorrect or incomplete. The same is true if the incorrect or incomplete particulars were without or later ceased to be of relevance for the content of the insurance contract.

Nor does If rely on a limitation of liability in connection with the provocation of an insured event if the insured can show that neither his company management nor labour management were aware of or should have been aware of the risk of loss.

3.6 Those considered equal to the policyholder (identification)

In the case of *business* insurance

1. With regard to provocation of the insured event and a breach of the salvage obligation, an action by the insured will be equated with an action by
 - a) employees in a senior position in the company or at the insurance location, and
 - b) anyone who with the insured's consent is supervising the insured property.
2. In the event of a breach of safety regulations, anyone whose task was to ensure that the safety regulation was followed is placed on the same footing as the insured.

In the case of *consumer* insurance

An action by the insured in connection with provocation of the insurance event, a breach of safety regulations and a breach of the salvage obligation will be equated with an action by

- a) anyone who with the insured's consent is supervising the insured property, and
- b) the insured's spouse, cohabitant and another family member, when the insured property amounts to a shared dwelling or household goods in such a dwelling.

This is not the case, however, if there are clear reasons against this.

In the case of *personal* insurance, the insured has a duty to supply particulars to the same extent as the policyholder.

FREEDOM OF SERVICE

The following section only applies to customers who have insurance coverage outside of Sweden but within the EU and EES area. This is a cross-border insurance coverage in accordance with the third non-life insurance directive (92/49/EG). An insurance policy letter is issued from Sweden. The policyholder is invoiced by If P&C Insurance Ltd (publ), Sweden.

Section "3.4 Premium tax, premium charge and similar costs" in the General conditions does not apply for customers with this insurance cover. Premium taxes and other mandatory fees will be added in addition to the stated insurance premium. Premium taxes and other mandatory fees will be added to the invoice. This insurance is subject to the sections 3.2 "If we are unable to agree" and 3.3 "The Insurance Contracts Act (FAL)" in the General conditions.

National insurance arrangements

Compensation is not paid for a claim when the costs that are reimbursed or could be reimbursed from:

- local monopoly insurance provider.
- public compensation system
- natural perils pool or similar
- insurance pools
- mandatory insurance

Premium taxes for countries within EU/EES are invoiced in Sweden and paid by If through tax agents in each country.

In countries where there is no local insurance, the customer has no local service or locally adjusted terms and conditions. Claims settlement is made in Sweden.

4 Safety regulations

4.1 What is meant by a safety regulation

A safety regulation is understood to mean a regulation governing specific

- ways of acting or devices that are designed to prevent or limit loss, or
- qualifications held by the insured or by an employee or other assistant of the insured.

The safety regulations are shown in the conditions for each insurance product.

4.2 Consequences of non-observance of a safety regulation

If the insured (or other person whose task was to ensure that the regulation was followed) has failed in connection with the insured event to observe a safety regulation shown in the insurance conditions or in a statutory provision to which the conditions refer, the compensation paid by the insurance may be reduced by an amount which is reasonable in the light of the connection of this circumstance with the loss that has occurred, the actual intent or negligence, and the circumstances in general.

In the case of *consumer* insurance, a reduction will be made only for an insured who has not observed the safety regulation.

The extent of the reduction is shown by the conditions for the insurance product in question.

This is a translation from Swedish of Försäkringsvillkor för Tjänsteresa. In case of discrepancy, the Swedish wording prevails.

1 To whom does the insurance apply

The *Insureds* are shown in the policy.

The term "employee" also automatically includes trainees, board members and CEO when those persons are travelling on behalf of the policyholder.

2 When does the insurance apply

The insurance covers loss, damage and injury occurring during business travel.

A business trip can last a maximum of one year. The business trip can start either from the Insured persons home or regular, stationary, workplace. The business trip ends when the Insured returns to any of these places. Only travel in direct connection to/from these places are covered by the insurance. If the Insured deviates from the direct link, the business trip is ended.

The insurance policy also applies to vacations of up to a maximum of 45 days' duration, taken in direct connection with business travel abroad.

3 Where does the insurance apply

The geographical scope of the insurance is shown in the policy.

4 What is considered a business trip

Business travel is a travel/mission conducted on behalf of the employer, in order to perform tasks in relation to the employment. The trip/mission shall be undertaken outside the Insured's regular, stationary, workplace. For those without regular, stationary, workplace, the place where their regular work starts and ends, is considered their regular, stationary, workplace.

Persons who are residing outside their home country and who are only making short trips to their home country are not on a business trip.

People who are out on daily assignments at customers, are to be considered to be on a business trip for maximum one year. After one year the customers workplace is considered the Insureds ordinary workplace.

5 The insurance coverage

The insurance coverage and sum insured are shown in the policy letter Restrictions are specified in the section entitled Limitations, Exclusions and Restrictions and under each subsection.

The assessment of what is necessary and reasonable is made by If together with doctor at agreed alarm center.

5.1 Illness and accident

5.1.1 Medical expenses

What is compensated

If the Insured falls ill or is injured, the insurance will cover necessary and reasonable costs for:

- Medical treatment, hospital care and medicines prescribed by a registered doctor for the healing of the illness or the injury.
- Travel expenses in connection with care and treatment.
- Aids prescribed by a registered doctor for the healing of the illness or the injury during the acute healing phase.
- Medical repatriation when If together with the treating doctor assesses that it is necessary. Also, an accompanying Insured's travel costs home is covered.
- Palliative care for maximum of 30 days. By palliative care is meant health care in order to alleviate suffering and promote the quality of life, for patients with progressive incurable disease or injury, in the final stages of life.
- Repatriation following death or funeral at the destination.
- Additional costs for food, travel and residence for a maximum period of 60 days from the first visit to a doctor for the Insured and accompanying Insured when the illness or injury has caused a need for an extended stay or change of residence. The need for an extended stay must be approved by If or the agreed alarm center. If this point is disregarded, the rules in the General Conditions will apply.
- Medical evacuation if the treating doctor at the destination deems it medically necessary to provide care in another location.
- Inpatient rehabilitation after a longer stay at the hospital or post-surgery when it is prescribed as medically necessary by the treating doctor.
- Childbirth and regular pregnancy check-ups during a stay outside the home country.

Compensation period

In the event of an accident, the period of compensation is three years from the date of the accident. However, if the accident results in disability and no final settlement can be made within three years, compensation will be paid until the time of final settlement. Compensation is not payable once definitive medical disability compensation has been paid from this insurance.

In the event of illness, the compensation period is limited to one year from the first visit to a doctor. Several cases of illness that are medically related are counted as one and the same case of illness.

What is not covered

If If, or agreed alarm center, has referred the Insured to a specific medical facility and the Insured does not comply with this request, If has the right to reduce the compensation with regard to, among other things, how much the compensation would have been if the Insured had followed the request.

5.1.2 Chiropractor, naprapath, physiotherapy or osteopath

Compensation is payable for treatment of the injury or illness without the need for referral. The number of treatments is shown in the policy letter.

5.1.3 Equipment in home or car

Compensation is payable for

- Aids in the home or car that can alleviate a disability or increase the person's range of motion.
- Non-recurrent changes in the person's permanent home.

Fees must be approved in advance by If.

Compensation is not paid for a rise in standards.

5.1.4 Return

If the Insured recovers within three months of the first visit to a doctor, the insurance may compensate the Insured's return journey.

Compensation is payable for the necessary and reasonable cost of tickets for the return journey to the place of work that the Insured has been forced to leave, provided that If has paid compensation for medical repatriation home. Compensation is only paid to enable work to be completed.

5.1.5 Replacement

Compensation is payable for necessary and reasonable travel expenses for travel by a replacement to the place of work if the Insured is forced by an illness or accident to curtail the trip and return to the place of residence. The same will apply if the insured dies abroad and will be repatriated to the home district/home country or be buried on site. Compensation is only payable to enable work to be completed.

5.1.6 Medical escort

Compensation is payable for necessary and reasonable documented additional costs of travel, food and residence for an escort when the Insured suffers an illness or accident and the escort needs:

- To remain with the Insured at the destination until a return journey or continuation of the journey becomes possible as prescribed by the attending doctor.
- To accompany the Insured to the place of treatment or to her/his hometown.

The need for travel and additional costs must be approved beforehand by If or agreed alarm center.

5.1.7 Summoning close relatives

Compensation is payable for necessary and reasonable additional costs for the outward and return journey of three *close relatives* as well as their food and residence, if the Insured is kidnapped or suffers an illness or accident which is judged by the attending doctor at the place of residence to be life-threatening. The same applies in the event of death when a funeral is held locally.

Compensation is not payable after it has been decided that the Insured is to be repatriated.

The need for travel and additional costs must be approved beforehand by If or agreed alarm center.

5.1.8 Compensation for hospital stay

Compensation is payable for the period during which the Insured is hospitalized for treatment abroad due to acute illness or accident sustained during the trip.

5.1.9 Convalescence compensation

Compensation is payable for a minimum of 30 day's full sick leave. In such cases, compensation is paid from the first day of sick leave.

Compensation is calculated by dividing the monthly amount by 30 and then multiply it by the number of days with full sick leave.

5.1.10 Crisis therapy

Compensation is payable for crisis therapy with a registered psychologist for an insured person who, while on a business trip, suffers an acute mental crisis caused by a seriously traumatic incident. Crisis therapy is provided during the 12 months following the incident. The content of the insurance and the number of treatments is shown in the insurance policy

If together with a doctor at an agreed alarm center determines whether the incident can be considered an acute mental crisis and how much treatment is necessary. Compensation is also payable for the insureds necessary and reasonable costs for travel in connection with crisis therapy.

Compensation is also payable for crisis therapy for *close relatives* when the insured has suffered an acute mental crisis or in the event of the death of the insured.

All crisis therapy must take place in the country of residence or home country.

5.2 Dental treatment

Except for emergency treatment, If must approve the cost and the treatment before any treatment commences. If this point is disregarded, the compensation can be reduced or not paid.

Dental treatment, accident

What is covered

Compensation is payable for necessary and reasonable dental treatment costs in connection with accidents. Compensation will be paid for damage to a fixed prosthesis following the same rules as for damage to natural teeth. The same applies to a removable prosthesis that was in position in the mouth at the time the injury occurred.

The cover is provided for one permanent dental treatment.

For damaged teeth caused by an accident, the period of compensation is three years from the date of the accident, if treatment is commenced within one year of this date. For the costs of dental treatment incurred for an Insured child the compensation period may be extended until the child reaches adult age, but for no longer than the age of 25.

What is not covered

Damage caused by biting or chewing are not considered an accident according to these conditions. The insurance does not cover the cost of orthodontic treatment.

Acute dental treatment

What is covered

Compensation is payable up to a maximum of 10 000 SEK for necessary treatment to mitigate acute issues arising during the business trip. Compensation will be paid only for necessary treatment carried out at the travel destination, or within 48 hours of returning home.

What is not covered

Normal dental treatment, unless the policy says otherwise, and costs for orthodontic treatment.

5.3 Travel deviations

5.3.1 Delayed to departure

If the insured is delayed to a reserved departure, compensation is payable for necessary and reasonable additional costs incurred to enable the insured to arrive in time at the place of the departure or to make a connection at a later stage. The cost must be able to be substantiated in writing by a travel organizer or travel company.

The reason for the delay must be:

- Due to weather.
- Due to a technical fault.
- An authority decision.
- An unforeseen traffic hold-up on the direct route to the starting point.

If a connection to the planned departure cannot be made for the above reasons, compensation may instead be provided equivalent to the cost of the original journey. The insured person must have complied with the tour operator's/travel company's/transport company's rules and regulations concerning the time and date of appearance at the point of departure/return journey. The insured person must also have taken into account the current or forecast weather and traffic conditions for the route to the point of departure/return journey.

5.3.2 Unused travel costs

Illness and accident

If, due to illness or accident, the insured is forced to interrupt a business trip and return to his hometown/home country, or alternatively is hospitalized at the destination, compensation can be provided for unused travel expenses. This must be approved in advance by the doctor on site, in consultation with the emergency center.

Compensation is also provided for unused travel costs when, according to the condition, a delay of a public means of transport has meant lost time spent at the destination.

5.3.3 Curtailment

Additional costs for journey home

Compensation is payable for necessary and reasonable additional costs for a journey home by regular means of transport if the insured is forced to curtail the business trip because of:

- An unforeseen incident occurs which causes significant damage in the Insured's home or at his workplace in his home district and requires the Insured's immediate journey home.
- A *close relative* at the home district suffers a life-threatening illness or life-threatening accidental injury or dies. The insurance covers one journey home for each case of illness/injury. If the *close relative* dies, the insurance also covers the journey to the funeral.
- A business colleague who is also taking part in the trip and who is covered by the same insurance suffers a life-threatening illness or life-threatening accidental injury or dies.

Return journey to the place of posting

Compensation is payable for a return journey to the place of work abroad that the Insured has been forced to leave as a result of curtailment covered by the insurance. Compensation is only payable to enable work to be completed.

If the Insured is not able to return to the place of work, compensation may instead be paid for the cost of tickets for travel by a replacement.

5.3.4 Delayed public transport

If the public transport on which the Insured travels is delayed by more than four hours, the insurance will cover necessary and reasonable additional costs arising from and in direct connection with the delay.

5.4 Cancellation

The insurance is valid from when the journey has been booked and paid for until when the journey starts.

The insurance covers *cancellation costs* or costs for rebooking that occurs if non-refundable *travel costs* that have been purchased are cancelled or rebooked due to an insured event. The insurance amount in the insurance policy is per person. If more than one person is affected by the same insured event, the maximum total compensation is 200 000 SEK.

Illness and accident

The insurance policy compensates costs in the event of cancellation if the Insured cannot complete the planned journey as a consequence of accident, illness or death, affecting the Insured or the Insured's close relatives, a colleague or immediate manager.

The accident or illness affecting a close relative must be such that the insured person's presence is required immediately.

The aim of the trip must have been lost in a situation where an accident, illness or death has happened to a colleague or immediate manager.

Damage to property

The insurance policy compensates costs in the event of cancellation if the Insured cannot complete the planned journey if an unforeseen and sudden incidents causing significant damage to property in the Insured person's home, or at that person's workplace, and when this requires the Insured's immediate presence.

Travel restriction

The insurance policy compensates costs in the event of cancellation if the Insured cannot complete the planned journey if the Ministry for Foreign Affairs in the Insured's country of residence, when 72 hours or less remain before the departure, advises against all travel or non-essential travel to the destination, or the area close to the destination. The insurance also covers cancellation costs if the country of destination imposes travel restrictions regarding entry to the destination when 72 hours or less remains before the departure. A condition for cancellation cover is that no travel advice/restriction was valid then the travel was booked. Travel advice and/or restrictions must be due to epidemic, natural disaster, war or political unrest. At If's request, the Insured shall provide documentation from the official authority that has issued the travel advice for the destination and that the travel advice was not in force when the trip was booked.

Compensation is not paid for cancellation/rebooking costs due to:

- A planned examination/operation.
- Fear of war, terrorism or illness.
- Arrangement costs.

5.5 Luggage

5.5.1 What is covered

The insurance covers loss of or damage to property which is caused by a sudden and unforeseen external event. The insurance also covers property (not cash and valuable documents) that has been left behind. No compensation is paid for money and valuables that were left behind, even if they were stolen later. The Insured must make it probable when and where the property was left behind. Property that has been lost without reasonable explanation will not be reimbursed. Cash and valuable documents are covered only in the event of theft and fire.

Personal property

Personal property refers to property the Insured has brought to use for himself/herself during the trip. This applies regardless of whether the Insured owns, has hired or borrowed the property.

Company's property

Company's property refers to property the company owns, has hired or has borrowed. The property must have been brought to be used during the trip.

The compensation

If is entitled to decide whether the damaged property should be compensated in cash, with a similar new or second-hand property *or* whether it should be repaired. If is also entitled to decide where replacement or repairs should take place. If property, for which If has provided cash indemnity is found, the Insured shall as soon as possible place the item at If's disposal or, if he wishes to retain it, repay the indemnity received. If assumes ownership of items for which it has paid indemnity unless otherwise agreed.

If both the Insured's property and company's property have suffered damage on the same occasion in an amount exceeding the sum insured chosen, indemnity will be paid in the first instance from this insurance for the Insured's property up to the sum insured chosen.

Compensation is payable up to a maximum of the sum insured, of which:

- Public transport travelcards or similar up to a maximum of 16 000 SEK.
- Cash up to a maximum of 5 000 SEK.
- For personal property, necessary and reasonable additional expenses, which are included in the sum insured up to a value of 15 000 SEK, and that occurs in direct connection to a luggage claim that is eligible for compensation.
- When theft-prone personal property, up to 50% of the sum insured.

5.5.1.1 Valuation table and other property

In the event of a claim, compensation will be paid according to the following table:

PROPERTY	PERCENTAGE COMPENSATION SINCE THE PROPERTY HAS REACHED THE FOLLOWING AGE												
	<1	1	2	3	4	5	6	7	8	9	10	11<	yr
Incl. associated equipment													
Computer, tablet or similar	100	60	40	30	10	0	0	0	0	0	0	0	%
Mobile phone	100	50	30	20	10	0	0	0	0	0	0	0	%
Camera	100	100	65	50	40	30	20	20	10	10	10	10	%
Suitcase	100	65	55	45	35	25	20	10	10	10	10	10	%
Spectacles	100	100	100	60	50	45	40	35	30	25	20	20	%
Sports equipment	100	100	100	60	50	45	40	35	30	25	20	20	%
Consumables	50	50	50	50	50	50	50	50	50	50	50	50	%
Image/sound reproduction equipment, GPS	100	100	65	55	45	35	25	20	10	10	10	10	%
Clothes	100	100	100	100	100	100	100	100	100	100	100	100	%

Items listed in the table, that were in full working order prior to the claim, will be replaced based on the cost of buying an equivalent new item (new price) on the general market. The Insured will receive compensation corresponding to a percentage of the new price as listed in the table.

For items worth the new price the insured will receive compensation equivalent to the cost of replacement, provided the insured replaces the item within six months. If a replacement is not purchased within this period, the insured will receive compensation amounting to two thirds of the new price.

Other property

The item will be assessed, and indemnity paid based on its age, wear and tear, obsolescence, usability and other circumstances, but with no account taken of its sentimental value. If the value of the item is at least two thirds of the cost of a new similar item (if one exists), the indemnity can amount to the replacement cost as new. In this connection, the item must be replaced within six months.

5.5.2 What is not covered

- Property that has been lost without reasonable explanation can be given will not be reimbursed.
- Cash and valuables which has been forgotten, even if they were stolen later.
- A motor vehicle, trailer and boat
- An aircraft, drone or similar
- Parts of equipment for the above vehicles and craft
- Postage stamps, coins and notes of value to a collector
- Animals
- The value of lost data memory, software, license rights, encryption keys and similar.
- Damages to property which does not significantly affect the usability, such as tears, scratches, dents or similar.

5.5.3 Delayed luggage

What is covered

When travelling by public transportation, compensation is provided when checked-in luggage is delayed. Compensation is paid, without a waiting period, for necessary and reasonable expenses, for reacquisition of delayed clothes, hygiene items and medically necessary medicines. See your policy document for insurance cover.

At luggage delay which has exceeded 24 hours, additional compensation for reacquisition of delayed clothes, hygiene items and medically necessary medicines, is paid. The purchases must be necessary and reasonable. To receive this additional compensation, the purchase must be done when 24 hours have passed, in direct connection to the delay at the destination and before the luggage has been recovered. Insurance cover is shown in policy document, as above.

At luggage delay on a homebound journey, payment is limited to 1 500 SEK.

If the delayed luggage is not recovered, and the luggage delay turns into a loss of luggage, the compensation paid for luggage delay of more than 24 hours, will be deducted from the loss of luggage compensation.

Documentation requirements

The delay shall be evidenced by an original Property Irregularity Report . All costs/expenses shall be evidenced by original receipts. If the insured does not meet these requirements, compensation may be reduced or withheld altogether.

What is not covered

The insurance does not apply in case of delay due to bankruptcy, strike, strike similar measure, illegal strikes, lockouts or other similar action from unions, employees or employers.

5.6 Third-party liability

What is covered

The insurance is valid when anyone claims damages from the Insured in his/her capacity as a *private individual* in respect of bodily injury or material damage that the Insured has caused.

In the event of a claim for damages which may be covered by the insurance, If undertakes in relation to the Insured:

- To investigate whether liability for damages exists.
- To negotiate with the party claiming damages.
- To represent the Insured in legal or arbitration proceedings and in this connection pay any court costs incurred by or imposed on the Insured which cannot be obtained from the opposite party or any other party.
- To pay damages for which the Insured is liable under the existing rules of tort law.

A condition for the validity of the insurance is that the Insured assists in reaching a settlement with the claimant and in general follows the decision made by If. The Insured is not entitled, however, without If's consent to admit liability for damages, to approve claims for compensation or to pay out compensation. Should If have declared itself willing to reach a settlement with the party claiming damages, it will be absolved from any subsequent liability to pay any costs arising and to undertake a further investigation.

If the Insured, in a matter which may concern the insurance, has been asked to submit to questioning by the police and/or other authority or if, in such a matter, the insured has been summoned to appear before a court of law, he shall immediately inform If. After consulting with the Insured, If will be entitled to appoint legal counsel and to provide the latter with the directions and instructions required for the legal proceedings.

What is not covered

- Damage to property which the Insured has hired, leased, borrowed, processed, repaired or otherwise has had something to do with other than incidentally. By the latter is meant not only for a short period, but also, in the case of a *private individual*, where no skill was involved. However, the insurance covers damage which the Insured has caused to a hotel room or other rented dwelling as well as to the fixtures and fittings therein, provided that the damage is not due to wear and tear or neglect or has not been caused by gross negligence or a deliberate act.
- Financial loss which is not a result of personal injury or material damage covered by these conditions.
- Loss, damage or injury for which the Insured can be held liable as the owner of property, the holder of a site-leasehold right or the owner of an apartment (abroad).
- Loss, damage or injury for which the Insured can be held liable as owner, user or driver of:
 - A motor vehicle, when the damage has occurred as a result of the use of the vehicle in traffic.
 - A boat, not including a windsurfing board. If the boat is equipped either with an outboard motor of at most 6 hp or a sail with an area of up to 7.5 sq m, the insurance will cover bodily injury.
 - An aircraft or similar craft.
- Loss, damage or injury occurring in connection with an act committed by the Insured which is punishable under Swedish law.

5.6.1 Deductible cover

Uninhabited home

If an insured event occurs in the Insured's uninhabited permanent home in his/her home district during the business trip and the claim exceeds the existing deductible, compensation equivalent to the deductible will be paid. The claim must have been settled by the Insured's insurance company.

Private car

If damage occurs to the Insured's private car when he/she is on a business trip and the claim exceeds the existing deductible, compensation equivalent to the deductible will be paid. The claim must have been settled by the Insured's insurance company. If the car has not been taken on the business trip, it must have remained unused at home in the home country.

With private car equates leased car, where the insured, due to the lease contract, shall be liable for the deductible in case of injury. For a leased car, the maximum indemnity amount is 6 000 SEK.

Short-time lease car

If damage occurs to a car that has been hired or on a short-time lease, while on a business trip and the claim exceeds the existing deductible, compensation equivalent to the deductible will be paid, to a maximum amount of 15 000 SEK. A short-time lease means a lease of a maximum of 30 days. The deductible must have been paid either by the insured or by the insured's employer.

A prerequisite for reimbursement is that there is a written contract between the insured and the owner of the car, which states the car is to be used on the business trip.

What is not covered

- Damages that are covered by the cars legal aid.
- Leased car to running rental contracts which are renewed monthly, yearly or similar.
- Costs for a rental car in connection with damage.

5.7 Legal

What is covered

The insurance covers the Insured as a *private individual*. In certain disputes the insurance covers the cost of legal counsel and the cost of legal proceedings for which the Insured cannot obtain compensation from the opposite party.

The insurance covers a dispute which can be heard as a civil case by a district court, a land tribunal, the Swedish Water Supply and Sewage Tribunal or the Supreme Court. A dispute does not refer to a criminal case. If the nature of the dispute is such that it must first be heard by another body, e.g. an administrator, a leasehold property tribunal or rent tribunal, only costs arising after such a hearing will be paid.

The insurance covers the following necessary and reasonable costs which the Insured cannot obtain from the opposite party:

- Counsel's fees and expenses.
- Costs for an investigation prior to proceedings brought by the Insured's counsel.
- Costs for the production of evidence in court or arbitration proceedings.
- Handling charges in court.
- Litigation costs which the Insured has been ordered to pay to a third party or to the state or which the Insured, in connection with a settlement during a case, has undertaken to pay to the opposite party if it is clear that higher litigation costs would have been imposed on the Insured.
- The cost of mediation under ch.42 s.17 of the Code of Judicial Procedure.

The insurance covers counsel's fees for a reasonable amount of time spent, up to the normal hourly cost applied by the Swedish National Courts Administration when setting a tariff in certain cases.

Conditions underlying the payment of costs

In order for the insurance to be valid, the Insured must engage the services of counsel, who shall be suitable in the light of the Insured's area of residence and the nature of the case, and:

- Be a member of the Swedish Bar Association (a lawyer) or a legal specialist employed by a lawyer,
- be able to show that on one or more occasions in the previous three years he/she was appointed as counsel under to the Legal Aid Act in litigation of a similar kind and is still suitable as counsel of this kind *or*
- be able to show by other satisfactory means that he is suitable for the assignment.

Agent must be approved by If.

When the Insured must have had insurance in order to obtain legal expenses cover

The events or circumstances on which the claim is based must have occurred when the insurance was in force and no longer than ten years must have elapsed thereafter. The insurance conditions for legal expenses cover which If laid down at the time the dispute arose apply in such cases.

What is not covered

- A dispute which when tried may become a small claim according to ch.1 s.3 d of the Code of Judicial Procedure.
- A dispute connected with:
 - A divorce, dissolution of a registered partnership, dissolution of a *cohabitant* relationship or matters that are of relevance in such a connection.
 - The exercise of one's profession or occupation or other gainful employment.
 - A pledge or guarantee commitment by the Insured in favour of someone in his/her gainful employment.
 - Financial measures which are of an unusual nature or scope for a *private individual*.
 - A claim that has been assigned to the Insured, unless it is clear that the assignment occurred before the dispute arose.
 - The Insured as the owner of real estate or the holder of a site-leasehold right.
 - The Insured as the owner, user or driver of a motor vehicle, boat (not including a windsurfing board), aircraft or similar craft, unless a vehicle is involved which is hired for a short period outside the Nordic countries.
 - A claim against the Insured arising from an act which has caused the Insured to be suspected of or prosecuted for a crime that requires intent for being punishable.
 - The fact that the Insured does not have a justified interest in having his/her case dealt with.

Costs which are not covered:

- Own work, lost income, travel, living or other costs for the Insured or coinsured.
- An additional cost arising when the Insured employs more than one counsel or changes counsel.
- Payment to an arbitrator.
- The implementation of a judgement, decision or agreement.
- If compensation for damage for the Insured must also be regarded as including compensation for the costs of his/her lawyer, no such compensation will be paid.
- If the Insured during legal proceedings or otherwise refrains from his/her opportunities to obtain compensation from the opposite party.

5.8 Catastrophe and crime

5.8.1 Assault

What is covered

Compensation will be paid if the Insured is assaulted. If assault compensation is to apply, the insured must be able to provide evidence of what has happened, and that he/she is entitled to damages from someone that is unknown or is unable to pay damages.

The insurance covers the damages resulting from personal injuries to which the insured is entitled under chapter 5 and chapter 2, section 3 of the Swedish Tort Liability Act, if the insured is the victim of deliberate violence that is not insignificant or if he/she is exposed to the threat of such violence. The action must constitute a crime and consist in personal injury and/or such violation of personal integrity as will entitle the victim to compensation under the Tort Liability Act. If the action has resulted in the death of the victim, compensation will also be paid in accordance with chapter 5, section 2, of the Tort Liability Act. The incident must be reported to the police without delay, and the insured must assist in the police investigation. If the person causing the injury is prosecuted the insured must present a claim for damages should If so require. In this case, If will pay for the litigation costs of the insured. Compensation will then be paid for the Insured's legal costs.

If, during an assault, the insured has been forced to hand over money to the perpetrator through violence that is not petty or a threat of such violence, compensation is provided for the Insured's financial loss up to a maximum of 10 000 SEK.

Safety regulations

The insured may not expose himself/herself to a significant risk of being injured. It is especially important that the insured does not:

- Commit acts of violence or issue threats of violence.
- Enter or remain in situations or environments where fights or commotion have arisen or frequently occur.
- Behave provocatively verbally or physically.
- Engage in or act as an accessory to criminal activity.

Moreover, the risk of becoming embroiled in such a situation increases if the insured is under the influence of alcohol, drugs or other intoxicants. If the insured does not comply with these directives his/her entitlement to compensation may be affected.

What is not covered

Interest for which the perpetrator may be liable from the date of the incident giving rise to the insurance claim.

5.8.2 Kidnapping

If provides daily compensation for the period during which the Insured is kidnapped. The maximum compensation period is shown in the policy letter.

5.8.3 Identity theft

What is covered

The insurance covers when the Insured has become a victim of identity theft. Identity theft is a situation where a third party, without the Insured's consent, has used the Insured's ID to commit fraud or another criminal act. E.g. open a bank account, apply for a credit card or apply for a mortgage in the Insured's name.

Every act or several acts that have arisen as a consequence of identity theft is considered as one identity theft incident. The insurance covers:

- Advice on how to prevent identity theft.
- Assistance to mitigate any harmful effects when being the victim of identity theft.
- Costs for legal assistance in accordance with 5.7 legal expenses.

What is not covered

- Identity theft committed by someone covered by the insurance.
- Identity theft that has arisen as a result of the insured committing a criminal act.
- Other possible losses than costs for legal expenses.

5.8.4 Card skimming

If the Insured has been exposed to *card skimming* of a private credit card compensation is paid with deduction for what has been compensated by the Insured's bank or issuer of the credit card.

The insurance does not leave such compensation if the Insured through grossly negligent or particularly reprehensible behavior has contributed to the claim. The maximum compensation is 15 000 SEK.

5.8.5 Evacuation and quarantine

The insurance covers necessary and reasonable additional expenses for travel and accommodation for a maximum of 14 days if the insured has been forced to move, been put in quarantine or forced to return home or evacuation due to a travel advice given by the Swedish Ministry for Foreign Affairs or corresponding authority at the destination as a result of:

- A natural catastrophe,
- severe epidemic,
- war or
- political disturbances.

The condition that has caused the travel advice must have occurred after the insured has arrived at the destination. The insurance does not cover costs for evacuation and quarantine if the insured has failed to follow a call for evacuation issued by the Swedish Ministry for Foreign Affairs.

5.8.6 Search and rescue

Compensation is payable for necessary and reasonable costs for police, civilians, military search and/or emergency operations, if the insured has disappeared, or is caught in an inaccessible location after an accident or acute illness. Indemnity is paid for a maximum of one year after the disappearance or accident/illness.

5.9 Medical disability

5.9.1 Accident

The insurance will compensate measurable medical disability which arises within three years of the accident that caused it.

Medical disability means a permanent impairment of physical function caused by the accident. Permanent pain and loss of sensory function or internal organs is also considered a medical disability.

Scars

The insurance covers scars and other changes in appearance as a result of an accident that has required medical treatment.

When deciding what scars and changes of appearance that are covered, and the degree of cover, the definitions decided by the Road Traffic Injuries Commission, Ifs scarring table and If table for amputations for businesses are applied.

The compensation for scars can amount to a maximum of 20% of the insurance amount for medical disability.

Degree of disability

It must be possible to establish the degree of disability objectively. Assessment of the degree of disability is based on the economic disability, if such exists, or on the medical disability. It shall, however, be based on the medical disability if this leads to a greater degree of disability. If the insured is also entitled to compensation for economic disability, only the highest of the claims will be paid.

Entitlement to compensation exists if the injury caused by the accident gives rise to a measurable degree of medical disability no earlier than one year after the accident. If the medical disability cannot be established after one year the entitlement to compensation will arise first when the medical disability can be established.

If the treatment has been completed, however, and the definitive degree of disability can already be established before one year has elapsed since the accident, entitlement to compensation will arise and compensation will be paid at the time when the degree of disability is established.

Should the Insured die after entitlement to disability compensation arises, but before final payment has been made, the payment made to the estate will be an amount that corresponds to the established medical disability which existed before death occurred. The degree of medical disability is established according to a table approved by If. If injuries have arisen to several parts of the body as a result of the same accident, compensation will be paid at most according to a degree of disability corresponding to full compensation. If the functional ability was already impaired previously, the previous degree of medical disability will be deducted. Determination of the degree of medical disability will take place independently of the degree to which the Insured's working capacity has been reduced.

Should the Insured die before entitlement to medical disability compensation arises, no disability compensation will be paid.

5.9.1.1 Serious event

The insurance compensates if the Insured suffers:

- A *serious fracture*,
- a *serious burn* or
- rupture of the Achilles tendon.

The compensation is 5 000 SEK. The insurance pays this compensation type once per accident irrespective of the Insured suffers more than one fracture during the accident.

5.9.1.2 What is not covered

The insurance does not pay disability benefits for

- consequences of the accidents that have worsened due to illness, changes in medical health or disability limitations, that the insured had when the accident occurred or occurred after the accident.
- more than 100% disability for one and the same accident.
- reduction in the ability to work that arose later than three years after the accident.

5.10 Economic disability

5.10.1 Accident

The insurance covers an accident that results in permanent economic disability. Economic disability means a permanent reduction in the Insured's working capacity of at least 50% as a result of the accident. It must be possible to establish the reduction objectively and entitlement to economic disability compensation exists when the accident, in If's judgement, has led to a reduction of the working capacity of the Insured of at least 50% and the social insurance office in Sweden (or corresponding authority abroad) has approved permanent sickness compensation of at least 50% as a result of the accident. In addition, the accident must have caused medical disability before the economic disability arose and within three years of the date of the injury.

The right to compensation, however, does not exist until the day that permanent sickness compensation is paid. If permanent sickness compensation is granted from the age of 60 or later, compensation will be paid for economic disability only if the degree of medical disability resulting from the accident is 50% or more. The same applies if the Insured is first granted less than full permanent sickness compensation and after reaching the age of 60 receives full permanent sickness compensation.

If the Insured was receiving partial activity compensation or partial permanent sickness compensation at the time of the accident, the insured can receive economic disability compensation corresponding to the loss of the remaining working capacity. If the Insured was receiving full activity compensation or full permanent sickness compensation at the time of the accident, the insured will not be entitled to economic disability compensation. If the insured is also entitled to compensation for medical disability, only the highest of the claims will be paid.

Should the Insured die before entitlement to economic disability compensation arises, no such compensation will be paid.

5.11 Death

The death cover is provided by If Livförsäkring AB.

The beneficiaries in the event of death are the surviving spouse/cohabitant/registered partner *or*, if none of these exists, the Insured's heirs. If the Insured wishes to nominate another beneficiary, he/she shall do this on a special form provided by If.

5.11.1 Accident

Entitlement to death compensation exists if the accident results in death within three years of the accident.

Death compensation is also paid to the beneficiary if the Insured has disappeared after being caught in any natural disaster or extreme weather, and it is highly likely that the insured has died due to an accident. Compensation is paid when reasonable time has elapsed since the disappearance and provided that the policyholder certifies in writing that compensation is refunded if it is later found that the Insured has not died of the event.

5.11.2 Illness

Entitlement to death compensation exists if the insured, due to illness, dies during a business trip. Death compensation is also paid if the insured person dies of the illness within 14 days after returning home from the business trip from a disease that originated during business trip. The fact that the death was caused by the illness that the insured suffered during the business trip, shall be evidenced by a medical certificate/death certificate.

The insured is also entitled to death compensation if the insured person during a business trip outside the country of residence dies after a bacterial infection, virus or other infectious agents and it leads to the death of the insured person within three years from the infection. The time and site of the infection must be evidenced by a medical certificate and other documents.

The death compensation is reduced by 5 percent from the age of 55. If the insured at the time of the death has children under the age of 17 who are entitled to inheritance, no reduction will take place. Regardless of the insured has, or hasn't, children under the age of 17 who are entitled to inheritance, compensation for an insured who has turned 70 at the time of death is capped to 100 000 SEK.

5.12 Limitations, exclusions and restrictions

The restrictions and exclusions may be summarised as follows:

- as stated below in this section
- as stated under each cover.

5.12.1 Limitations of cover

Costs that are reimbursed or could be reimbursed from other sources, as provided by statute, agreement, ordinance, insurance policy or convention, will not be reimbursed. If a compensable claim is covered by both a Business Travel Insurance and by an Expatriate Insurance with If, compensation is paid from only one of the policies. EU/Nordic citizens residing or stationed within the EU/Nordic region must be enrolled on one of the local public insurance systems within the EU/Nordic region, otherwise only those costs will be reimbursed that would have been reimbursed if the insured person had been enrolled in a local public insurance system within the EU/Nordic region.

5.12.2 Exclusions

The insurance policy does not cover:

- Medical expenses, travel expenses or other costs resulting from the need for care that already existed or was known when the journey started. However, the insurance covers costs incurred if the person's condition acutely deteriorates, unpredictably or unexpectedly, during the journey.
- Costs of staying at a health or rehabilitation facility and related travel.
- Costs of preventive health care (the exclusion does not apply if the addition of preventive health care has been purchased).
- Costs of sterilization, fertility examinations or treatments for infertility.
- Costs for cosmetic surgery or treatment. The insurance does also not apply to surgery, treatment, disability and other consequences due to cosmetic surgery or treatment.
- That part of the cost of care outside the home that corresponds with living expenses saved.
- Deviation losses, i.e., costs incurred by the ship or aircraft due to the insured's illness or injury making it necessary for the ship's course/aircraft's flight plan to be changed.
- Costs incurred as a result of a flying accident in which the insured is the pilot or has another function on board in the event of a military flight, aerobatics, professional test flight or commercial, training or private aviation. The above does not apply if the insured event occurred in a situation that may be regarded as justifiable in order to avoid injury to person or property.
- Costs for care and treatment outside the home country when If, or contracted alarm center, has decided on the repatriation of the insured to the insured's home country for further care and treatment.

In the case of children under the age of six, the insurance does not cover the following illnesses and conditions or their consequences:

- Dyslexia, dyscalculia and nonspecific learning difficulties.
- ADHD.
- Autism, Asperger's syndrome, Tourette's syndrome and autism-like conditions.
- Delayed psychomotor development.
- General developmental disorder.

5.12.3 Restrictions

5.12.3.1 Validity in war zones and other dangerous areas

The insurance is not valid in areas/countries which the Swedish Ministry for Foreign Affairs (or corresponding authority at the destination):

- Advice against *all* travel to or
- urges its citizens to leave

if the loss whose origin or extent has been directly or indirectly caused by or is related to the travel advice. This exclusion from liability for compensation does not apply outside Sweden within the first 30 days, except for evacuation and quarantine where special rules apply, from when the Swedish Ministry for Foreign Affairs or corresponding authority at the destination issued the travel advice if the Insured had started his/her journey prior to the advice. This exclusion may be removed through a supplementary agreement. When the exclusion has been removed, this will be stated in the policy.

For a current list of which areas/countries there is travel advice regarding, please visit the Swedish Ministry for Foreign Affairs website or contact us. This exclusion from liability for compensation does not apply outside Sweden within the first 30 days, except for evacuation and quarantine where special rules apply, from when the Swedish Ministry for Foreign Affairs or corresponding authority at the destination issued the travel advice if the Insured had started his/her journey prior to the advice. This exclusion may be removed through a supplementary agreement. When the exclusion has been removed, this will be stated in the policy.

For a current list of which areas/countries there is travel advice regarding, please visit the Swedish Ministry for Foreign Affairs website or contact us.

5.12.3.2 Validity in nuclear process

The insurance do not cover damage caused directly or indirectly by nuclear reaction.

5.12.3.3 Participating in sports at elite level

The insurance does not cover accidents that occur during participation in sport competitions or sport training at a level not considered as normal exercise or a leisure time activity.

Examples of sports that are not covered by the insurance:

- participating in sports when you are paid or sponsored by an amount that exceeds SEK 45 000 per year
- participating in sports in championship level (nationally or internationally) and the practice needed for this. By championship level is regarded divisions II or higher
- Participating in a sports upper secondary school, sports high school or sports university or such.

5.12.3.4 Dangerous activities

The insurance policy does not cover injuries sustained while participating in *dangerous activities* without the supervision of a licensed guide. For scuba diving, there is no requirement for a guide, but the diver must possess the appropriate valid diving certificate.

5.12.3.5 Validity in violent activities

The insurance do not cover damage caused by your participation in terrorist activities, riots, gang battle, hooliganism or other violent activities.

6 Sums insured

The sums insured are shown in the policy.

7 Deductibles

The insurance applies without deductible. Any exceptions are shown in the insurance policy.

8 Safety regulations

- Compensation may be reduced if the Insured has commenced his *business trip* despite a pre-existing illness which may become worse.
- The insured must act in accordance with the airlines and treating care givers recommendations regarding travel with medical conditions. For example, during pregnancy or after operations.
- The insured shall, if so requires, in case of incapacity due to illness or accident, return to their home country.
- The insured must exercise due care and diligence. Property must be handled and stored in such a manner as to prevent damage as far as possible. Important factors to take into consideration include whether or not the property is theft-prone, especially valuable or of such a nature that in the context it seems entirely natural to pay it special attention. Special attention includes never checking in theft-prone property but always treating it as hand luggage. Similarly, theft-prone property should never be left unattended in a vehicle.

Failure to meet safety standards may result in a reduction in compensation, or be denied completely.

9 Duties of the Insured in the event of damage

The Insured is obliged to itemise his claim for indemnity and to furnish on request a list of insured property (damaged or lost), stating the value of each item before and after the loss. In the event of loss of an insured item, the Insured must be able to prove ownership of it and what it is worth. The requirement for such proof is higher, the higher the value of the item.

Accidental injury

In the case of *personal insurance*, this refers to bodily injury sustained involuntarily by the Insured as a result of a sudden external event, i.e. through a single violent event affecting the body. Bodily injury arising from frostbite, heatstroke or sunstroke is classified as accidental injury and is deemed to have occurred on the day on which the injury manifests itself. Rotary force of the knee and achilles ruptur are also treated as accidental injury. A contagious disease or consequences thereof is not regarded as an accidental injury, regardless of how the disease has been transmitted.

Accompanying

Spouse, registered partner or cohabitant of the insured as well as children under 21 years of age if they are covered by the insurance.

Act of terrorism

A harmful criminal act aimed at the public - e.g. an act of violence or the harmful dispersal of biological or chemical substances - which appears to be committed with the intention of influencing a political, religious or other ideological body or spreading fear.

Acute illness in the course of travel

An illness that requires medical care, of which the first clear symptoms have occurred during the journey, or which, on the basis of general medical experience, must otherwise be considered to have arisen during the journey. A pre-existing illness (i.e. one that the insured had before commencing the journey) is not a travel illness under these insurance conditions.

Assault

An injury caused by violence against a person which is not accompanied by theft.

Burglary

In the case of *personal insurance* and *marine insurance*, this refers to a situation where someone gains entry to an area by force or by means of a picklock.

Business insurance

Individual non-life insurance that concerns business or public sector activities as well as other individual non-life insurance that is not *consumer insurance*.

Cancellation costs

Costs for travel and residence which are not refunded from the travel organiser to the insured upon cancellation.

Card skimming

Illegal copying of a bank card's data.

Cash, valuable documents and vouchers

- Cash, lottery tickets and valid postage stamps
- valuable documents such as bonds, coupons, bills of exchange, cheques or sales slips
- and other certificates of claim and vouchers, such as phonecards and parking cards, travel and admission tickets, monthly and annual season tickets. Bank and credit cards are not counted as vouchers.

Checked-in luggage

Luggage assigned to the care of a carrier against a receipt, for shipment by air, ship, train or coach.

Close relative

- Spouse, cohabitant or registered partner.
- Children, stepchildren and grandchildren.
- Parents, stepparents and grandparents.
- Siblings, stepsiblings, sisters/brothers-in-law, siblings of a cohabitant, registered partner or parent.
- Parents-in-law or parents of a cohabitant or registered partner, spouse, cohabitant or registered partner of a child.

Cohabitants

Two persons of either sex living together in a marriage-like relationship and having a common household.

Computer

Computer is here understood to mean a machine for data processing which is capable in accordance with a predefined program of performing extensive calculations, together with associated input or output devices such as a monitor, keyboard, mouse, printer, CD reader, scanner, modem or video/data projector. Not counted as a computer are digital telephone exchanges, digital intercom installations, photosetting and image-processing equipment and programmable logic controllers.

Consumer insurance

Individual non-life insurance that concerns business or public sector activities as well as other individual non-life insurance that is not consumer insurance.

Conveyed property

Property is also considered to be conveyed when the insured, for example, temporarily leaves it in a car during a meal break during travel. It is considered not to be conveyed if the insured, prior to leaving his dwelling or workplace or on arrival back there, leaves it in a car, boat, caravan or other trailer for a longer period of time than that normally used for immediate loading or unloading. Nor is property considered to be conveyed if the insured, when continuing his journey, leaves it at, for example, an airport, railway station or port.

Crime insurance claim

Insurance which covers loss by the insured in the event of a property offence.

Dangerous activities

Sports and activities with a clearly elevated risk of serious bodily injury or death and the purpose of which is in part to defy or master the risk, e.g. climbing, diving, parachuting, paragliding, off-piste skiing, white water rafting, motor sports, martial arts or similar.

Home country

The country of which the insured is a citizen and the country in which the insured is resident and registered at the time of commencement of the journey. Primarily, this applies to the permanent country of residence.

ID

The insured's identification, e.g. passport, ID card, bank card, driver's license, social security number, account number, digital signature, PIN code or similar.

Indemnity period

In the case of personal insurance, this means:

The longest time during which compensation is payable for one and the same claim.

Insured

See General Insurance Conditions 1.1.3.

Legal expenses insurance

Insurance which covers the insured's costs for legal counsel in the event of litigation.

Liability insurance

Insurance which covers the insured's liability for damages.

Life-threatening illness or injury

An illness or injury which the treating physician considers may lead to death within 14 days.

Market value

The likely value of the property when sold in the normal course of trade. If this cannot be established, the market value will amount to the replacement value less depreciation as a result of age, wear and tear, obsolescence, reduced usability because of new products or new technology, or other circumstance.

Motor insurance

A cover that is stated for a motor insurance, i.e. regarding

- bodily injury and damage to other property than the vehicle
- damage to and loss of the vehicle
- transport of the vehicle, the driver, passengers and extra costs for transport of persons when the vehicle is damaged, lost or breaks down and when personal accident to driver or passengers
- part of extra cost, loss of income or inconvenience due to that the vehicle cannot be used after a damage etc.
- costs for dispute that concerns the ownership or use of the vehicle
- other costs and inconveniences that concerns the use of the vehicle.

If a cover is stated for a motor insurance that in general is not considered as such insurance it's however regarded as motor insurance, i.e. robbery of i.e. currency exchange in a taxi.

Personal insurance

Life insurance, health insurance and accident insurance.

Policy holder

See General Insurance Conditions 1.1.2.

Private individual

If it is stated that the insurance covers the insured person as a private individual, this means that the insurance does not cover anything that is connected with the insured's exercise of his occupation, performance of his official duties or other gainful occupation.

Property insurance

Generic term for insurance cover as part of business insurance which relates to property.

Robbery

Violence against a person or the use of threats which entail immediate danger, including the use of a lesser degree of force on a person, provided that the force exerted and the unlawful seizure of property are immediately experienced as such by the victim, that the latter does what can be reasonably expected to prevent or reduce the loss and that the incident can be verified by means of reliable investigation.

Serious burn

A serious burn is a second degree burn or higher (deep subskin burn) which requires an operation or hospitalization for more than 24 hours.

Serious fracture

A serious fracture is a fracture on the skull, pelvis, hip, femur, spine, sternum, shoulder, arm, wrist, knee, collar bone, lower legs, heel bone or ankle which requires surgery or hospitalization for more than 24 hours.

Theft prone property

By theft-prone property on travel or expatriation is meant:

- objects made from or containing precious metal, pearls or gems
- watches
- antiques, art or hand-woven carpets
- cameras or camera lenses
- apparatus / equipment for audio and imaging
- cellphone
- computer or monitor
- memory card or USB-stick
- musical instruments
- fur
- wine, spirits or tobacco
- weapons

Third-party motor insurance

Bodily injury and property damage resulting from the use in traffic of the vehicle in accordance with the Road Accidents Act. This means, among other things, that bodily injury and property damage resulting from the use of the vehicle as a working tool is not covered, together with the insured vehicle or anything being transported in it. What has been said about third-party motor insurance also applies to the scope of motor liability insurance (applies to vehicles for which third-party insurance is not compulsory) if this is included in the insurance cover for the vehicle.

Travel costs

The actual costs the Insured has paid for travel and residence.