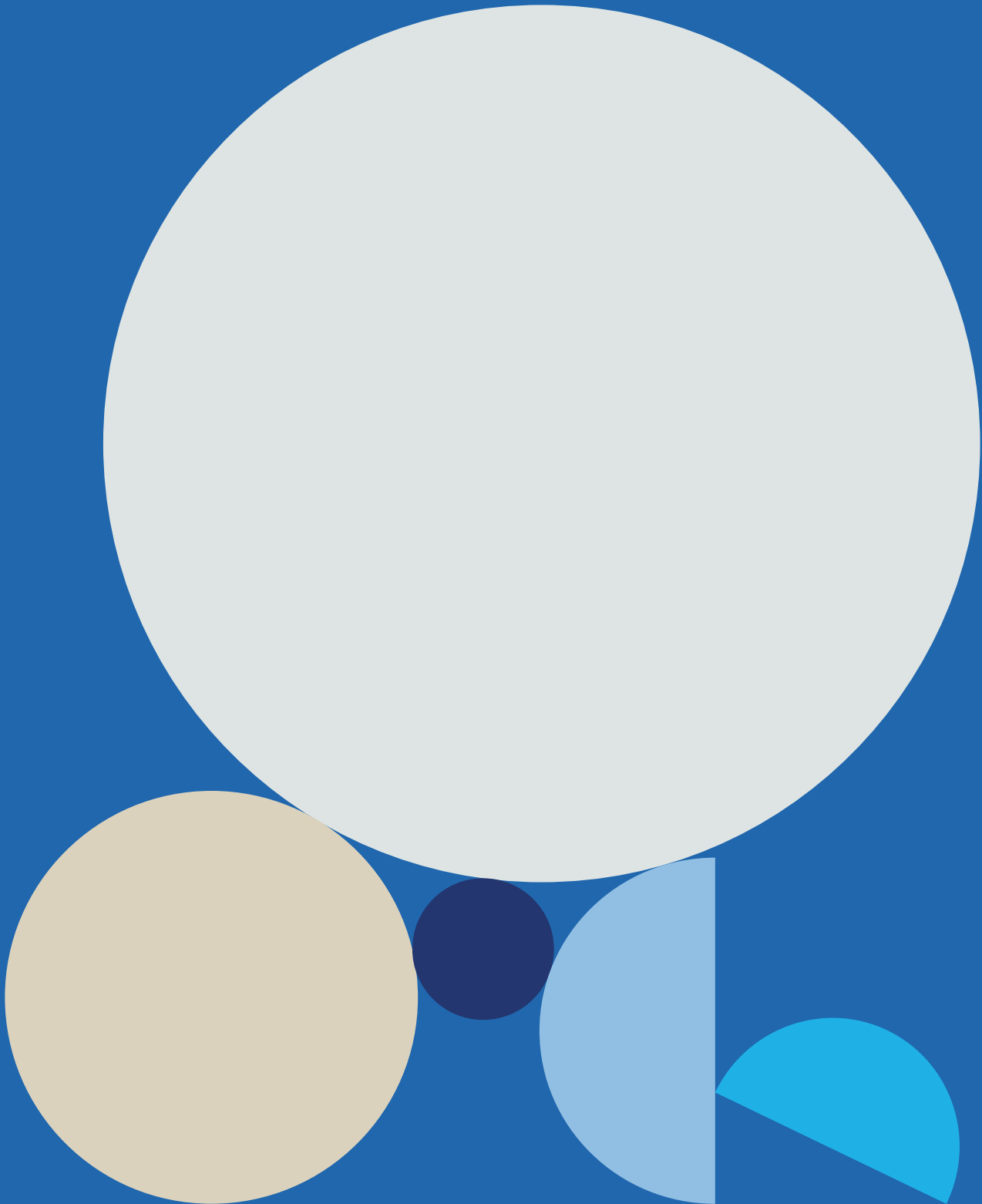


Business Travel Insurance

Terms & Conditions



Contents

1. Medical emergency	4
2. Lasting physical health effects	6
4. Travel inconvenience	9
5. Property	11
6. Personal cyber	12
7. Personal security	13
8. Scope of cover	15
9. Claims adjustment provisions	18
10. Complaints	19
11. General conditions	19
12. Definitions	22

Always stay in contact



Contact Zurich with your questions

Do not hesitate to contact us at Zurich if you have any questions regarding your insurance or worldwide Business Travel.

Zurich Customer Service

Mon-Fri 8.15 – 18.00

Sat 9.00 – 13.00



www.nordic.zurich.com



+46 (0)8 579 330 92



nordic.bti.claims@zurich.com



If the unthinkable happens

If there is an emergency or when something serious occurs, always reach out to our dedicated Emergency Assistance Provider.

SOS International A/S

Open 24-hours



www.sos.eu/se



+45 3848 88 80



sos@sos.eu



Report your claim to Zurich

For other non-emergency claims that occurs when on Business Travel, please report these claims directly to Zurich.

Zurich Claims Service

Mon-Fri 8.15 – 18.00

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Zurich Business Travel Insurance can help you fulfil your duty of care to protect the health, safety and wellbeing of your employees while traveling for business.

The risks a business traveler might face have evolved in recent years: pandemics, natural catastrophes, terrorism and civil unrest have become more global and complex.

As a result, there is a stronger need for more comprehensive protection, risk management services, dependable medical assistance, which must deliver particularly under global disruption.

1. Medical emergency

1.1. Medical expenses

The insurance covers necessary and reasonable *medical expenses* because of *illness* or *accident* that occurs during *business travel*. The insurance also covers medical expenses for unforeseen deterioration of preexisting health conditions.

Medical expenses refer to costs in connection to medical in- and/or outpatient treatment as well as additional costs and travel costs thereto. *Medical expenses* also include medications and prescribed medical aids. The treatment, care and/or service is to be performed or advised by *licensed doctor, medical practitioner, and applicable personnel*.

1.2. Dental treatment

The insurance covers necessary and reasonable expenses for emergency *dental treatment* to alleviate acute issues during *business travel*. Emergency *dental treatment* also includes injuries sustained from biting or chewing. *Maximum amount* for reimbursement is stated in the *Insurance Policy*. Emergency *dental treatment* may be sought up to 48 hours upon arriving *home* from a business trip if treatment on sight proved to be undoable during the time of business trip.

The insurance also covers necessary and reasonable expenses for emergency *dental treatment* because of an *accident*. Emergency *dental treatment* includes *accidents* that damage fixed dental prosthesis or removable prostheses when in active use. Dental issues because of biting or chewing are not considered as an *accident*.

Dental injuries because of an *accident* will be reimbursed up to three (3) years from the *accident* when arriving *home* to the *country of residence*. *Dental treatment* and costs thereto must be reported to Zurich for our approval. When medically advised this treatment may be postponed, no longer than five (5) years. Any delay must be reported to Zurich.

1.3. Local travel for care

The insurance cover necessary and reasonable expenses for local travel costs in connection to medical or dental care in accordance with these Terms and Conditions. Travel by own car is reimbursed with SEK 1.80 per kilometer.

1.4. In-patient benefit

The insurance pays a benefit per day for *in-patient* treatment at a hospital advised by a *licensed doctor or medical practitioner*. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

1.5. Convalescence benefit

The insurance pays a benefit per month for a minimum of 30 days full sick leave from occupation of work. Reimbursement from day 1 is paid after the 30-day qualification period.

Maximum amount for reimbursement is stated in the *Insurance Policy*.

1.6. Manual therapy options

The insurance covers necessary and reasonable expenses for *physiotherapy, naprapathy, chiropractor and osteopath* and other manual therapy after an illness or accident according to these Terms and Conditions. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

1.7. Accommodation benefit

The insurance covers necessary and reasonable additional expenses for accommodation, meals and international phone calls during the extended stay if the *insured* suffers an *illness* or *accident* that prolongs the *business travel*. Expenses are covered for the *insured* as well as possible accompanying *insured*.

All expenses must be reported and approved via the appointed *Emergency Assistance provider* beforehand.

1.8. Relatives round-trip

The insurance covers necessary and reasonable travel and accommodation expenses (incl. expenses for meals and international phone calls) for three (3) *close relatives* if the *insured* suffers a *serious illness* or *accident* that is to be medically considered as life threatening. Travel expenses refer to costs for outbound and *homebound* travel.

The insurance also covers expenses for relatives *round-trip* if a local funeral in the destination country is requested by *close relatives*.

All expenses must be reported and approved via the appointed *Emergency Assistance provider* beforehand.

1.9. Repatriation

The insurance cover necessary and reasonable expenses for emergency repatriation during *business travel* to an appropriate hospital abroad or back to the *insured's* country of permanent residence when medically motivated because of *illness* or *accident*.

Repatriation expenses refer to medical transport, necessary medical attendants, other medically motivated costs and one (1) accompanying *coinsured* or travel companion if possible and when it provides aid to the situation.

Decision of repatriation must be medically motivated and aligned with advice from *licensed doctor, medical practitioners, and applicable personnel*. All expenses must be reported and approved via the appointed *Emergency Assistance provider* beforehand.

1.10. Repatriation of diseased

The insurance also covers necessary and reasonable cost for repatriation of diseased if the *insured* dies during *business travel*.

1.11. Local funeral

The insurance covers costs for a local funeral instead of repatriation if requested by the diseased *close relatives*. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

1.12. Replacement benefit

The insurance covers necessary and reasonable expenses in sending a substitute person to complete the original *insureds* business trip if that *insured* is unable to because of *illness, accident* and/or repatriation that occurred during the originally scheduled business trip. Expenses refer to costs for outbound *home* and bound travel, accommodation, *event* tickets and other activities so that the substitute person can catch up with the originally scheduled itinerary and complete the purpose of the business trip. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

1.13. Therapy benefit

The insurance pays a benefit for *therapy* if the *insured* suffers psychological crisis because of a traumatic experience during *business travel*. *Therapy* benefits also applies to *close relatives* if they suffer a psychological crisis because of the death of the *insured* during *business travel*. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

The psychological treatment or *therapy* must be performed in the persons country of permanent residence and be performed by a licensed psychologist or therapist within in a year from the traumatic experience.

All expenses must be reported and approved via the appointed *Emergency Assistance provider* beforehand.

1.14. Coverage limitations

Reimbursement for:

- *Illness* is limited to expenses that occurs within one (1) year from the day of the first visit to *licensed doctor, medical practitioner*, and applicable personnel. Several cases of *illness* that are medically related are valued as the same case of *illness*.
- *Accident* is limited to expenses that occurs within three (3) years from the day of the *accident*.

However, if an *accident* or *illness* results in medical *disability*, expenses will be paid for the medical evaluation of *disability* until final settlement.

Advise from the appointed emergency provider must be adhered to. If the *insured* opposes any emergency advise the insurance reimbursement may be reduced.

The insurance covers out of pocket *medical expenses* up to SEK 10 000 (EUR 1 000). *Medical expenses* exceeding SEK 10 000 (EUR 1 000) must be reported and approved via the appointed *emergency assistance provider* beforehand.

Medical or dental care in the permanent *country of residence* should firstly be claimed to the public social security system or private medical insurance.

If the *insured* does not adhere to above mentioned limitations any insurance reimbursement may be reduced.

1.15. Preexisting health

The insurance is not valid for preexisting health conditions (accident and/or illness) that impose a medical concern and that the *insured* had reason to believe were to interfere with the business trip. The insurance is not valid if *licensed doctor, medical practitioners* or applicable personnel advise against travel and the *insured* is unfit to execute the business trip.

Advise and recommendations from *licensed doctor, medical practitioners*, and applicable personnel that may prevent any health condition prevails. The *insured* is required to adhere any medical advice prior to the commencement of *business travel*. If the *insured* travels against medical advice, reimbursement will be payable to the extent that is unforeseen in view of prior health conditions.

1.16. Coverage exclusions

The insurance does not cover *illness* or *accident* that is:

- Caused by medication, medical treatment or medical examination that is not induced by any *illness* or *accident* in accordance with these Terms and Conditions.
- Caused by the *insured* being under the influence of alcohol, medical/non-medical drugs, unlawful substances, doping agents or substances that causes intoxication if the *insured* cannot corroborate that the influence of substance has not affected the *illness* or *accident*.
- Caused by suicide, suicide attempt or self-inflicted injuries or *illness*.

The insurance does not cover *dental treatment* that is:

- Not motivated by an *accident* or acute dental issues nor the cost for orthodontics.

1.17. Venturesome activities

The insurance does not cover *illness* or *accident* that occurs in direct connection with participation in *venturesome* activities without a licensed guide. If the *insured* is licensed or certified for specific *venturesome* activities those may be performed accordingly.

The insurance does not cover off-piste skiing.

The insurance does not cover *illness* or *accident* that occurs in direct connection with participation in *professional sports*.

1.18. Other exclusions:

The insurance does not cover:

- Stay at a health facility or rehabilitation center.
- Costs caused by emergency detour of transportation due to *insureds illness* or *accident*
- Private care in the *insured's* country of permanent residence in countries where public health care is available.
- Costs for *loss of income*.
- Costs equivalent to possible personal or public savings.
- Costs for vaccination, other *preventative care* or certification prior to *business travel*.
- Any actual or alleged fear or threat of virus, mutation of virus and/or contagious disease.
- Claims that can be reimbursed elsewhere in accordance with constitution, law, other insurance or liability.

2. Lasting physical health effects

2.1. Permanent disability Accident/Sickness

The insurance covers permanent *disability* because of *illness* from 5 % or *accident* from 1 % according to these Terms and Conditions.

Reimbursement for permanent *disability* can be claimed as soon as the *disability* is established by *licensed doctor, medical practitioner* or applicable personnel and in accordance with the branch specific table, Medicinsk invaliditet skador 2021/Medicinsk invaliditet sjukdomar 2020. Reimbursement is paid in accordance with the medically assessed percentage of *disability*.

Normally permanent medical *disability* can be assessed one (1) year from the day of the first visit to *licensed doctor, medical practitioner*, and applicable personnel or one year from the day from the *accident* with exception for *loss of limbs*. The assessment of permanent *disability* must be performed or advised by *licensed doctor, medical practitioner*, and applicable personnel.

The insurance also covers the cost for medical aids for three (3) years after the permanent *disability* is established. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

The claimant has the right to retry the already established permanent *disability* up to ten (10) years from the day of the first visit to *licensed doctor, medical practitioner*, and applicable personnel or ten (10) years from the day from the *accident* if the *disability* substantially worsens.

Any reimbursement for permanent *disability* will be reduced with 50 % after the *insured* is 65 years of age.

2.2. Financial disability Accident/Sickness

The insurance covers financial *disability* because of *illness* or *accident* when the *insureds* occupational work ability is permanently reduced with 50 % or more and permanent *disability* is established according to these Terms and Conditions.

Permanent financial *disability* is assessed when Försäkringskassan i Sverige, or its equivalent in the Nordic countries, has determined that the *insured's* work ability is reduced with 50 % or more, before the *insured* is 60 years of age, according to the National Insurance Act (1962:381) or equivalent law in the Nordic countries. After three (3) consecutive years of reimbursement from Försäkringskassan i Sverige, or its equivalent in the Nordic countries, this insurance can assess the *insureds* right to reimbursement for financial *disability* from this insurance.

If reimbursement from Försäkringskassan i Sverige is approved after the *insured* is 60 years of age, this insurance will not assess the *insureds* right to reimbursement for financial *disability*. Any amount for permanent *disability* will be deducted from the reimbursement for financial *disability*.

2.3. Vocational re-training

The insurance covers necessary and reasonable expenses for vocational re-training within three (3) years after permanent *disability* from an *accident* is established according to these Terms and Conditions, from 5%, and the *insured* is unable to perform their occupational work or to benefit the *insured* in their occupational work considering the permanent *disability*. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

2.4. Disability assistance

The insurance covers necessary and reasonable expenses for technical alterations to the *insureds* private *home* or *workplace* in the *country of residence* as well as the *insureds* privately owned car. Technical alterations must be initiated within three (3) years after permanent *disability* from an *accident* is established according to these Terms and Conditions, from 40 %. Technical alterations must be medically motivated by *licensed doctor, medical practitioner* and/or applicable personnel. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

All expenses must be reported and approved via Zurich beforehand.

2.5. Coma benefit

The insurance pays a benefit per full week for the *insured's* continuous unconsciousness because of an *accident*. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

2.6. Paralysis benefit

The insurance pays a benefit if the *insured* suffers total irrecoverable paralysis because of an *accident* in addition to the reimbursement for *disability*. Paralysis is determined in accordance with the following types of paralysis:

- *Hemiplegia* (SEK 50 000),
- *Paraplegia* (SEK 75 000) and
- *Quadriplegia* (SEK 100 000).

Maximum amount for reimbursement is stated in the *Insurance Policy*.

2.7. Full thickness burn benefit

The insurance pays a benefit if the *insured* suffers full thickness burns after an *accident* resulting in second degree burns, destructing the epidermis and dermis and require surgery or skin grafting to treat. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

Benefit is paid based on the extensiveness of third degree burns as per below:

- *Covering between 5%-15% of the body's surface* (SEK 15 000)
- *Covering between 16%-25% of the body's surface* (SEK 50 000)
- *Covering between 26% and above of the body's surface* (SEK 100 000)

2.8. Fracture benefit

The insurance pays a benefit if the *insured* suffers a fracture after an *accident*. Benefit is paid once per *event* regardless the possible numbers of fractures because of one *accident*. Total rupture of Achilles tendon is considered as a fracture as per custom. The insurance does not cover fractures in nose, fingers or toes.

2.9. Prosthetics benefit

The insurance pays a benefit for *loss of limb(s)* and/or *loss of eye(s)* to acquire and have fitted prosthetics for the specific purpose in addition to the reimbursement for *disability*. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

The treatment, care and/or service is to be performed or advised by *licensed doctor, medical practitioner*, and applicable personnel.

2.10. Cosmetic reconstructive benefit

The insurance covers necessary and reasonable expenses for *cosmetic reconstructive treatment*. Consideration can be made two (2) years after permanent *disability* due to an *accident* is established according to these Terms and Conditions. Expenses refer to costs for surgery or other medical treatment to restore the appearance after an *accidental injury*. *Maximum amount* for reimbursement is stated in the *Insurance Policy*. The waiting period of two (2) years will be extended up to 18 years of age for *children* if applicable.

The treatment, care and/or service is to be performed or advised by *licensed doctor, medical practitioner*, and applicable personnel.

The insurance does not cover injuries resulting from a surgical procedure or medical malpractice. The insurance does not cover *cosmetic reconstructive treatment* if reimbursement for scarring is claimed.

2.11. Scarring

The insurance pays a benefit for scarring one (1) year after permanent *disability* due to an *accident* is established according to these Terms and Conditions and in accordance with branch specific table, Trafikskadenämnden – Utseendemässiga skadeföljder. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

Any reimbursement for scarring will be reduced with 25 % after the *insured* is 65 years of age.

2.12. Damaged property

The insurance covers necessary and reasonable expenses for damage to clothing or other personal belongings because of *illness* or *accident* that requires treatment by *licensed doctor, medical practitioner* or applicable personnel. The insurance also covers if the destruction of clothes is medically motivated. This cover is to be handled with the same conditions as stated under property in these Terms and Conditions.

2.13. Coverage limitations

Maximum reimbursement for any *disability* claim that directly or indirectly is the cause of war, invasion, civil war, revolution, political disturbance, natural disaster, epidemic, pandemic when travelling to an active *high-risk area* or the insureds passive involvement in a terrorist action is limited to:

- SEK 400 000 (EUR 40 000) during the first 14 days
- SEK 200 000 (EUR 20 000) during the next 7 days

The *coverage aggregate* limit of reimbursement for *disability* that occurred within a *high-risk area* is SEK 5 000 000 (EUR 500 000).

The insurance does not cover any reimbursement for *disability* after 21 days of stay within a *high-risk area*.

The *coverage aggregated* amount for reimbursement of *disability* per *event* is limited to SEK 150 000 000 (EUR 15 000 000). Final reimbursement per *insured* will be reduced proportionally if the *coverage aggregate* reimbursement limit per *event* is surpassed.

2.14. Preexisting health

The insurance is not valid for preexisting health conditions (accident and/or illness) that impose a medical concern and that the *insured* had reason to believe were to interfere with the business trip. The insurance is not valid if *licensed doctor, medical practitioners* or applicable personnel advise against travel and the *insured* is unfit to execute the business trip.

Advise and recommendations from *licensed doctor, medical practitioners*, and applicable personnel that may prevent any health condition prevails. The *insured* is required to adhere any medical advice prior to the commencement of *business travel*. If the *insured* travels against medical advice, reimbursement will be payable to the extent that is unforeseen in view of prior health conditions.

2.15. Coverage exclusion

The insurance does not cover *illness* or *accident* that is:

- Caused by medication, medical treatment or medical examination that is not induced by any *illness* or *accident* in accordance with these Terms and Conditions.
- Caused by the *insured* being under the influence of alcohol, medical/non-medical drugs, unlawful substances, doping agents or substances that causes intoxication if the *insured* cannot corroborate that the influence of substance has not affected the *illness* or *accident*.
- Caused by suicide, suicide attempt or self-inflicted injuries or *illness*.

2.16. Venturesome activities

The insurance does not cover *illness* or *accident* that occurs in direct connection with participation in *venturesome* activities without a licensed guide. If the *insured* is licensed or certified for specific *venturesome* activities those may be performed accordingly.

The insurance does not cover off-piste skiing.

The insurance does not cover *illness* or *accident* that occurs in direct connection with participation in *professional sports*.

3. Beneficiary cover

3.1. Death resulting from illness

The insurance pays a benefit if an *illness*, infection, bacteria or other contagious disease results in the *insureds* death during *business travel*. The insurance also covers if the *insured* dies as a result from *illness* within 14 days of returning *home* from the business trip or dies as a result from infection, bacteria or contagious disease within 1 year of returning *home* from the business trip where it was acquired. If reimbursement for permanent *disability* because of an *illness* applies prior to death the reimbursement for death due to *accident* will be reduced with the corresponding amount. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

3.2. Death due to accident

The insurance pays a benefit if an *accident* results in the *insureds* death during *business travel* or within three (3) years after the *accident*. If reimbursement for permanent *disability* because of an *accident* applies prior to death the reimbursement for death due to *accident* will be reduced with the corresponding amount. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

3.3. Disappearance

The insurance covers disappearance of *insured* in accordance with investigation by applicable authority and within their considered timeline for disappearance. Disappearance is covered under death due to *accident* according to these Terms and Conditions. If it later transpires that the *insured* person had not died any reimbursement for disappearance must be refunded to Zurich.

3.4. Dependent's benefit

The insurance will pay an additional benefit for dependents children if death is established according to these Terms & Conditions. Additional benefit is 5 % of the reimbursement amount for death stated in the *Insurance Policy* per dependent child.

3.5. Coverage limitation

Maximum reimbursement for any death that directly or indirectly is the cause of war, invasion, civil war, revolution, political disturbance, natural disaster, epidemic, pandemic when travelling to an active *high-risk area* or the *insureds* passive involvement in a terrorist action is limited to:

- SEK 400 000 (EUR 40 000) during the first 14 days
- SEK 200 000 (EUR 20 000) during the next 7 days

The *coverage aggregate* limit of reimbursement for death that occurred within a *high-risk area* is SEK 5 000 000 (EUR 500 000).

The insurance does not cover any reimbursement for death after 21 days of stay within a *high-risk* area.

The *coverage aggregated* reimbursement for death per *event* is limited to SEK 150 000 000 (EUR 15 000 000). Final reimbursement per *insured* will be reduced proportionally if the *coverage aggregate* reimbursement limit per *event* is surpassed.

Any reimbursement for death will be reduced by 5 % per year from the age of 55. The insurance will not reimburse death for any *insured* that has attained the age of 65 or older.

3.6. Preexisting health

The insurance is not valid for preexisting health conditions (accident and/or illness) that impose a medical concern and that the *insured* had reason to believe were to interfere with the business trip. The insurance is not valid if *licensed doctor, medical practitioners* or applicable personnel advise against travel and the *insured* is unfit to execute the business trip.

Advise and recommendations from *licensed doctor, medical practitioners*, and applicable personnel that may prevent any health condition prevails. The *insured* is required to adhere any medical advice prior to the commencement of *business travel*. If the *insured* travels against medical advice, reimbursement will be payable to the extent that is unforeseen in view of prior health conditions.

3.7. Coverage exclusion

The insurance does not cover *illness* or *accident* that is:

- Caused by medication, medical treatment or medical examination that is not induced by any *illness* or *accident* in accordance with these Terms and Conditions.
- Caused by the *insured* being under the influence of alcohol, medical/non-medical drugs, unlawful substances, doping agents or substances that causes intoxication if the *insured* cannot corroborate that the influence of substance has not affected the *illness* or *accident*.
- Caused by suicide, suicide attempt or self-inflicted injuries or *illness*.

3.8. Venturesome activities

The insurance does not cover *illness* or *accident* that occurs in direct connection with participation in *venturesome* activities without a licensed guide. If the *insured* is licensed or certified for specific *venturesome* activities those may be performed accordingly.

The insurance does not cover off-piste skiing.

The insurance does not cover *illness* or *accident* that occurs in direct connection with participation in *professional sports*.

3.9. Beneficiaries

The *beneficiaries* at the time of death are, unless the *insured* has notified the insurer otherwise in writing, the *insured's* spouse/registered partner/cohabiting partner and children. If no such relatives exist, *beneficiaries* are the legal heirs.

3.10. Responsibility by Policy holder

The *policy holder* is obligated to assist in providing the insurer with statement of beneficiary/*beneficiaries*.

4. Travel inconvenience

4.1. Travel delay

The insurance covers necessary and reasonable expenses for accommodation, food and other *essential items* that arise in connection with delay in *conveyance* at departure, onward connection or completion of *business travel*. *Maximum amount* for reimbursement and waiting period is stated in the *Insurance Policy*.

Any travel deviance must be verified with documents issued by the transport company.

4.2. Missed departure

The insurance covers necessary and reasonable expenses for accommodation, food and other *essential items* that arise in connection with *missed departure* of the first *conveyance* at the start of the *business travel*. The *missed departure* must be unintended, unexpected and not at fault of the *insured's* actions or tardiness. *Maximum amount* for reimbursement and waiting period is stated in the *Insurance Policy*.

Any travel deviance must be verified with documents issued by the transport company.

4.3. Missed connection

The insurance covers necessary and reasonable expenses for accommodation, food and other *essential items* that arise in connection with missed onward connecting *conveyance* during *business travel*. The *missed connection* must be unintended, unexpected and not at fault of the *insured's* actions or tardiness. *Maximum amount* for reimbursement and waiting period is stated in the *Insurance Policy*.

Any travel deviance must be verified with documents issued by the transport company.

4.4. Overbooked transportation

The insurance covers necessary and reasonable expenses for accommodation, food and other *essential items* that arise because of the *insured* being denied embarkment due to overbooking and if the transport company does not provide an alternative scheduled departure within 4 hours from de original scheduled departure time. *Maximum amount* for reimbursement and waiting period is stated in the *Insurance Policy*.

Reimbursement for overbooked flight does not apply to stand-by tickets or travel without confirmed seating.

Any travel deviance must be verified with documents issued by the transport company.

4.5. Curtailment

The insurance covers necessary and reasonable expenses if the *insured* immediately need to curtail the *business travel* and return to the *country of residence* for the following reasons:

- *Serious illness/accident* or death of the *insured's close relatives* or to a *close colleague*,
- *Serious illness* or death of *co-insured* accompanying the *insured* during *business travel*
- *Serious event* to the *insureds home* in the *country of residence* or *workplace* because of fire, burglary that led to *property damage/property loss* or other events creating serious damage to the *insured home* or *workplace*.

Maximum amount for reimbursement and waiting period is stated in the *Insurance Policy*.

Curtailment trip must commence 48 hours before the initially scheduled return trip if nothing else is agreed with Zurich and the appointed *Emergency Assistance provider*.

The insurance also covers necessary and reasonable replacement expenses for sending one (1) substitute person to complete the original *insureds* business trip if that *insured* is unable to. In addition, necessary and reasonable expenses may also be paid if the *insured* is able to return to the *country of destination* within the initial time frame and complete scheduled business trip. Replacement expenses refer to costs for *round-trip*.

All expenses must be reported and approved via the appointed *Emergency Assistance provider* beforehand.

4.6. Travel interruption

The insurance covers necessary and reasonable expenses for accommodation, food and other *essential items* for the duration that the insured's scheduled trip is extended more than 24 hours due to a natural catastrophe or as a result of an act of terrorism as announced by applicable authority.

4.7. Unused travel expenses

The insurance covers unused travel expenses if the *insured* has been forced to curtail the *business travel* in accordance with these Terms and Conditions. Unused travel expenses refer to costs for beforehand scheduled *event* tickets or other beforehand scheduled activities. *Maximum amount* for reimbursement and waiting period is stated in the *Insurance Policy*.

The insurance also covers expenses for unused pre-paid travel days at hotel or other *temporary residence* abroad due to curtailment or travel delay according with these Terms and Conditions. Expenses are reimbursed in proportion to the length of pre-paid stay. *Maximum amount* for reimbursement and waiting period is stated in the *Insurance Policy*.

Any unused travel expenses must be verified with applicable documents from transport company, hotel or other *temporary residence* and/or *licensed doctor, medical practitioner*, and applicable personnel.

4.8. Cancellation

The insurance covers expenses for *business travel* cancellation because of an *accident*, acute *illness* or death of the *insured*, the *insured's close relatives* or the accompanying *insured*.

The insurance also covers expenses for *business travel* cancellation because of an *event* to the *insureds home* or *workplace* in the *country of residence*. *Event* refers to fire, burglary that led to *property damage/property loss* or other damage to the *insured home* or *workplace* that requires the *insureds* continued presence. In addition, the insurance covers expenses for business travel cancellation if the insured is made *redundant* under applicable redundancy act, is required for military service or jury duty.

In addition, the insurance covers cancellation because of travel restrictions by the Ministry of Foreign Affairs or other applicable authority when 72 hours or less remain before departure.

Maximum amount for reimbursement is stated in the *Insurance Policy*.

Cancellation expenses refer to costs that are non-refundable or re-bookable by the transport company.

4.9. Coverage limitations

Cancellation must arise after the trip is booked. Reimbursement is paid if the reason for cancellation is considered unforeseen and of such nature that the *insured* cannot reasonably expect to participate in the scheduled trip.

Cancellation based on decision from Ministry of Foreign Affairs or other applicable authority must not have been active at the date of booking the travel.

The *insured* must verify the reason for cancellation with clearly written statements or applicable documents from authorized third party. All documents must be initiated no later than the date of travel departure.

4.10. Coverage exclusions

The insurance does not cover cancellation expenses:

- for expenses that are compensated by the transport company or other sources of compensation according to general cancellation terms, law or regulation,
- the trip is cancelled by the transportation company,
- the reason for cancellation is neglect by the *insured* to adhere proper travel guidance or
- fear of war, *terrorism, illness*, bacteria or virus.

5. Property

5.1. Baggage delay

The insurance covers necessary and reasonable expenses for checked-in baggage delay when traveling with public conveyance. Initial reimbursement is paid without waiting period. Additional reimbursement is paid if baggage delay exceeds 24 hours. Expenses for baggage delay refer to clothing, hygiene items, prescription medications and other private essential items to perform scheduled business travel. If baggage on outbound trip is not recovered, one suitable bag or suitcase may be purchased for return journey. Maximum amount for reimbursement is stated in the Insurance Policy.

Reimbursement for baggage delay on inbound business travel to the insureds country of residence is limited. Maximum amount for reimbursement is stated in the Insurance Policy.

Necessary and reasonable purchases must have been performed within the time of baggage delay and within the time frames according to these Terms and Conditions.

If baggage is not recovered the amount of reimbursement for baggage delay will be deducted from the reimbursement for lost or stolen baggage.

Any baggage delay must be verified with documents issued by the transport company, official documentation of expenses and original receipts when requested by Zurich.

5.2. Property

The insurance covers sudden and unforeseen loss (incl. forgotten), theft or damage to property brought on business travel as stated in the property value group according to these Terms and Conditions. The insurance also covers necessary and reasonable costs for the replacement of passport, visa, authority documents and payment cards as well as replacement of keys and installation of locks to the insureds home in the country of residence within a week from the event. Maximum amount for reimbursement is stated in the Insurance Policy.

Any property loss, theft or damage must be verified with applicable documentation from transport company and/or police authority. Values of property must be verified with official documentation of expense and original receipt when requested by Zurich.

5.3. Property value group

Value group 1

Jewelry, accessories, watches, clothes, bags, spectacles, cameras, GPS receivers, video/computer games, computers, tablets, smartphone (incl. equipment and accessories thereto), books, cash, travel documents, private sports equipment, art and collectors value items art are reimbursed with market value at the time of the loss.

If market value cannot be established, reimbursement will be based on the cost to repurchase raw material (ex. homemade clothing and hobby work).

Value group 2

Consumables already in usage i.e. toiletries, hygiene articles, makeup incl. tools, perfumes etc. is reimbursed with 100 % of the market value at the time of the loss.

Value group 3

Remaining property that is not mentioned in prior value groups:

- Property that is less than two (2) years old, from the day of purchase, will be reimbursed with the market values at the time of the loss if replaced within 6 months from the day of loss. If repurchase is not executed within 6 months, reimbursement is 70 % of market value.
- If property is older than two (2) years, from the day of purchase, reimbursement will be deducted with 20 % per year from the day of the loss. Deduction will never exceed 80 % of market value if the property was in good condition at the time of the loss.

If damaged property can be repaired the claim will be reimbursed with necessary and reasonable expenses for the reparation. Expenses for reparation cannot exceed the reimbursement to replace property according to above value groups.

5.4. Standard of care

The insured must be careful with their property and take reasonable measures to prevent loss (incl. specifically forgotten), theft or damage to property.

Theft-prone property requires extra care by the insured and must not be checked-in as baggage, left visible in a vehicle or unlocked hotel room/temporary residence or left otherwise unsupervised or non-concealed.

Reimbursement for property may be reduced if standard of care is not upheld.

5.5. Coverage exclusion

The insurance does not cover loss, theft or damage according to these Terms and conditions for:

- Motor vehicle, trailer, boat, watercraft, aircraft, drone or similar incl. parts of equipment to mentioned vehicles.
- Animals/pets.
- Sports equipment when in use.

- *Property* that is lost without reasonable explanation to the event.
- Cash and valuables that have been forgotten even if stolen at a later stage.
- Value of lost data memory, cloud services, software, license rights, encryption keys, NFT (non-fungible token) and similar digital assets, cryptos, intellectual *property* and photographs/film.
- Sentimental value.
- Tears, scratches, dents or similar minor damage that does not affect the usage of *property*.
- Effects due to pests, vermin, moths and atmospheric or climate conditions.
- Confiscation or detention by customs or applicable authority.

5.6. Deductible cover

Private home

The insurance covers the deductible for a partly or fully reimbursed insurance claim, by the *home* insurance, for sudden and unforeseen damage to the *insureds* private *home* in the *country of residence* inhabited during the entire *business travel*.

Private car

The insurance covers the deductible for a partly or fully reimbursed insurance claim, by the car insurance, for sudden and unforeseen damage to the *insureds* privately owned or leased car when unused in the *country of residence* during the entire *business travel*.

Rental car

The insurance covers the deductible for a partly or fully reimbursed insurance claim, by the car insurance, for sudden and unforeseen damage to a rental car used for purpose of *business travel* as stated in the insurance policy. This cover also applies to short-time leased cars, 30 days or less, and mopeds/vespas with maximum 100cc.

Reimbursement is paid with the amount of the deductible. The *insured* must be liable for the deductible. Any claim must firstly be settled by the *home/car* insurance company prior to reimbursement for deductible cover under this insurance. The claim must exceed the applicable deductible. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

Damage and expenses must be verified with applicable documentation from rental company or *home/car* insurance company.

5.7. Coverage exclusion

The insurance does not cover deductibles for:

- Damage that is covered by the *cars/homes* legal expense protection.
- Loss of bonus, rewards, corporate incentives or loyalty programs
- Costs for replacement *car/home* due to the damage.
- Damage to veteran cars, cars that weigh more than 3,5 ton, vehicles with 10 cylinders or more, vehicles designed for terrain.
- Damage to vehicles used for delivery or a move.

6. Personal cyber

6.1. Identity theft benefit

The insurance covers necessary and reasonable expenses in connection to identity theft that occur during *business travel*. Identity theft refers to an act where a third party unlawfully uses the *insureds* ID to commit fraud or other criminal acts i.e. open bank accounts or apply for credit card or mortgage in the *insureds* name. Expenses refer to costs that directly arise from the unlawful act and possible administrative cost to mitigate damage. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

Any identity theft must be reported accordingly and verified with a police report. Values of fraud must be verified with official documentation of expense.

6.2. Payment fraud benefit

The insurance covers necessary and reasonable expenses in connection to payment fraud during *business travel*. Payment fraud refers to *card-not-present-fraud* and *card-present-fraud* where a third party unlawfully uses the *insureds* private payment or credit card. Expenses refer to the cost that is unlawfully deducted from the *insureds* bank account in direct connection to payment fraud and possible administrative costs to mitigate the damage. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

Any payment fraud must be reported to the payment technology company/bank. Values of fraud must be verified with official documentation of expense.

6.3. Cellular fraud benefit

The insurance covers necessary and reasonable expenses in connection to cellular fraud during *business travel*. Cellular fraud refers to an act where a third party unlawfully uses the *insureds* cell phone or tablet for purpose of payment technology and/or data transfer. Expenses refer to costs that arise from unlawful usage as per above. Any cellular fraud must be reported to the cellular service company and/or payment technology company/bank. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

Any cellular fraud must be reported to the cellular service company and/or payment technology company/bank. Values of fraud must be verified with official documentation of expense.

7. Personal security

7.1. Evacuation and Quarantine

The insurance covers necessary and reasonable expenses if the *insured* immediately need to evacuate the *country of destination* and return to the *country of residence* or is put in quarantine for the following reasons:

- *Natural catastrophe*,
- severe epidemic or pandemic,
- war or war like conditions or
- political disturbance.

Above conditions need to be announced by applicable authority and/or Ministry of Foreign Affairs and must occur after the *insured* has arrived in the *country of destination*.

Expenses refer to costs for travel, accommodation, meals and international phone calls. Expenses during quarantine is reimbursed for a maximum of 30 days. Evacuation from risk areas must commence within 14 days from announcement. Evacuation trip must commence 48 hours before the initially scheduled return trip if nothing else is agreed with Zurich and the appointed *Emergency Assistance provider*. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

Expenses are not paid for costs that are covered elsewhere. The insurance does not cover evacuation and quarantine if the *insured* has failed to adhere official announcements.

All expenses must be reported and approved via the appointed *Emergency Assistance provider* beforehand.

7.2. Search and rescue

The insurance covers necessary and reasonable expenses for search and rescue operation by applicable organization if the *insured* is reported missing to applicable authority for at least 24 hours or is caught in an inaccessible location after *illness/accident* according to these Terms & Conditions. Reimbursement is paid for up to one (1) year. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

Expenses are not paid for costs that are covered elsewhere. The insurance does not cover search and rescue if the *insured* has acted against security advice.

All expenses must be reported and approved via the appointed *Emergency Assistance provider* beforehand.

7.3. Personal liability

The insurance covers necessary and reasonable expenses for personal liability if the *insured* as a private individual is liable for a third-party claim regarding personal injury or material damage during *business travel*. Expenses refer to personal injury, *property* damage and economic loss. Economic loss is not covered if exclusions apply to personal injury or *property* damage. The insurance does not cover *pure economic loss* i.e. economic loss that has occurred without causes and effects of personal injury or *property* damage. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

Zurich's commitment

The insurance applies to liability for damages in accordance with general Tort Liability Act. Liability for personal injury that occurs in the *insureds country of residence* will be handled in accordance with international legislation.

In the *event* of a personal liability claim which may be covered by this insurance, Zurich 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.

All expenses must be reported and approved via Zurich beforehand. Zurich owns the right to appoint and instruct a third party acting as proxy for the *insured* whereby expenses for the proxy are covered by this insurance.

7.4. Coverage exclusion

The insurance does not cover:

- Damages that directly occur in connection with the *insured's* professional performance or work duties.
- Damage that the *insured* inflicts upon another *insured* or *close relative*.
- Damage that to any part occurred willfully or through reckless behavior by the *insured* or that occurred with criminal intent by the *insured*.
- Damage to housing or plot/grounds that is owned by the *insured*.

- *Property* damage that occurs when the *insured* rent, leases, borrow, repair, manufacture, deconstruct, transport, carry, store or otherwise use more than on momentary basis.

Above exclusion regarding temporary usage does not apply to hotel room or other *temporary residence* during *business travel* or inventory thereto to the extent the damage is not reimbursed by another insurer.

- Damage that is caused by long time/excessive usage and/or wear and tear.
- Expenses for detour of ships or airplanes due to the *insured's* damage.
- Damages that directly or indirectly is caused in connection to war, war like *events*, civil war, revolution or riot.
- Claims where the *insured* can be liable in accordance with legislation for nuclear energy.
- Damage that the *insured* is liable as owner, user or driver of:
 - Motor vehicle used in traffic,
 - aircraft, hot air balloon, hang glider or,
 - steamboat, motorboat, sailboat (equipped either with an outboard motor of up to 6 hp or a sail with an area of at most 7.5 sq m).
 - or similar crafts to the above.

7.5. Legal protection benefit

The insurance covers necessary and reasonable expenses for a legal dispute if the *insured* as a private individual is prosecuted for a third-party claim or material damage that occurred on *business travel*. Legal dispute refers to a disagreement of legal concern following a claim i.e civil action or arbitration. Expenses refer to pre-trial investigation costs, litigation costs, counsel fees and other handling charges that are not paid by the adverse party or state legal aid. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

10 % deductible of total legal expenses applies.

7.6. Coverage exclusion

The insurance does not cover:

- Claims that directly occur in connection with the *insured's* professional performance or work duties.
- Claims that occur with a criminal intent by the *insured*
- Claims regarding damages where the *insured* is a suspect of criminal intent
- Claims that only can be tried by administrative authority, administrative court or special court i.e. County Administrative Board, rent tribunal or administrative court of appeal.
- Claims regarding dissolution of marriage/ registered *partner*/cohabiting *partner* or questions thereto.
- Claims that are considered small according to ch.1 s.3 d of the Code of Judicial Procedure.
- Claims regarding financial actions that are unusual for a private individual.
- Claims where the *insured* is the owner of real estate, site-leasehold right, vehicle or similar (unless the vehicle is hired outside the *country of residence*).

In addition, the insurance does not cover:

- Expenses in connection with *loss* of the *insured's* income due to litigation process and circumstances thereto.
- Expenses for the actualization of conditional sentence.
- Expenses for more than one counsel or change in counsel.
- Expenses for legal counsel if Zurich has reimbursed the same under liability damages in accordance with these Terms & Conditions.
- Expenses that the *insured* refrains from obtaining from the adverse party.
- Expenses regarding fines or penalties.

7.7. Bail bond benefit

The insurance covers necessary and reasonable expenses for bail bond if the *insured* is placed in detention by government or local civil authority because of a legal *event* during *business travel* to parole the *insured*. Bail bond is considered a loan and must be repaid to Zurich by the *Policy Holder* or other third party within 6 months from the date of reimbursement or immediately if the *insured* fails to appear at later court date. Bail bond will only be covered if the *insured* does not receive a similar benefit elsewhere. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

Bail bond must be reported and to the appointed *Emergency Assistance provider* and Zurich beforehand. Zurich requires an acceptable financial guarantee regarding repayment from the *Policy Holder* or other third party.

7.8. Assault damages

The insurance covers damages for personal *assault* that is inflicted upon the *insured* during *business travel* when the perpetrator is unknown or unable to pay damages and damages are not paid by another authority, insurer or otherwise third party. *Assault* refers to a personal injury through physical violence, violation of integrity and transient physical/psychological suffering. Damages are paid in accordance with Swedish Tort Liability Act (1972:207), section 5. The *assault* must be considered a crime in accordance with legislation and entitle compensation under Tort Liability Act. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

The *insureds* right to damages must be verified with legal documentation. Multiple injuries are seen as one (1) claim if they occurred on the same occasion.

7.9. Assault benefit

The insurance pays an additional lump sum benefit for personal *assault* that is inflicted upon the *insured* during *business travel* as stated in the Insurance Policy. Benefit refers to reimbursement as stated in Zurich Coverage table of benefit. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

The insurance also covers *Medical expenses, Disability, Personal property* and *Payment fraud* benefit in accordance with these Terms and Conditions if applicable because of the personal *assault*.

Assault must be verified with applicable documentation from *licensed doctor, medical practitioner* or applicable personnel as well as police authority.

7.10. Coverage table of benefit

Item	Benefit (SEK)
Assault by one (1) offender	8 000
Assault by several offenders or one (1) offender with a weapon	12 000
Aggravated <i>assault</i>	
• without sick leave	12 000
• with sick leave, maximum one (1) week	15 000
• with sick leave exceeding one (1) week	30 000
Exceptionally serious <i>assault</i> inflicting <i>life-threatening</i> injury	70 000
Attempted murder or manslaughter	
• without <i>life-threatening</i> injury	70 000
• with <i>life-threatening</i> injury	120 000
Rape, statutory rape, sexual coercion	90 000
Aggravated rape, aggravated statutory rape	110 000
Sexual coercion or exploitation of a minor	30 000
Aggravated sexual coercion or exploitation of a minor	50 000

7.11. Coverage exclusion

The insurance does not cover:

- *Assault* inflicted upon the *insured* by another *insured* or *close relative*.
- *Assault* that to any part occurred willfully or through reckless behavior by the *insured* or that occurred with criminal intent by the *insured*.
- *Assault* caused by the *insured* being under the influence of alcohol, medical/non-medical drugs, unlawful substances, doping agents or substances that causes intoxication if the *insured* cannot corroborate that the influence of substance has not affected *assault*.
- *Assault* in connection to war, war like events, civil war, revolution or riot.

7.12. Additional security benefit (abduct, captive, seizure)

The insurance pays a benefit per day if the *insured* is involuntarily *abducted, held captive* or is *seized* through unlawful act by third party during *business travel*. Benefit per day refers to the start of every 24th hour. Benefit 90 days unlawful deprivation of freedom. *Maximum amount* for reimbursement is stated in the *Insurance Policy*.

The insurance also covers necessary and reasonable travel and accommodation expenses incl. expenses for meals and international phone calls for three (3) *close relatives* in accordance with these Terms and Conditions during the period of unlawful deprivation.

8. Scope of cover

8.1. Who is covered by the insurance

The company is the *policy holder*. *Employees* and other personnel incl. management positions are the *insured*. Detailed information of *Policy Holder, subsidiaries* and *insured* is stated in the *Insurance Policy*.

8.2. Insured activity

The purpose of this insurance is to cover *employees* and other personnel incl. management positions during *business travel*.

8.3. When the insurance applies

The insurance covers *losses* which occur on *business travel* undertaken by the *insured* during the *policy period*. The insurance is extended to cover leisure travel in connection with *business travel* as well. Detailed information of extended cover is stated in the *Insurance Policy*.

8.4. Where the insurance applies

The insurance applies within the geographical area stated in the *Insurance Policy*

8.5. Insurance cover

Detailed benefits incl. scope of cover and limits are stated in the *Insurance Policy*. The *Insurance Policy* is to be read together with these Terms and Conditions in the *event* of a claim.

8.6. High risk areas

The insurance covers *high-risk areas* for specific actions within these areas, with limited benefit levels that applies to specific coverages as listed in the Terms & Conditions.

Active war risk for specific companies or employment thereto will be assessed and individually underwritten as such.

8.7. Terrorism

The insurance does not cover *losses* which may be assumed to be the direct or indirect result, in whole or in part, of;

- terrorist acts,
- measures taken for the purpose of *preventing* or reacting to acts of *terrorism*, unless the *insured* can demonstrate that there is no connection between the act of *terrorism* or such measure and the *loss*.

8.8. Nuclear hazard losses

The insurance does not cover claims that are related to nuclear processes or radioactive decay.

8.9. Master insurance

This policy is designated as master policy if one or more integrated local policies are issued by or on behalf of Zurich. Any *loss* payments under this master policy or an integrated local policy shall be deducted from the sum *insured* under this master policy. Payments under non-integrated local policies shall not be deducted from the sum *insured* under this master policy.

If any amounts paid by Zurich or its *subsidiaries* or *partners* under any integrated local policy exceed the sum *insured* all such excess amounts shall be recoverable from the policyholder by Zurich.

8.10. Difference-in-Limit (DIL)

If the amount of any *loss* coverable under the integrated local policy exceeds or is likely to exceed the limit of liability of the integrated local policy, any excess shall be adjusted under the master policy provided that the *loss* is covered by the master policy. In such a case no deductible applies to the master policy. In the *event* the limit of liability of the integrated local policy is totally exhausted and the claim will be adjusted under master policy the applicable deductible is the deductible stated in the master policy schedule.

8.11. Difference-in-Conditions (DIC)

If a *loss* is not coverable under the integrated local policy, such *loss* shall be adjusted directly under the master policy provided that such *loss* is covered by the master policy, and subject to the deductible applicable to the master policy

8.12. Financial Interest Cover (FINC)

Restricted Country *Loss* is covered under this Master Policy only by means of coverage for the Policyholder's resulting Qualified *Loss* as set out below.

The Policyholder, solely, is the *Insured* under this Master Policy in respect of Qualified *Loss*.

In the *event* of a Restricted Country *Loss*, the Policyholder's resulting Qualified *Loss* shall be deemed to be

- a. equal in amount to the Restricted Country *Loss*; or
- b. where the Policyholder has a contractual liability to indemnify the Company suffering the Restricted Country *Loss*, the amount of such *loss* that the Policyholder is contractually liable to indemnify,

less the amount of the Restricted Country *Loss* that is covered under a Local Policy, if any.

The Insurer undertakes under this Master Policy to indemnify the Policyholder for its Qualified *Loss*, calculated as set out above, provided that

- the limit of liability shall be the limit of liability hereunder in respect of the corresponding Relevant *Loss*, less the amount of the Restricted Country *Loss* that is covered under a Local Policy, if any; and
- the deductible shall be the deductible hereunder in respect of the corresponding Relevant *Loss*, less the deductible applicable under a Local Policy, if any, covering the Restricted Country *Loss*; and
- matters known to the Company suffering the relevant Restricted Country *Loss* shall be deemed to be known to the Policyholder; and

- the Policyholder shall act vis-à-vis the Insurer as if the Policyholder itself were suffering the corresponding Relevant Loss, and for this purpose the Policyholder shall procure duties and requirements imposed under this Master Policy in respect of such Relevant Loss shall be complied with by the Company suffering the Restricted Country Loss; and
- the Policyholder shall calculate, determine and prove the relevant Restricted Country Loss as well as the resulting Qualified Loss and, when directed by the Insurer, the Policyholder shall
 - a. retain, in its own name but on the Insurer's cost, any loss adjusting expert approved by the Insurer for the purpose of determination of such losses and,
 - b. where permitted by applicable local jurisdiction, grant the Insurer the full right to collaborate with such loss adjuster and
 - c. grant the Insurer full access to any records produced by such loss adjuster; and
- the Policyholder shall procure that the Company suffering the relevant Restricted Country Loss shall execute and enforce any right to recovery from any third party in respect of such loss and the Policyholder shall pay to the Insurer an amount equal to any such recovery made, less all costs suffered in relation thereto (other than its office expenses and salaries to employees), that corresponds to the Qualified Loss payable or paid by the Insurer to the Policyholder.

8.13. Specific definitions of FINC

- Company means an organization indicated in the *Insurance Policy / Schedule*, including all its branches, who upon sustaining a loss or expenses, may produce a Relevant Loss or a Qualified Loss. Company does not, however, include the Policyholder or any of its branches.
- Relevant Loss means loss suffered or expenses incurred by a Company, provided that such loss or expenses are covered under this Master Policy.
- Restricted Country means countries listed to this endorsement whose laws prohibit the Insurer from covering the risk of, or indemnifying, loss or expenses incurred by a Company, because such Company, its branch or its lost or damaged property, whichever is the risk to be covered, is in such country.
- Restricted Country Loss means loss or expenses equal in amount to a Relevant Loss, but which is not a Relevant Loss solely because the relevant Company or its relevant branch or property, respectively, is in a Restricted Country.
- Qualified Loss means the financial devaluation of direct or indirect financial interest in a Company, incurred as a direct result of Restricted Country Loss incurred by such Company.
- Local Policy means a local insurance policy that is duly issued in respect of risks in a Restricted Country, where such local policy is arranged by the Insurer hereunder.

8.14. Group Parent Protection (GPP)

The GPP Insured endorsement shall apply for insured countries as mentioned within the insurance agreement.

It is further noted that where the Insured has a local policy issued within the program and the Master Policy is providing difference in cover(DIC) and/or difference in limits (DIL), GPP Insured endorsement shall apply for countries with local policies as mentioned within the insurance agreement.

The Policy holder is covered under this Master Policy as set out in (a) or (b) or (c) below:

- a. Where the Policyholder hold shares or any other financial interest as, by way of example but not by way of limitation, any participation, controlling interest, voting rights, management control or investment under applicable laws in the Subsidiaries and Affiliates, against the risk that the Policyholder suffers devaluation of such shares or financial interest as a result of Subsidiaries and Affiliates incurring and paying for a Relevant Loss. This risk constitutes the Policyholder's insurable interest under this section. For the purposes of this section of the Master Policy, the amount of the Policyholder's loss is deemed to be equal in amount to the Relevant Loss.
- b. In respect of the Policyholder's contractual liability to indemnify a Subsidiary and Affiliate against a Relevant Loss. The Policyholder's insurable interest arises by virtue of the loss that the Policyholder incurs in indemnifying the Subsidiary and Affiliate.
- c. In respect of the Policyholder's contractual liability to indemnify a Group Person against losses that would have been covered under the terms of this Master Policy if incurred by an Insured Person. The Policyholder's insurable interest arises by virtue of the loss that the Policyholder incurs in indemnifying the Group Person.

For the purpose of this section of the Master Policy, Subsidiary and Affiliate shall mean to include any Subsidiaries and Affiliates as well as branches acquired or newly formed following the conclusion of this Master Policy.

The terms of this section shall prevail in the event of conflict with any other provisions of this Master Policy.

8.15. Specific definitions of GPP

- Group Person(s) means person which We [the insurer] are not permitted to cover under this Master Policy. Such person is not a party to, nor an insured or a beneficiary under this Master Policy and has no rights and no obligations under this Master Policy.
- Management Control means that the policyholder or a Subsidiary and Affiliate and their representatives undertake actual management within a company and thereby essentially determine decision-taking by the respective company.
- Master Policy is the main policy of the international program. It grants coverage for the Policyholder and Insured Persons and stipulates rules for the international program.
- Relevant Loss is deemed to be the legal or contractual obligation of Subsidiaries and Affiliates to indemnify a Group Person for losses that would have been covered under the terms of this Master Policy if incurred by an Insured Person.

- Subsidiaries and Affiliates means companies in which the Policyholder directly or indirectly has a controlling interest of 50% or more, or over which the Policyholder exercises Management Control.

8.16. Conflict of terms

The terms of this section shall prevail in the event of conflict with any other provisions of these terms.

8.17. Deductible

The insurance applies without general deductible unless otherwise agreed and evident in the *Insurance Policy*.

See *Legal expenses* for specific deductible to that insurance cover.

8.18. Event Aggregate Limitation

If the total amount of all claims arising out of any one *event* exceeds the *event aggregate* limit each individual claim will be proportionately reduced until the total value of all claims does not exceed the *event aggregate* limit. *Event aggregate* limit is stated in the *Insurance Policy*.

8.19. Coverage Aggregate Limitation

If the total amount of all claims referring to a specific coverage exceeds the coverage *aggregate* limit each individual claim will be proportionately reduced until the total value of all claims does not exceed the *event aggregate* limit. Coverage aggregate limit is stated in the Terms and Conditions and/or Insurance policy.

8.20. Liability undertaking

In the *event* a claim in damages is brought against an *insured* which may be covered by the insurance Zurich undertakes as follows:

- to investigate the existence of liability in damages,
- to negotiate with the party claiming damages,
- to present the *insured's* case at trial or in arbitration proceedings and thereupon pay any litigation and arbitration costs which the *insured* incurs or is ordered to pay and which may not be obtained from the opposing party or another party, and
- to pay any damages and penalty interest thereon which the *insured* is obligated to pay.

Zurich is entitled to appoint and instruct a third party who, on behalf of the *insured*, shall investigate, negotiate or handle the matter in accordance with the above, whereupon Zurich's undertaking shall include payment of the *insured's* costs thereof.

Value added tax to be paid by the *insured* does not constitute a *loss* to be indemnified by the insurance insofar as the *insured* has the possibility to deduct the amount in accordance with applicable tax rules.

8.21. General exclusion

The insurance does not cover:

- Regular medical care and check-ups for pre-existing or chronic *illness*.
- Participation in criminal or violent acts incl. fights except in purpose of self-defense.
- Suicide, suicide attempt or self-inflicted injuries or *illness*.
- Participation in *professional sports*.
- Participation in professional or armature motor racing.
- *Events* where the *insured* works as a member of a flight, ship or offshore crew.
- *Events* on a privately chartered aircraft or non-scheduled flight unless otherwise agreed and evident in the *Insurance Policy*.
- Everyday travel or weekly commutes between the *insureds home* and *workplace*.
- *Events* caused by bankruptcy, strikes or threats of strikes from the *conveyance* company (incl. union and subcontractor thereto) announced earlier than 24 hours before scheduled departure.
- Baggage or *property* confiscated by customs or other authorities.

9. Claims adjustment provisions

9.1. Notification of claim

Claims should be reported promptly to Zurich or the appointed *Emergency Assistance provider* if applicable. Claims should be supported with additional documentation as soon as possible upon request from Zurich. If the *insured* does not fulfil these obligations the claim might not be approved or fully reimbursed.

9.2. Statutes of limitation

Claims and supporting documentation thereto must be filed to Zurich within ten (10) years from the date the *insured* was aware, or ought to have known, of the *event*. After this period statutes of limitations runs out and the right to insurance cover is lost.

9.3. Informational duties

The *insured* must disclose all circumstances regarding a claim. The *insured* must also provide supporting information that the claims occurred during *business travel* and that they are employed by the *policy Holder* if requested by Zurich.

9.4. Settlement

Reimbursement should be paid without delay upon receipt of applicable information in order to finalize a claim. Zurich may not intentionally delay the claims handling process. The *insured* is entitled to statutory interest if reimbursement is delayed in accordance with the Swedish Insurance Contracts Act (205:104) and calculated with guidance of the Act on Interest (1975:635).

9.5. Sanctioned payments

To the extent insurance compensation shall be paid under this insurance in respect of damages payable to a person or organization that is subject to trade or economic sanctions pursuant to any applicable sanctions laws or regulations, Zurich shall have the right to withhold such payment, without being liable for delays in the payment thereof, until the *insured* has demonstrated to Zurich that the payment of damages to such person or organization will not violate such sanctions laws or regulations.

9.6. Claims recovery

Zurich acts as proxy for the *insureds* right to damages or other compensation by third party to the extent that Zurich has compensated expenses and/or other *losses*. This also applies to private companies and authorities who are liable to compensate the *insured* based on agreement, law, ordinance or similar.

10. Complaints

10.1. Internal appeal

In the *event* of a complaint in conjunction with claims handling firstly reach out to the claims handler. A call or e-mail with clarifying information or supplementary documentation might clarify the claims situation and limit further misunderstandings.

If any disagreement remains and/or you as the *insured* is displeased with our decision you have the right to raise your complaint further to Zurich's internal Complaints Officer by sending your written statement to:

Zurich Insurance plc (Ireland), Sweden Branch
P.O. Box 5069
SE-102 42 Stockholm, Sweden

10.2. External appeal

You as the *insured* may also appeal to the external parties below:

- Swedish National Board for Consumer Complaints (Allmänna reklamationsnämnden – ARN)
ARN's review is free of charge and the decision is a recommendation.
www.arn.se
- Swedish National Committee for Personal Insurance (Personförsäkringsnämnden – PFN)
PFN's review is free of charge and the decision is an advisory statement.
www.forsakringsnamnder.se
- You as the *insured* also have the right to contact your nearest District court for official judicial assistance and possible hearing in court, in accordance with *Applicable law, competent court and arbitration proceedings*.
www.dom.se
- For further external guidance regarding your discontent, you as the *insured* may contact the Swedish Consumers' Banking and Finance Bureau and The Swedish Consumers' Insurance Bureau provide consumers with independent information and advice regarding financial services. Their assistance is free of charge.
www.konsumenternas.se

11. General conditions

11.1. Authority of the Policy holder

The *policy holder* has the sole right to enter into an agreement with Zurich regarding amendments or termination of the insurance.

11.2. Insurer's liability

Zurich shall be liable pursuant to the insurance during the *policy period* to the extent the insurance is not terminated prematurely or there is a delay in the payment of premiums.

11.3. Premature termination by the insurer

Zurich shall be entitled to terminate the insurance fourteen days following notice of termination where:

- the *policy holder* or the *insured* materially breach their obligations in accordance with the insurance; or
- any circumstance stated in the insurance which is material to the risk of an *insured event* has changed in such a manner that Zurich cannot be assumed to have taken it into account.

However, Zurich shall be entitled, in lieu of terminating the insurance in accordance with the above, to amend the insurance terms for the remaining *policy period* effective fourteen days after notice of the amendment.

In conjunction with a delay in premium payments, Zurich shall be entitled to terminate the agreement three days following notice of termination provided that the delay is not immaterial.

11.4. Premature termination by the Policy Holder

The *policy holder* shall be entitled to terminate the insurance with immediate effect in the *event* the insurance is no longer needed in its entirety or to a very significant extent.

Otherwise, the *policy holder* shall be entitled to terminate the insurance fourteen days after notice of termination where:

- Zurich has materially breached its obligations in accordance with the insurance; or
- Zurich, in accordance with *Premature termination by the insurer*, has amended the insurance terms for the remaining *policy period*.

The time periods pertain to the time from dispatch of the notice. The stated time periods shall apply notwithstanding that the notice was delayed or does not reach the addressee, provided it is sent to the address of the recipient which the latter last notified to the sender.

11.5. Premium payments

Premiums must be paid upon commencement of the *policy period* or, where a later time is stated in the premium invoice, within the time stated therein. In other cases, a delay in the payment of premiums shall be deemed to exist. In the *event* of a delay in the payment of the premium and provided that the insurance has not been terminated, Zurich's liability shall commence not earlier than the day after the day of payment.

This shall apply in respect of supplemental premiums payable due to changes in the insurance during the *policy period*, whereupon the change shall be regarded as a separate insurance with a *policy period* commencing the date when the amendment enters into force.

Unless otherwise stated, the premium set forth in the premium invoice shall apply exclusive of premium-related taxes and fees

11.6. Premium payments upon premature termination of the insurance contract

In the *event* the insurance is terminated by the *policy holder*, Zurich shall refund an amount equal to the reduction of the premium which would have occurred had the insurance originally applied for the shorter period.

In the *event* the insurance is terminated by Zurich, Zurich shall refund the unused part of the premium. If an *insured event* has occurred, premiums for the amount equal to the indemnity shall be deemed to have been used.

11.7. Duty to provide information

Prior to the execution, amendment or renewal of the insurance, and during the *policy period*, the *policy holder* shall be obligated to provide accurate and complete answers to the questions posed by Zurich which are relevant to the new insurance relationship. The *policy holder* shall also on its own initiative provide information to Zurich relating to circumstances which are of obvious relevance to the risk assessment and, in the *event* the *policy holder* learns that Zurich previously received inaccurate or incomplete information of this type, the *policy holder* shall notify Zurich of the accurate and complete information without delay.

Accordingly, the *policy holder*, prior to the execution, amendment or renewal of the insurance, shall be obligated, among other things, to inform Zurich of known *events* which may be expected to give rise to an *insured event*.

In the *event* the *policy holder* negligently breaches its duty to provide information, Zurich shall be liable under the insurance only to the extent the *insured* can demonstrate that it was immaterial to the *insured event*. If Zurich can demonstrate that the insurance would have not been issued at all had the duty to provide information been complied with, Zurich shall be completely released from liability.

11.8. Risk increase

In the *event* the risk of an *insured event* increases because of a change in any circumstance which has been stated in the insurance or which the *policy holder* has disclosed to Zurich in conjunction with the execution, amendment or renewal of the insurance, the *policy holder* shall be obligated to notify such change to Zurich.

11.9. Duty to mitigate

In the *event* the *policy holder* has failed to do so, Zurich's liability may be reduced correspondingly regarding the breach of the duty to provide information. This shall apply notwithstanding that the *policy holder* has notified the change to Zurich provided that the *insured* has affected or consented to the change.

In conjunction with an increase in risk in accordance with the above, Zurich shall also be entitled, in certain cases, to terminate the insurance or to amend the insurance terms.

Upon the occurrence of an *insured event* or where such is regarded as imminent, the *insured* shall, to the best of its abilities, ensure that such is avoided or limited, and preserve any right to compensation from any third party who may be liable therefore. However, the aforementioned shall not apply in respect of measures which Zurich, according to other terms, may have undertaken.

In this context, "*insured*" is equated with:

- The *insured's* contractors to the extent such contractors, as a consequence of the engagement, are in control of the *insured* interest; and
- the *insured's* employees in management positions in the company or on site.

The costs for mitigation measures in accordance with the above, or for *losses* arising as a consequence thereof, shall be compensated only if and to the extent set forth in the other provisions.

In the *event* Zurich issues special instructions for mitigation measures, the *insured* shall be obligated to follow the instructions to the extent the *insured's* costs as a consequence thereof are compensated under the insurance.

In the *event* the *insured* intentionally or through gross negligence breaches its obligations in accordance with the above, the compensation may be reduced to a reasonable extent as regards the *insured*.

Zurich's liability may also be limited in conjunction with breaches of the duty to mitigate in accordance with the above where such has occurred with the intention of *preventing a property loss* in an emergency provided the *loss* cannot be compensated under the insurance in accordance with the provisions governing the scope thereof.

11.10. Subrogation

To the extent Zurich has paid indemnity or costs in accordance with the policy, Zurich shall assume the *insured's* right to compensation from another party who is liable to pay compensation for the *loss* or the costs.

11.11. Double insurance

If an interest covered by this insurance is also *insured* by another insurance and that insurance contains a reservation for the *event* of double insurance, the same reservation also applies to this insurance. In that *event*, liability will be distributed between the insurances in the manner stated by the applicable law on insurance contracts.

Upon the occurrence of *insured events*, the *policy holder* and the *insured* shall be obligated to notify Zurich in respect of any other insurance which may be assumed to cover the *insured event*. Upon the failure to do so, the compensation paid by Zurich may be reduced or a refund may be demanded considering, among other things, the *loss* incurred by Zurich as a consequence of such failure.

11.12. Reservation regarding set-off

Zurich shall be entitled to satisfy its duty to compensate the *insured* by set-off against claims which Zurich may have against another *insured* or the *policy holder*.

11.13. Currency

Unless otherwise stated, all monetary amounts in this insurance are in SEK. In conjunction with payments in a currency other than SEK or in a specifically stated currency, a recalculation shall occur, in conjunction with the application of the insurance, to SEK or the specifically stated currency in accordance with the spot rate quoted by Swedish commercial banks for the purchase of the currency of payment as per the payment date.

11.14. Statutory and contractual limitations

Any party wishing to make a claim for insurance indemnification or other insurance protection pursuant to Zurich's undertaking hereunder, must, to avoid forfeiture of its right thereto, notify such claim to Zurich within twelve months from the time when the circumstance that according to the *insurance policy* entitles to insurance cover arose.

However, such a claim made by an *insured*, that is also an *insured* under a *local insurance* that Zurich has arranged in another country than Sweden pursuant to its undertakings towards the policyholder, shall be deemed to have been made in due time hereunder, provided that the claim was notified to the insurer of the *local insurance* in due time as prescribed for that insurance. Information submitted about such claim to the insurer of the *local insurance*, shall be considered simultaneously submitted to Zurich hereunder.

In addition, to avoid forfeiture of a right to insurance indemnification or other insurance protection, any party making such claim must institute an action against Zurich within ten years from the time when the circumstance that according to the *insurance policy* entitles to insurance cover arose. In the *event* a claim is made against Zurich in due time in accordance with the first paragraph, an action on the claim can, however, still be instituted within six months after Zurich has declared a final position regarding the claim.

Upon adopting a final position regarding the claim for insurance indemnification or other insurance protection Zurich may demand in writing that the person asserting the claim bring an action against Zurich regarding the decision within twelve months following receipt of such demand. In the *event* the action is not instituted within such time, the right to obtain a modification of Zurich's final position shall be forfeited.

11.15. Applicable law, competent court and arbitration proceedings

In addition to the insurance terms, the insurance shall be subject to the Swedish Insurance Contracts Act (2005:104).

Otherwise, general Swedish legal rules shall be applied in the interpretation and application of the insurance. Disputes regarding the policy shall be determined by Swedish courts of general jurisdiction.

11.16. Force majeure

In the application of the insurance, Zurich shall not be liable for *losses* caused by Zurich because of measures taken by governmental authorities, acts of war, labor conflicts – notwithstanding that Zurich is the subject of or takes such actions – or other similar circumstance. In the *event* any such circumstance prevents Zurich from performing a measure in accordance with the insurance, the measure may be postponed without sanction until such time as the impediment has ceased.

11.17. Sanctions

Notwithstanding any other terms under this insurance, Zurich shall not be deemed to provide coverage or will make any payments or provide any service or benefit to any *insured* or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the *insured* would violate any applicable trade or economic sanctions law or regulation.

11.18. Data protection

General Data Protection Regulation (GDPR) is a regulation for the collection and processing on data protection and privacy. Its purpose is to protect individuals' fundamental rights and personal integrity. To fulfil this insurance agreement and our commitment thereto Zurich requires to process data regarding the *insured* and *co-insured* as well as data received from the *Policy Holder* in accordance with GDPR. For more information on how Zurich handles your personal data see www.nordic.zurich.com/privacy.

12. Definitions

Abduct

The illegal taking of a person by force or deception.

Accident

Involuntarily bodily injury by a sudden and unforeseen external event. Bodily injury from frost bite, hypothermia, heatstroke are considered as *accidents*. Turning action of the knee and total rupture of the Achilles tendon are also considered as *accidents*.

Acute

A sudden onset of symptoms, *illness* or other medical issues. F

Aggregate

Maximum liability in respect of all claims arising out of any one *event* unless otherwise specified under specific coverage in these Terms and Conditions.

Annual salary

The total annual gross salary including overtime and bonuses but excluding commission payments (unless specifically agreed otherwise) payable by you to the *insured* person at the date bodily injury is sustained.

Overtime and bonus payments will be calculated on the average payments made during the twelve months immediately prior to the date bodily injury is sustained. Cover is only provided where overtime and bonus estimates were included in declarations to us.

Assault

A personal injury through physical violence, violation of integrity and transient physical/psychological suffering

Beneficiaries

The *beneficiaries* at the time of death are, unless the *insured* has notified the insurer otherwise in writing, the *insured's* spouse/registered partner/cohabiting partner and children. If no such relatives exist, *beneficiaries* are the legal heirs.

Business Travel

A trip specifically undertaken for work or business purposes on behalf of the employer as the *Policy Holder*. The trip starts when the *insured* leaves their *home* or ordinary *workplace* and subsequently returns to one of those locations. Everyday travel between the *insured's home* and *workplace* are not to be considered *Business Travel* in accordance with these Terms and Conditions.

Card-present/not-present fraud (CNP)

Fraudulent physical use of payment or credit card vs. fraudulent use of bank details and similar financial information online (without any presence of a payment or credit card).

Dental treatment

Treatment carried out by a dental practitioner including examinations, fillings, crowns, extractions and surgery to alleviate acute issues. Any form of cosmetic surgery/implants is not to be considered *Dental treatment* in accordance with these Terms and Conditions.

Dependent

A *child* who relies on a family member for financial support.

Disability

A permanent physical or mental impairment that substantially limits a person's movements, senses or activities assessed by a *licensed doctor* or *medical practitioner* in accordance with a branch specific table.

Illness

Deterioration of health that is not considered an unforeseen external event (*accident*).

Child

Any *child* of an *insured* person who is unmarried and dependent and under 18 years of age or under 25 years of age if in full time education.

Close relative

The *insured's* spouse/registered *partner*/cohabiting *partner*, *children*, *stepchildren*, *grandchildren*, parents, stepparents, grandparents, siblings, stepsiblings, in-law siblings. Sibling of cohabitant/registered *partner*, parents-in-law and parents to the cohabitant/registered *partner*/spouse.

Close colleague

A colleague that accompanies another *insured* on *business travel* or a colleague within the same department/team.

Co-insured

A colleague or close family members accompanying the *insured* on *business travel*.

Conveyance

An aircraft, ship, train, coach or similar means of transport which operates under a scheduled published timetable.

Cosmetic reconstructive treatment

Surgery to repair or restore the appearance or functions of the body after an *accident*.

Country of destination

The country or agreed location to which a *conveyance* is scheduled to arrive.

Country of residence

The country where an *insured* person resides indefinitely or where an *insured* person has the intent to reside indefinitely.

Emergency Assistance provider

The dedicated *Emergency Assistance provider* as per Zurich standard or appointed by the *Policy Holder* in accordance with their company owned agreement.

Employee

Any person under a contract of service or apprenticeship with you or any person you have the right to instruct in his or her performance.

Essential items

Necessary staple items and products normally brought on a business trip for everyday purpose.

Event

A sudden, unforeseen and identifiable occurrence. All occurrences or series of occurrences arising from or attributable to one source or original cause will be regarded as a single occurrence where they occur within a 25 kilometer radius and within 72 consecutive hours of the one source or original cause.

Held captive

The confinement of a person in a hostage situation.

Hemiplegia

The permanent and total paralysis of two (2) limb on one side of the body.

High-risk

(incl. war, invasion, civil war, natural disaster, epidemic, pandemic and passive terrorist action)

A classification for areas and situations that are limited or excluded according to these Terms and Conditions. Above conditions need to be announced by applicable authority, Ministry of Foreign Affairs and/or World Health Organization.

Home

The place where the *insured* lives in the *country of residence* and where 24-hour rest is intended. Temporary *home* such as a vacation *home* or accommodation apartment or similar temporary *home* situation where 24-hour rest is intended, in the *country of residence*, are also considered as *home*.

In-patient

Medical service when formally admitted to a hospital and monitored by a health care team.

Insured

Any person or category of persons as stated in the *Insurance Policy*.

Insurance Policy

A separate document defining the general insurance agreement, specific conditions and details of reimbursement.

Licensed doctor

See *Medical practitioner*

Life-Threatening

Any situation occurring outside the *insured* person's country of permanent residence or country of secondment where Zurich Travel Assistance agree that the *insured* person's life is in danger.

Local insurance

Insurance for a business establishment located outside Sweden arranged by Zurich within the scope of its under-takings towards the *policy holder* and which has been issued by an insurer other than Zurich Insurance plc (Ireland), Sweden Branch.

Loss

Property Damage and/or Bodily Injury and/or Personal Data Loss, and/or Financial Loss following a covered event

Loss of Limb

- a. In the case of a lower limb *loss* by permanent physical severance at or above the ankle or permanent total *loss* of use of an entire leg or foot
- b. in the case of an upper limb *loss* by permanent physical severance of the entire 4 fingers through or above the metacarpal phalangeal joints or permanent total *loss* of use of an entire arm or hand.

Loss of Sight

- a. in both eyes when the condition is shown to our satisfaction to be permanent and without expectation of recovery on the authority of a fully qualified ophthalmic specialist
- b. in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and we are satisfied that the condition is permanent and without expectation of recovery.

Market value

The market price or replacement cost of covered *property* in its current state at the time of the *insured event*.

Maximum amount

The outmost reimbursed amount per claim and *event* (evident in the *Insurance Policy*).

Medical expenses

All reasonable costs necessarily incurred for medical, surgical or other diagnostic or remedial treatment given or prescribed by a qualified *medical practitioner* and all hospital, nursing *home* or ambulance charges.

Medical practitioner

Any legally qualified independent *medical practitioner* other than an *insured* person, a member of the immediate family of an *insured* person or a non-executive director of you, a director or *employee*.

Missed departure

The failure of a *conveyance* in which an *insured* person is travelling to reach its destination point at the published expected time of arrival resulting in the *insured* person missing the first *conveyance* at the beginning of a journey which involves travel outside the *insured* person's country of permanent residence.

Missed connection

The failure of a *conveyance* in which an *insured* person is travelling to reach its destination point at the published expected time of arrival resulting in the *insured* person missing an onward connecting *conveyance* on which the *insured* person is booked to travel during a journey.

Natural catastrophe

An *event* caused by a natural phenomenon including earthquake, flood, hurricane, landslide, tornado, tsunami, volcanic eruption or wildfire.

Out-patient

Medical service performed by a *licensed doctor* or *medical practitioner* that does not require formal admission to hospital (see *in-patient*).

Paraplegia

The permanent and total paralysis of the two (2) lower limbs.

Partner

The spouse, co-habiting *partner* or any other person recognized as the lawful *partner* of an *insured* person.

Personal Data Breach

Personal data breach means a breach of security leading to the *accidental* or unlawful destruction, *loss*, alteration, unauthorized disclosure of, or access to, personal data transmitted, stored or otherwise processed

Physiotherapy

Licensed treatment to restore and maintain a person's mobility, function and well-being by after an *illness* or injury.

Policy holder

The company, or *subsidiaries* thereto, that owns this group insurance in accordance with the insurance agreement. Companies that cease to be *subsidiaries* during the *policy period* are not covered by this insurance unless otherwise agreed.

Policy period

The agreed *policy period* is set forth in the *insurance policy*. *Policy period* refers to 00.00 hours (local time) from, and up to and including, the dates stated in the *insurance policy* and is 12 months unless otherwise stated in the *insurance policy*.

Professional sports

Participation in sports from which the *insured* earns a personal income.

Property

Personal or professional goods belonging to the *insured* person or for which they are responsible and which are taken by them on a journey, sent in advance of a journey or acquired during a business trip.

Pure economic loss

Financial *loss* that has occurred without causes and effects of personal injury or *property* damage.

Quadriplegia

The permanent and total paralysis of all four (4) limbs of the body.

Redundant

Insured dismissal from work caused by the employer needing to reduce workforce in accordance with redundancy act.

Round-trip

An outbound and return trip.

Seized

The capturing of a person in a hijack situation.

Serious illness/accident

A *life-threatening illness* or injury that in accordance with treating doctors' medical opinion.

Subsidiaries

Limited companies or other corresponding entities in which the policyholder, alone or together with other *subsidiaries*, holds more than 50% of the voting capital in respect of all ownership shares.

Temporary residence

Rental accommodation for overnight stay as a guest during travel.

Terrorism

"Act of *terrorism*" means punishable acts which may be assumed to be carried out for the purpose of affecting any government or international organization and/or for the purpose of engendering public fear or as regards the safety of persons or *property*.

Theft-prone property

- Jewelry, watches and objects partly made of precious metals, pearls and stones.
- Cameras, GPS receivers, computers, tablets, smartphone (incl. equipment and accessories thereto).
- Appliances, equipment and software used in all stages of production of music, text, video or image.
- Musical instruments.
- Wallet, passport, handbag, suitcase and any type of carrier for the purpose of storing personal items, valuables or money.
- Antiques, art and collectors value items.
- Wine and spirits incl. low-alcohol drinks.

Therapy

Psychological treatment by a licensed psychologist or therapist.

Triplegia


The permanent and total paralysis of three (3) limbs.


Venturesome activity

A difficult and/or unusual course of action not supervised by a licensed guide.

Workplace

A place of occupation where people work as an employed, such as an office or factory.

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Please [click here](#) to find out how we process your personal data.

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