



Corporate Travel Cover

MT01, corporate customers' group insurance terms and conditions, valid as of 1 April 2024

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CORPORATE TRAVEL COVER INSURANCE TERMS AND CONDITIONS

The following types of insurance are available for travel insurance contracts:

- traveller's insurance
- luggage insurance
- travel liability insurance
- legal expenses travel insurance, provided you have also taken out travel liability insurance.

The insurance policy shows the types of insurance and cover selected.

Corporate Travel Cover policies and covers are issued by Pohjola Insurance Ltd. An exception to this is Death Cover for travel illnesses, which is issued by OP Life Assurance Company Ltd as of 1 April 2024.

COMMON PROVISIONS

1 Territorial limits

Unless otherwise specified in the insurance policy, the insurance is valid in the following:

- on journeys abroad worldwide. A journey abroad refers to a journey made by the insured to a destination outside their home country.
- on domestic journeys within the insured person's home country to locations at a straight-line distance of more than 50 kilometres from the home, place of work or study, or holiday home of the insured person. The insurance cover is not, however, valid in the above-mentioned places nor on journeys between them.

A journey begins when the insured person leaves their home, workplace, place of study or holiday home and ends upon their return to any of the locations listed above. In domestic travel, the insurance cover is not, however, valid in the above-mentioned places nor on journeys between them. Domestic travel connected with travel abroad constitutes part of the journey abroad if the journey continues without interruption from the aforementioned locations abroad or from abroad back to the home country.

2 Period of validity

The insurance is valid during the journeys referred to in the insurance policy for the specified periods.

Days taken off during a business trip are usually covered by the insurance for up to seven days.

The insurance will terminate when the insured person's employment or other contractual relationship with the policyholder terminates.

3 Those insured

Those insured are the persons or group of persons named in the insurance policy.

Unless otherwise agreed,

- insured persons include only those who are permanently resident in Finland and
- persons insured with traveller's insurance must also be entitled to benefits provided by the Finnish Health Insurance Act.

4 Secondary nature of compensation

Expenses incurred by an insured person as a result of an insurance event are coverable in so far as they do not grant or would not have granted entitlement to compensation under the Health Insurance Act or under some other legislation. Expenses compensation payments that the insured receives from another source as a result of the loss are subtracted from the amount of expenses incurred by the insured as a result of the insurance event. Indemnity will not be paid to the extent that the insured is paid compensation for the same reason by the tour operator, transport service contractor, hotel or corresponding party.

5 High-risk areas, nuclear accident and aviation accident

Travel insurance is not valid in a country or area to which the Ministry for Foreign Affairs of Finland recommends avoiding travelling or which the Ministry for Foreign Affairs of Finland recommends leaving. However, this exclusion will not apply

- during ten days from the date of such recommendation if the insured person has arrived in the country or a part of the country described above before the Ministry for Foreign Affairs' recommendation, unless a major war is concerned or the insured person has participated in the war or in an armed conflict or the insured person has participated in peace-keeping operations organised by the United Nations, the European Union or another community or organisation, or some other military operation
- if the insured person's travel illness or injury is not due to the reason why the Ministry for Foreign Affairs issued its recommendation.

If it has been separately agreed, the travel insurance is also valid in a country or a part of the country to which the Ministry for Foreign Affairs of Finland recommends avoiding travelling or which the Ministry for Foreign Affairs of Finland recommends leaving even if the insured person's travel illness or injury is due to the reason why the Ministry issued its recommendation. **Extending the cover to include a high-risk area does not, however, extend the cover to a major war or situations in which the insured person participated in a war or an armed conflict. Irrespective of the extension, the cover is not valid if the insured person has participated in peace-keeping operations organised by the United Nations, the European Union or another community or organisation, or another military operation.**

The insurance does not cover damage or loss caused by a nuclear accident as described in the Nuclear Liability Act, or by damage caused by material, equipment or weapons based on nuclear reactions or ionising radiation, regardless of where the nuclear accident occurred.

In the event of illness, injury or death occurring in connection with an aviation accident, Traveller's Insurance does not, with respect to either a hobby or professional aviation, cover pilots or any other persons who are members of the flight crew, or persons carrying out other duties related to the flight.

TRAVELLER'S INSURANCE

1 Insurance coverage

The insurance covers travel illness which begins or travel accidents which occur during the validity of the insurance.

The insurance includes the following mandatory covers:

- Medical Treatment Cover
- Travel Interruption Cover
- Evacuation and Catastrophe Cover.

The following types of coverage are available:

- Daily Allowance Cover
- Disability Cover for travel accidents
- Disability Cover for travel illnesses
- Death Cover for travel accidents
- Death Cover for travel illnesses
- Cancellation Cover
- Cover for Missed or Delayed Departure
- Cover for Assault, Abduction and Crisis Therapy
- Health Care Cover
- Dental Care Cover
- Childbirth Cover, provided that Health Care Cover is also included

The insurance policy specifies the cover chosen for each insured person or group and the sums insured selected for the covers.

2 Common provisions to all coverage under traveller's insurance

2.1 Effect of the insured person's age on validity

Traveller's insurance cover will expire at the latest at the end of the insurance period during which the insured person reaches the age of 86.

Daily Allowance Cover will expire at the latest at the end of the insurance period when the insured person turns 70.

Death Cover for travel illnesses will expire at the latest at the end of the insurance period during which the insured person reaches the age of 70, if the insurance contract began on or after 1 April 2024.

2.2 Beneficiary

This clause does not apply to insurance contracts that began on or after 1 April 2024. For these contracts, clause 10.1 of the General Terms of Contract shall apply.

In the event of death, the beneficiaries are the insured person's next of kin, unless the policyholder or the insured person with the policyholder's consent has notified the insurance company in writing of another beneficiary. Such a beneficiary clause and relevant alterations to or cancellations to the same must be submitted to the insurance company in writing.

2.3 Deductible

The deductible mentioned in the policy for each cover is subtracted per any one insurance event.

2.4 Validity in sports and certain other activities

2.4.1 Competitive sports

If an illness, accident or death has been caused during competitive sports or when training for it, no compensation will be paid from this policy.

Competitive sports refer to sports games or matches arranged by a sports association or sports club and training arranged according to a training programme or other training typical of the sport, regardless of the age of the insured person. However, we do not consider non-competitive or senior leagues organised as part of a sports federation or sports club as competitive sports.

Training arranged according to a training programme refers to training carried out following either a written or verbal training plan (the coach does not have to be present).

Other training typical of the sport refers to training that supplements the main sport when carried out as part of preparation to games or sports.

However, if it has been agreed upon and entered in the insurance policy, the insurance is also valid in competitive sports.

2.4.2 Certain sports and activities

The insurance does not cover illness, accident or death sustained in the following types of sports or other similar high-risk activities:

- Combat, contact or self-defence sports
- Strength sports: powerlifting, weightlifting and body building
- Motor sports
- Aviation, such as hot air and gas ballooning, motorised flying, hang- and paragliding, microlight flying, parachuting, BASE jumping, indoor skydiving, flying with amateur-built aircraft, and use of gliders and motor gliders
- Winter sports: sledding, freestyle skiing, speed and downhill skiing, or skiing on unprepared slopes or outside marked slopes
- Scuba diving and free diving
- Acrobatics
- Downhill skating
- Downhill biking
- American football
- Australian football
- Bungee jumping
- BMX cycling
- Free running
- Ice and rock climbing
- Glacier and mountain climbing
- Wildwater canoeing
- Abseiling
- Lacrosse
- Sail- and flyboarding
- Parkour
- Roller derby
- Rugby
- Kite wing and kite surfing

- Ocean yachting
- Mixed Martial Arts
- Parasailing
- Strength athletics
- Wrestling
- Research expeditions or treks to mountains, jungle, deserts or wilderness, or other uninhabited areas.

However, if it has been agreed upon and entered in the insurance policy, the insurance is also valid in sports or high-risk activities specified in the insurance policy.

2.5 Travel illness

2.5.1 Definition of travel illness

Travel illness is defined as an illness requiring medical treatment and which started or its first symptoms appeared during the journey, and for which medical treatment was given during the journey or within 14 days of the end of the journey. The time limit of 14 days is not applied in the case of an infectious disease with a longer incubation period.

2.5.2 Travel illness does not include

- illness caused by abuse of medicine or use of alcohol or other intoxicant
- mountain sickness
- illness that started before the journey or the symptoms of which appeared before the journey. An illness as described above is not considered a travel sickness even if it suddenly becomes worse during the journey or its state changes. Neither is it considered a travel illness when the worsening or change in the state of the illness was not likely or expected on the basis of general medical experience. Even in cases of travel illness, any illness that began or showed its first symptoms before the journey is nevertheless compensated as specified in clause 3.2.
- illness that started in connection with a medical examination or treatment, unless this was carried out for the treatment of a travel accident or illness compensated from the same insurance.
- illnesses, pain or other symptoms of the teeth, periodontium or masticatory system. Even in cases that are not considered travel illnesses or accidents, sudden dental pain, dental pain treatment and injury to a tooth caused by chewing are nevertheless compensated as specified in clause 3.3.6 of Medical Treatment Cover. A dental injury caused by a travel accident is handled according to the terms and conditions in Medical Treatment Cover.
- termination of pregnancy or infertility or related illnesses or complications
- pregnancy or childbirth or illnesses or complications in these, unless it involves a sudden change in the pregnancy that requires immediate care during the journey and if the change according to general medical experience was not likely or predictable.

2.6 Travel accident

2.6.1 Definition of travel accident

A travel accident is a sudden, external occurrence which is beyond the control of the insured, which takes place during the journey while the insurance is valid and causes bodily injury.

The following, occurring during a journey while the insurance is valid, are also considered to be travel accidents: unintentional drowning, heat stroke, sunstroke, hypothermia, injury caused by considerable variation in atmospheric pressure, gas poisoning sustained by the insured, and poisoning caused by a substance taken inadvertently.

2.6.2 Illness, defect or injury unrelated to travel accident

The insurance does not cover illness, defect, injury, or degeneration of the musculoskeletal system not related to a travel accident, even if they had been symptom-free before the accident. If these factors not related to the travel accident have materially contributed to the emergence of the injury sustained during the journey or to its delayed recovery, medical treatment benefit, daily allowance and handicap benefit are only paid insofar as the treatment expenses, disability or permanent disability are deemed to have been caused by the travel accident.

2.6.3 Excluded from coverage as travel accidents

Coverable travel accidents do not include injuries caused by

- an event arising from an illness, defect or injury of the insured
- operation, treatment or other medical procedure, unless the procedure is undertaken under the same policy in order to treat an injury or travel illness caused by a coverable travel accident
- poisoning due to medicine, alcohol or other intoxicant used by the insured, or due to a substance taken as food
- biting on a tooth or dentures, even though an external factor has contributed to the damage. Dental injuries, however, are compensated in terms of medical treatment expenses caused by dental injury or sudden toothache, in accordance with clause 3.3.6
- infectious disease resulting from biting or a sting
- the psychological consequences of an accident. However, crisis therapy is compensated, in accordance with clause 10.3 on crisis therapy, if it has been separately agreed upon and the appropriate entry has been made in the insurance policy.

Travel accidents do not include

- hernia of the intervertebral disk, abdominal or inguinal hernia, a rupture of an Achilles tendon, long head of biceps tendon or rotator cuff, or recurrent dislocation unless the injury was caused by an accident that would also cause injury to healthy tissues
- infectious diseases caused by a bite or sting
- the psychological consequences of an accident.

2.7 Next of kin and travelling companion

The insured person's next of kin are considered to be

- a person with whom the insured person is married or in a registered partnership or common-law spouse living in the same address
- his/her children, spouse's children, children of registered partner or the children of common-law spouse living in the same address
- other than the insured person's children living permanently in the same household
- grandchildren
- parents
- grandparents or spouse's parents

- siblings
- siblings of spouse and registered partner
- daughters-in-law and sons-in-law.

The insured person's travelling companion refers to up to two persons with whom the insured person has jointly booked a journey and on which they are about to or already have departed. If there are more than three persons going on a journey together, none of them is considered a travelling companion under the insurance terms and conditions.

2.8 Substantial property damage

Substantial property damage refers to unexpected, financially significant damage to the property of the insured that urgently requires the presence of the insured at the site of the loss. Significant property damage does not, however, include loss of or damage to money, payment instruments or vehicles.

3 Medical Treatment Cover

The insurance compensates, as specified in these terms and conditions, expenses caused by travel illnesses that began or travel accidents that occurred during the insurance's validity.

3.1 Maximum indemnity period

Medical treatment expenses caused by travel illness are compensated only for a maximum period entered in the insurance policy from the beginning of treatment or examination. Treatment expenses incurred due to a travel accident are covered for a maximum of three years after the accident.

3.2 Sudden deterioration of an illness that existed before a journey

Treatment expenses incurred due to a sudden worsening of an existing illness or a sudden change in the state of the illness during the journey are also covered insofar as such a change or worsening was not likely or expected on the basis of general medical experience. In these cases, only acute, emergency-type treatment given during the journey for a maximum of seven days from the onset of treatment is covered.

3.3 Medical treatment expenses

3.3.1 Prerequisites for cover

Treatment expenses are covered provided that the examination or treatment of travel illness or injury caused by a travel accident is prescribed by a physician. In addition, the examination or treatment procedures must be in accordance with generally accepted medical practice and necessary for the treatment of the illness or accidental injury in question.

3.3.2 Coverable treatment expenses

The following expenses caused by a travel illness or travel accident will be compensated:

- daily hospital charges
- fees for examination and treatment procedures carried out by physicians or healthcare professionals
- physiotherapy expenses for up to ten sessions per accident or illness
- costs of pharmaceutical products and wound dressings sold at pharmacies

- reasonable expenses for travelling to a local physician or hospital/clinic
- necessary costs of repairing or replacing glasses or contact lenses, a hearing aid, dentures or a safety helmet in use and broken when the travel accident occurred, provided that the accident called for medical treatment
- costs of an orthopaedic brace if it was the first orthopaedic brace that was acquired after a coverable operation or accident. These expenses are only covered up to EUR 500 per operation or accident
- necessary telephone charges incurred during the journey, up to EUR 200
- necessary expenses for purchase of essential commodities related to the medical treatment up to EUR 200, provided that such commodities are not, according to local practice, included in the hospital treatment
- rental costs of forearm or underarm crutches.

If the insurance company has agreed so in advance, other expenses will also be accepted as travel illness or travel accident expenses provided an action taken by the insured person reduces the coverable damage or expenses.

3.3.3 Expenses which are not covered

In other than acute cases of illness or accident, the insurance company must approve the expenses if the daily hospital charges exceed EUR 1,000 or if hospitalisation exceeds three days. If advance approval has not been obtained, the amount of compensation may be reduced.

Expenses are not compensated if they are caused by

- examination or treatment provided by a physiotherapist, foot therapist, chiropractor, osteopath, naprapathy practitioner, masseur or other equivalent healthcare professional, with the exception of physiotherapy specified in clause 3.3.2
- examination and treatment related to addiction to narcotic substances, alcohol, medicinal substances, nicotine or other similar substances, or some other addiction
- purchase of glasses or contact lenses, unless in situations referred to in clause 3.3.2
- refractive error operation or other treatment or aid relating to the correcting of refractive errors
- examinations or treatments related to breast reduction, enlargement or modification, skin peeling or dermabrasion or the lifting or rejuvenation of eyelids, areas around the eyes or other facial feature
- medicinal treatment of obesity, liposuction, gastric bypass or sleeve operation or other weight-loss surgery or other obesity examination and treatment
- treatment whose primary reason is to improve the person's quality of life; this includes medication that enhances sexual performance. This restriction is not applied, however, in the case of pharmaceutical products that have been compensated under the Health Insurance Act.
- purchase of nutritional products, including clinical nutritional products
- purchase of micronutrients, minerals or vitamin preparations, unless they are considered pharmaceutical products
- purchase of anthroposophic or homeopathic products

- spending time or staying at a place providing rehabilitation services or any actual services used
- medical equipment or other aids, orthotic insole or other insole or artificial limb (however, the rental costs of forearm or underarm crutches are compensated)
- costs of an orthopaedic brace unless it was the first orthopaedic brace that was acquired after a coverable operation or accident. In cases like this, too, these expenses are only covered up to EUR 500 per operation or accident.

The insurance company may require that the person be taken at its expense back to Finland or the person's home country or country of secondment for treatment either on medical grounds or if treatment locally would be considerably more expensive than in Finland or in the insured person's home country or country of secondment. If the insured person does not accept this, the insurance company will pay for treatment in a country other than that chosen by the insurance company no more than the amount that corresponds to the amount of taking the insured person to the country chosen by the insurance company for treatment in that country.

3.3.4 Home help

Expenses for obtaining home help following the insured person's travel illness or travel accident are compensated as medical treatment expenses. Home help must have been prescribed by a doctor and the person providing the home help must be other than the insured person's next of kin. Next-of-kin, refers to a person on the next-of-kin list (see clause 2.7). Home help compensation is paid for a maximum of 15 days up to EUR 2,000.

3.3.5 Recovery compensation

Recovery refers to the insured person's recovery from a travel illness or travel accident. Recovery compensation is paid for measures taken to aid recovery. These include expenses from measures, events and purchase of items that aid recovery.

A lump-sum compensation of EUR 200 will be paid as recovery compensation if the sick leave given by a doctor as a result of a travel illness or travel accident exceeds 30 days.

3.3.6 Treatment expenses incurred from dental injury and acute toothache

Coverable treatment expenses for dental injury caused by a travel accident consist of necessary expenses incurred from the treatment or examination of the injury, provided that this is carried out or prescribed by a dentist, plus reasonable local travel expenses.

Expenses incurred from treatment of injury caused by biting on a tooth or dentures, including reasonable local travel expenses, are covered up to a maximum total of EUR 300.

Expenses incurred from necessary treatment of sudden toothache, including reasonable local travel expenses, are covered up to a maximum total of EUR 300, provided that the toothache began and treatment was given during the journey.

3.3.7 Repatriation of a deceased person and burial

If the insured dies during the journey, the insurance will cover reasonable expenses of repatriation to the insured person's home town/city in their home country or reasonable funeral expenses abroad. These expenses will be paid regardless of the cause of death.

4 Daily Allowance Cover

The right to compensation arises if the insured becomes disabled as a result of a travel accident which occurred during the validity of the cover.

The compensation paid for total disability is the daily allowance valid at the time the travel accident occurred, and the compensation paid for partial disability is the proportion of the daily allowance corresponding to the loss of working capacity.

Disability is total if the insured is wholly unable to carry out normal activities at work, and partial if the insured is partially unable to carry out these activities.

Compensation is paid at the earliest from the date when a doctor has stated disability has begun. In policies that have a qualifying period, however, compensation payment does not begin until after the qualifying period. The qualifying period begins on the first day of the disability as stated by a physician.

Compensation is paid on the basis of a single travel accident only for up to 360 days.

Daily allowance cover expires at the end of the insurance period during which the insured reaches 70 years of age.

5 Travel Interruption Cover

The coverage also includes the Evacuation and Catastrophe Cover referred to in clause 11.

5.1 Interruption of a journey

Interruption of a journey is an alteration in a journey already begun, if the alteration is due to a compelling reason by:

- a travel illness or travel accident suffered by the insured during the journey. The compelling nature of the reason is assessed on medical grounds.
- sudden serious illness, accident or death suffered by the insured person's next of kin or travelling companion specified in clause 2.7
- substantial loss of or damage to the insured person's property in their home country as specified in clause 2.8
- a violent crime committed or attempted against the insured person
- serious illness, accident or death of a substitute worker at a farm when the insured person is a farmer.

5.2 Coverable expenses

Where a journey is interrupted, the insurance covers

- EUR 50 per day for travel days lost if a journey is interrupted due to hospital treatment or untimely return of the insured person. Indemnity for days lost on account of hospital treatment is only paid to the insured who is hospitalised. For any one period, indemnity is paid only for hospitalisation or for untimely return, not for both. Compensation for lost travel days is paid for up to 45 days, but no more than the price of the journey paid in advance. Compensation will not be paid if the journey from the insured person's home country or country of secondment has taken more than 90 days at the time of the loss
- unused services, excursions and travel at the destination for which the insured has paid separately in advance, up to a maximum total of EUR 2,000.

- necessary and reasonable additional travel and accommodation costs incurred by the insured person during the journey
- reasonable travel expenses approved by the insurance company for a new journey to the same destination if such a journey takes place during the validity of the insurance and is necessary to resume employment or studies in an educational institution. The return to the destination must take place no later than 60 days from the insurance event
- journey of a stand-in if the insured person is forced to interrupt the journey or work for a reason referred to in clause 5.1 and must be replaced with another person for business reasons. We reimburse necessary and reasonable expenses for the stand-in (round-trip ticket) and accommodation for up to 60 days. The compelling nature of interrupting the insured person's journey is assessed on medical grounds. The journey of only one stand-in is compensated per insurance event.

5.3 Repatriation and the journey of next of kin

If the insurance company has approved such in advance, also the following will be accepted as travel interruption costs

- costs for patient transportation to the home country or country of secondment of the insured and the reasonable travel and accommodation costs of a necessary escort
- the travel and accommodation costs of one next of kin on the next-of-kin list (clause 2.7) incurred by travelling to the insured person and back to the next of kin's home if, according to the doctor in charge, the insured person's condition is life-threatening and the person is not accompanied by a next of kin at the travel destination.

Compensation for a next of kin's journey to the insured person may be paid for up to 30 days.

5.4 Calculation of travel days

Travel days are calculated as full 24-hour periods from the beginning of the journey. Lost travel days are calculated similarly from the beginning of hospital treatment or travel interruption until hospital treatment ends or up to the point when the journey was intended to end. If the last full period calculated in this manner is exceeded by 12 hours, the remainder is also considered a full day.

5.5 Expenses which are not covered

No compensation is paid for travel interruption if the reason for the interruption is the insured person's fear of contracting a disease or other phobia.

Premature return from a journey by the insured person is compensated in terms of travel illness or travel accident only if treatment on medical grounds warrants a return to the person's home country or country of secondment.

An insured person who has received compensation on the basis of Travel Interruption Cover may not receive compensation on the basis of Travel Cancellation Cover.

6 Disability Cover

Insurance can be taken out against

- travel accident and/or
- travel illness

6.1 Disability Cover for travel accidents

The right to compensation arises if the insured suffers permanent handicap caused by a travel accident which occurred during the validity of the cover and the permanent disability has continued for three months.

Permanent disability refers to a medically assessed general handicap which the insured has incurred through a travel accident and which, according to medical prognosis, is unlikely to be healed. In determining the handicap, only the nature of the injury is taken into account. Individual circumstances, such as profession or hobbies, have no bearing on defining the disability.

The degree of disability is determined in accordance with the Government Decree on disability categories, issued on the basis of the Workers' Compensation Act and valid at the time the travel accident occurred. Disabilities and illnesses are divided into disability categories 1–20, with 20 the most severe handicap and 1 the least severe coverable handicap.

The benefit for full, permanent disability as per class 20 is paid as a lump sum equal to the sum insured valid at the time the travel accident occurred. For partial, permanent disability, the benefit is paid as a lump sum equal to as many twentieths of the sum insured as indicated by the disability category.

The permanent disability caused by a travel accident is determined no later than three years after the travel accident. If the degree of handicap changes by at least two disability categories before three years have elapsed since the event, the amount of benefit must be revised correspondingly. However, no benefit already paid will be recovered.

6.2 Disability Cover for travel illnesses

The right to compensation arises if the insured suffers permanent disability caused by a travel illness and the permanent disability has continued for three months.

Permanent disability refers to a medically assessed general handicap which the insured has incurred through a travel illness and which, according to medical prognosis, is unlikely to be healed. When determining the handicap, only the nature of the illness, injury or disability is considered. Individual circumstances, such as profession or hobbies, have no bearing on defining the disability.

The degree of disability is determined in accordance with the Government Decree on disability categories, issued on the basis of the Workers' Compensation Act and valid at the time the treatment of the travel illness began. Disabilities and illnesses are divided into disability categories 1–20, with 20 the most severe handicap and 1 the least severe coverable handicap.

The compensation for permanent disability, that is, disability category 20, is a lump-sum compensation that was valid at the time the treatment of the travel illness began. For partial, permanent disability, the benefit is paid as a lump sum equal to as many twentieths of the sum insured as indicated by the disability category.

The permanent disability caused by a travel illness is determined 12 months after treatment began. Additional compensation for the deterioration of the handicap is not paid if such deterioration occurs later than two years after the treatment began.

7 Death Cover

Insurance can be taken out against

- death caused by a travel accident and/or
- death caused by a travel illness.

7.1 Death Cover for travel accidents

The right to compensation arises if the insured dies as a result of a travel accident which occurred during the validity of the cover. The compensation is the sum entered in the insurance policy valid at the time of the travel accident.

7.1.1 Exclusion to the payment of a death benefit

A death benefit will not be paid if the insured dies more than three years after the travel accident.

7.2 Death Cover for travel illnesses

The right to compensation arises if the insured dies as a result of a travel illness during the validity of the cover. The compensation is the sum entered in the insurance policy at the time the travel illness began.

7.2.1 Exclusion to the payment of a death benefit

A death benefit will not be paid if the insured person dies more than six months after treatment of the travel illness began.

8 Cancellation Cover

8.1 Definition of a cancellation

The insurance compensates travel cancellation. Travel cancellation refers to a situation where the insured person is unable to depart from their home country or country of secondment due to

- the sudden illness, accident or death of the insured person. The compelling nature of the reason is assessed on medical grounds.
- a sudden serious illness, accident or death of the insured person's next of kin or travelling companion specified in clause 2.7
- substantial loss of or damage to the insured person's property in their home country, as defined in clause 2.8
- a serious illness, accident or death of a substitute worker at a farm when the insured person is a farmer.

8.2 Coverable expenses

We compensate expenses paid in advance for which the insured person is responsible according to the tour operator's or other service provider's terms and conditions, and which the tour operator or other service provider is not obliged to return by law, or under the travel terms and conditions or other conditions.

The tour operator or other service provider must be contacted to cancel a journey or other service as soon as it is clear that cancellation is necessary. If the journey is not cancelled, we only compensate from Travel Cancellation Cover the part of the insured person's expenses which according to the law or the terms and conditions of the tour operator or other service provider would have been

the insured person's responsibility if the journey had been cancelled.

As cancellation costs we also compensate costs that were caused by the insured person obtaining a carer for a child under the age of 15 and living in the same household owing to the child's sudden illness or accident in order that the insured person will be able to depart on the journey.

Cancellation expenses of this kind will be compensated up to EUR 3,000 but no more than the price of the journey paid in advance.

8.3 Situations in which travel cancellation is not compensated

Cancellation of a journey is not covered when

- the insurance has been valid in respect of the insured person for less than three days before the journey began
- the reason for the cancellation was known to the insured person before the policy entered into force
- the reason for the cancellation became apparent before the reservation or payment of the journey was made
- the sudden illness was caused by abuse of medicine or use of alcohol or an intoxicant, or
- the reason for the cancellation was the insured person's fear of contracting an illness, or other phobia
- compensation will be paid in respect of the insurance event on the basis of Travel Interruption Cover included in this policy.

9 Cover for Missed or Delayed Departure

9.1 Indemnity for missed departure

The insured is indemnified for missed departure if the insured fails to arrive at the departure point for a flight or a boat, train or bus journey or the departure point for a connection because

- a public conveyance on which the insured intended to travel or was travelling to the above departure point is delayed due to weather, natural catastrophe, technical malfunction, criminal act or action by an authority, or
- a vehicle used by the insured is involved in a road accident or suffers a technical malfunction.

In the case of a missed departure, compensation will be paid for any necessary travel and accommodation costs incurred to make sure the insured is able to depart for a destination as scheduled. These expenses are, however, only covered up to EUR 2,000.

Insured persons who are unable to depart for a destination as scheduled will be compensated for the price of the lost journey owing to missed departure. If the insured person is unable to continue the journey due to the missed departure, the insurance covers the share of the lost journey of the total cost of the journey. This compensation, however, will not exceed EUR 2,000.

Compensation will not be paid to the extent that the insured person is reimbursed by the tour operator, transport operator, hotel or equivalent.

9.2 Indemnity for delayed departure

Compensation is paid if the insured person is delayed by more than six hours at the departure or connection owing

to unavailability of the intended public conveyance for reasons listed under clause 9.1. A compensation up to EUR 35 is paid for each six-hour period or part thereof following the qualifying period specified above. The maximum compensation is EUR 350 per insured.

10 Cover for Assault, Abduction and Crisis Therapy

10.1 Personal injury resulting from assault

If the insured person has been injured through assault or other deliberate act of violence, the insured will receive compensation for pain and suffering and loss of income to the extent that would be the compensation obligation of the guilty party under Finnish law.

The maximum amount of such compensation is EUR 42,500.

10.1.1 Claiming damages

If the tort-feasor is summoned before a court, the insured must claim damages from them if the insurance company so requires. In such cases, the insurance company will pay the insured person's legal expenses.

10.1.2 Payment of compensation

Indemnity is paid only where the tort-feasor is unknown or found unable to pay damages. Compensation concerning the same case of assault, however, will only be paid under a single traveller's insurance policy.

Compensation is not paid if

- the person causing the loss is a person on the next-of-kin list in clause 2.7
- the injury to the insured person occurred while practising their profession, official duties or other gainful employment.

10.2 Abduction

If the insured person is abducted during a journey, we pay compensation for mental and physical suffering for the period that the abduction lasted.

Abduction refers to a situation in which a person is taken away using violence or threat of violence. Another condition is that the abductor's intention is to threaten the abducted person's health or life if the abductor's demands are not met.

A total of EUR 100 per day is paid as compensation for mental and physical suffering, but only for a maximum of 90 days per abduction.

Compensation is not paid if the person causing the loss is a person on the next-of-kin list in clause 2.7.

10.3 Crisis therapy

Crisis therapy is compensated if the insured person suffers an acute mental crisis caused by a sudden and unforeseeable event such as

- robbery, threat or assault
- serious accident or illness
- other traumatic event such as fire, explosion, road accident, natural catastrophe, abduction or terrorist attack.

Crisis therapy may also be provided to an accompanying spouse or common-law spouse, registered partner or child if the insured person dies during the journey as a result of

any of the above events. The need for crisis is assessed on medical grounds.

As crisis therapy, we compensate expenses for psychotherapy provided by a psychiatrist or psychotherapy prescribed by a doctor and provided by a psychologist. Therapy is compensated for a maximum of ten sessions within six months of the event leading to the need for therapy, up to a maximum total of EUR 2,000.

Compensation is not paid if the person causing the loss is a person on the next-of-kin list in clause 2.7.

11 Evacuation and Catastrophe Cover

This cover is included in the Travel Interruption Cover referred to in clause 5.

The cover compensates evacuation and catastrophe expenses that were caused for reasons specified in the insurance terms and conditions. Evacuation and catastrophe cover compensates expenses incurred by the insured person up to a maximum of EUR 10,000 per insurance event.

11.1 Evacuation Cover

11.1.1 Coverable insurance events

Evacuation Cover compensates expenses caused by evacuation from an area that is declared dangerous during the insured person's journey. Coverable expenses are specified in clause 11.1.3.

Evacuation expenses are compensated when, once the journey has started, one of the following occurs at the destination:

- a sudden natural disaster
- a major accident necessitating evacuation
- a sudden epidemic constituting a public hazard or
- a sudden armed conflict or act of terror

which could not have been foreseen.

Natural catastrophe refers to earthquakes, volcanic eruptions, landslides, avalanches, whirlwinds, large waves and floods or other major equivalent natural disasters.

'Epidemic' refers to a sudden and unforeseeable outbreak of an infection that affects large groups of people or a large geographic area.

Expenses are compensated if the Finnish Ministry for Foreign Affairs, a Finnish embassy or equivalent authority has noted the event that led to the evacuation and recommends people to leave the travel destination or place of secondment. Another requirement is that the insured person follows the instructions provided by the Finnish Ministry for Foreign Affairs, a Finnish embassy or equivalent authority.

11.1.2 Extending insurance coverage

If it has been separately agreed on and entered in the insurance policy, evacuation cover is also always valid in journeys to areas which the Finnish Ministry for Foreign Affairs recommends not to travel to or recommends leaving. Evacuation expenses are compensated if the security situation in the area has, since the journey started or the insurance cover entered into force, deteriorated significantly owing to reasons stated in clause 11.1.1.

11.1.3 Coverable evacuation expenses

Coverable evacuation expenses include the insured person's reasonable and necessary travel and accommodation costs which

- are necessary in order for the insured's journey to continue according to the original itinerary that was insured
- are caused by returning from the scene of events to the home country or country of secondment
- are caused by moving from the scene of events to another place in the vicinity that is safe.

Incident location refers to the place where a natural catastrophe, serious major accident, armed conflict, terrorist act or epidemic defined in these terms and conditions occurred.

Extra travel and accommodation costs refer to costs caused to the insured in addition to those paid in advance.

The insured must personally arrange the travel and accommodation services for which compensation is sought.

11.1.4 Expenses which are not covered

We do not compensate the following as evacuation expenses

- travel and accommodation costs incurred after the insured person has returned to their home country, country of secondment, to the route of the original itinerary or when the insured person has moved from the scene of events to another place in the vicinity that is safe
- loss of income or indirect expenses, such as meal costs.

11.2 Catastrophe Cover

11.2.1 Coverable insurance events

Catastrophe Cover compensates the insured person's extra travel and accommodation costs and transport expenses to another safe location in the vicinity. Coverable expenses are specified in clause 11.2.2.

Extra travel and accommodation costs and transport costs are compensated if, once the journey has begun, any of the following take place at the travel destination or country of secondment:

- fire or explosion
- storm, earthquake, volcanic eruption, avalanche, mudslide, whirlwind, tidal wave, flood or equivalent natural disaster

as a result of which the insured person is forced to leave their home in the location of secondment or previously booked accommodation.

11.2.2 Coverable catastrophe expenses

Coverable catastrophe expenses include the insured person's reasonable and necessary travel and accommodation costs resulting from

- the insured person moving from a reserved place of accommodation to another or from the accommodation in the place of secondment into temporary accommodation, or
- the insured person continuing the journey according to the original itinerary.

Compensation is also paid for transport expenses incurred by having to transfer the insured person's home contents to safety from the accommodation in the place of secondment.

Extra travel and accommodation costs refer to costs incurred by the insured in addition to those paid in advance. Extra travel and accommodation costs and transport costs

are compensated up to the sum insured for 30 days as of the date of the insurance event.

The insured person must personally arrange the travel, accommodation and transport services for which they seek compensation.

11.2.3 Catastrophe expenses which are not covered

Compensation in respect of the following is not paid as catastrophe expenses:

- loss of income or indirect expenses, such as meal costs
- expenses covered under business interruption cover
- that part of the work performed by the insured person related to transportation.

11.3 Claiming compensation under Evacuation and Catastrophe Cover

The claimant must provide the insurance company with a written itinerary and a description of the event on the basis of which compensation is sought. This is done by filing a loss report with the insurance company. If requested, additional information must also be provided in order to settle the claim.

12 Health Care Cover

This Cover is only valid for insured persons on secondments.

Coverage is provided during the insurance period for

- health inspections and any further examinations prescribed by a doctor
- prenatal and child welfare clinic visits and other equivalent check-ups
- vaccinations
- eye examinations and purchase of spectacles or contact lenses once a year, as eyesight changes
- reasonable occupational therapy expenses prescribed by a doctor for children under 18 who have motoric disorders
- reasonable speech therapy expenses prescribed by a doctor for children under 18 for problems with their mother tongue.

Coverage is not provided for

- examinations and medical procedures on account of travel illness or accident or chronic disease, except for further examinations of chronic diseases
- examinations or treatment for cosmetic reasons
- medication, vitamins, micronutrients or mineral preparations
- examination or treatment of infertility
- contraception
- eye operations to improve eyesight
- travel expenses.

13 Dental Care Cover

This Cover is only valid for insured persons on secondments.

Coverage is provided for

- basic examinations
- reasonable care for maintaining dental health.

If agreed separately and specified in the insurance policy, coverage extends to orthodontics to a reasonable extent

for children under 18 when this is considered necessary for their teeth. However, such expenses are compensated up to maximum of EUR 20,000 per child during one secondment.

The insurance does not cover

- dental treatments for cosmetic reasons
- medication, vitamins, micronutrients or mineral preparations
- travel expenses.

14 Childbirth Cover

This Cover is only valid for insured persons on secondments.

Provided that this cover has been valid for the insured person continuously for at least ten (10) months, we compensate

- reasonable expenses of childbirth at a hospital in the insured person's country of secondment or home country. We only compensate medically necessary childbirth expenses.
- travel expenses of the insured person (woman about to give birth) to her home country including local travel expenses. Travel expenses are compensated up to the price of a tourist class ticket.

Coverage is not provided for

- telephone, private room or other expenses that are not medically necessary
- accommodation or housing expenses in the home country
- medication, vitamins, micronutrients or mineral preparations.

15 Filing a claim

15.1 Account of the journey and the illness, accident or case of death

The claimant must submit to the insurance company a written account of the journey, illnesses and accidents or death. This is done by filing a loss report with the insurance company. If requested, additional information must be provided to the insurance company in order to settle the claim.

When claiming compensation on the basis of Death Cover, the claimant must submit the insured person's death certificate and an extract from the population register for the insured person and beneficiaries to the Insurance Company.

15.2 Receipts

The claimant must pay medical treatment expenses personally before claiming compensation from the insurance company. Original payment receipts must be submitted upon request to the insurance company.

If the reimbursement under the Health Insurance Act included in the treatment expense has not been deducted in connection with the payment of the expense, the claimant must also submit a claim for reimbursement of the treatment expenses under the Health Insurance Act before claiming compensation from the insurance company. Claims under the Health Insurance Act must be submitted to the Social Insurance Institution within six months of paying the medical treatment expenses. The claimant

must upon request provide the insurance company with the original receipt for the reimbursement paid by the Social Insurance Institution, plus copies of original receipts submitted to the Social Insurance Institution.

Claimants must also pay any other costs themselves and subsequently claim compensation they are entitled to by law from those responsible. If expenses have not been compensated by virtue of law, original receipts or equivalent documentation of them must be sent upon request to the insurance company.

15.3 Loss investigation costs

Fees charged by doctors for medical statements are not compensated as loss investigation costs. Claimants must acquire said documentation and information and submit it to the insurance company at their own expense.

15.4 Other applicable terms and conditions

The common provisions of all travel insurance policies and Corporate Travel Cover's Traveller's Insurance are applied to this cover.

LUGGAGE INSURANCE

1 Content of insurance

Luggage insurance covers luggage against material damage and loss during the policy's validity.

2 Object of insurance

2.1 Persons insured by private or family-specific luggage insurance

The insurance policy will indicate whether the cover is for the insured person only or for the whole family. If the insurance has been taken out for a family, coverage extends to the insured person's family members who live permanently in the same household, that is, at the same address. A personal insurance only provides cover for the insured person.

2.2 Property insured

Coverage extends to the luggage of the persons listed in the insurance policy. The chosen sums insured are also shown in the insurance policy.

Luggage refers to property taken along and acquired during a journey by the insured person, including tools used in gainful employment, computers and mobile phones. The luggage is insured for up to the sum insured as entered in the insurance policy.

Payment instruments and securities are only considered luggage when carried by the person or kept in a locked safe deposit box. The insurance policy shows whether this additional cover is valid for the insured person, and the sums insured chosen.

2.3 Luggage does not include

- motorised vehicles, caravans or trailers, watercraft or aircraft or parts and accessories to the above, except for the keys to a motorised vehicle.
- sailboards or sails thereof
- merchandise, samples of goods, advertising material, photographs and drawings
- files and software in IT equipment

- manuscripts, collections and their parts
- home contents, removal items and individual freight items
- animals or plants.

2.4 Deductible

The deductible mentioned in the policy is subtracted per any one insurance event.

3 Coverable insurance events

3.1 Sudden and unforeseeable conditions

The insurance indemnifies for any direct material damage caused during the policy's validity by some sudden and unforeseeable occurrence.

3.2 Compensation regardless of sum insured

Irrespective of the sum insured, the insurance covers

- any reasonable expenses incurred in searching for lost luggage, provided the luggage had been entrusted to a hotel, haulage or transport company, tour operator or similar
- reasonable expenses caused by attempting to minimise losses
- purchase costs of necessities when an item left for transportation is delayed by at least two hours either on the outbound journey or upon return. The compensation is a maximum of EUR 400.
- for purchases of clothes and accessories, an additional maximum of EUR 700 if luggage left for transportation is delayed on the outbound journey and the insured person has agreed before the journey to give a presentation or participate in a meeting at the destination. The purchase must have been made before the presentation or meeting.
- necessary travel, accommodation and telephone expenses caused by theft of travel tickets, visa or passport up to a total of EUR 200.

4 Exclusions

The insurance does not cover

- any loss arising from the ordinary use of goods, or damage to goods caused by insufficient covering, wear and tear, chafing, scratching, corrosion or other comparable gradual phenomenon
- loss caused by ordinary weather conditions or natural phenomena
- any loss arising from an action taken by the authorities
- any loss which is covered under some special legislation, guarantee or other insurance
- loss of or damage to bicycles, skis or other sports equipment occurring while the equipment is being used for its intended purpose, except where the loss or damage is caused by negligence of a third party
- loss caused by luggage disappearing or being left behind. The luggage is considered to have disappeared if the insured cannot name any specific sudden event which would have caused the luggage to be lost.

The insurance does, however, cover loss up to EUR 150 arising from luggage other than payment instruments or securities disappearing or being left behind, provided that the time, place and circumstances of the loss can be

defined, that the loss was noticed during the journey at the place where it occurred and that an outsider was demonstrably and immediately informed of the loss. If luggage other than payment instruments or securities is left in the custody of the tour operator or corresponding party and is lost, the loss is covered to its full amount though not beyond the maximum of the sum insured, unless otherwise prescribed by the safety regulations.

5 Safety regulations

5.1 Significance of safety regulations

The insured must comply with the safety regulations given in the insurance terms and conditions or other instructions provided in writing. If the insured fails to comply with the safety regulations, any compensation payable may be reduced or disallowed under clause 6 of the General Terms of Contract.

5.2 Luggage in the home, in accommodation facilities and in related storage space

5.2.1 Obligation to close the storage space

The doors, windows, hatches and other entrances to storage spaces for luggage must be closed in a manner providing protection against theft and burglary. The closure must be effected in such a way that the storage space cannot be entered without damaging the structures or locks of the storage space.

When storing luggage in a motor vehicle, caravan or boat, the vehicle and trailer must be locked.

5.2.2 Valuables, valuable objects or equipment

When luggage is kept in a hotel room, passenger cabin or similar accommodation space, any valuables or objects or equipment worth more than EUR 800 must be kept in a fixed and separately locked space.

In these safety regulations, valuables include jewellery, precious metal objects, furs, valuable collections and works of art.

5.2.3 Keys to storage spaces

Keys to the home, accommodation facilities or storage places may not be left or hidden in the vicinity of these premises and places. The lock must be changed or re-keyed immediately if there is reason to believe that the key is held by an unauthorised person. Expenses incurred from the change or re-keying of the lock are not covered under the insurance.

5.3 Luggage outside the home, accommodation facilities and related storage space

5.3.1 Obligation to supervise luggage

Accompanying luggage must be continuously supervised. The insured must not leave luggage unattended in public places such as bus and railway stations, marketplaces, restaurants, shops, lobbies of hotels or other accommodation establishments, beaches, sports fields, public conveyances or popular tourist sites.

5.3.2 Locked, fixed storage space

Any accompanying luggage not supervised must be stored in a locked, fixed storage space which cannot be entered without damaging the structures or locks of the storage space.

5.3.3 Valuables, computers, optical instruments and electronic equipment

Valuables, computers, optical instruments or electronic equipment must not be left in a light trailer, tent, ski-box, pannier or tank bag.

When storing valuables, computers, optical instruments and electronic equipment in a motor vehicle, caravan or boat, they must be kept in a separate locked, fixed luggage space or compartment closed in such a way that the storage space cannot be entered without damaging the structures or locks of the storage space.

In public conveyances, valuables, computers, optical instruments and electronic equipment must be carried as hand luggage.

5.4 Further regulations concerning cash, other payment instruments and securities

Cash, other payment instruments and securities must not be left in a hotel room, cabin or equivalent accommodation, in a motor vehicle, caravan, boat, light trailer, tent, ski-box, pannier or tank bag and they must be carried as hand luggage in public conveyances.

Bank, credit or similar payment cards must not be kept in the same place as their respective codes or be used in such a way that an unauthorised person may discover the code.

5.5 Further regulations concerning sports and leisure equipment

Bicycles must be protected against theft by a safety lock.

If skis, snowboards or other sports equipment covered by luggage insurance have to be left unsupervised out of doors or in public areas, they must be locked to a stand intended for this purpose, or to another suitable fixture.

5.6 Compliance with user instructions

The user instructions issued by the manufacturer, seller or importer of the product must be observed.

5.7 Fragile objects

Fragile pieces of luggage including computers, optical instruments and electronic equipment shall be carried as hand luggage in public conveyances. The instructions issued by the carrier concerning the transport of luggage must be observed.

5.8 Corrosive and staining substances

Corrosive and staining substances and bottles and packages containing liquids must be packed safely and separately from other accompanying property.

5.9 Compliance with instructions

Instructions issued by local authorities, tour operators or equivalent must be observed.

5.10 Notification to the carrier

If luggage has been damaged or lost in transit or during storage, the damage or loss must be duly reported to and a claim filed with a representative of the carrier or transport company.

6 Indemnification regulations

6.1 Filing a claim and reporting an insurance event

The claimant shall immediately notify the insurance company of the insurance event. This can be done by filling in the insurance company's loss report.

The claimant must provide the insurance company with documents and information necessary for the assessment of the insurance company's liability. These include documents and information that confirm the occurrence of loss, the extent of the loss, and the recipient of compensation. Examples of such documents are a police investigation report or notice of a crime. All offences must be reported to the local police without delay.

6.1.1 Documents and the cost of obtaining them

6.1.1.1 Police investigation report

The police investigation report must be supplied to the insurance company upon request. The insurance company will refund the costs of the police investigation report and any other official documents it has requested for the claims handling.

6.1.1.2 Bicycle theft

When filing a claim for bicycle theft, the loss report to the insurance company must be accompanied by a copy of the crime report issued by the police, both keys to the bicycle lock, and the guarantee card of the bicycle stating the number of the bicycle frame and lock.

6.1.1.3 Repair cost estimate

The insurance company will indemnify for the costs arising from any repair cost estimate it may require.

6.1.2 Examination of loss or damage and safekeeping of the damaged object

The insurance company must be given the opportunity to assess the loss or damage. Any assessment of loss or damage by the insurance company does not imply that the insurance will indemnify for the loss or damage.

A damaged object must not be disposed of without special reason.

6.2 Maximum amount of compensation

The upper limit of the insurance company's liability to indemnify is the replacement value or current value of the luggage (clause 6.5.1). The maximum indemnity payable is the sum insured as recorded in the insurance policy, irrespective of the total value of luggage.

6.3 Indemnification alternatives

6.3.1 Repairing damaged luggage

As a rule, damaged luggage is indemnified by having the damaged item repaired or, with respect to mobile devices, by providing an equivalent replacement. However, if the repair or replacement costs exceed the value of the item determined in accordance with these indemnification regulations, the indemnity will not exceed the value of the item.

Expenses of restoring the damaged object to the condition preceding the loss are indemnified as repair costs.

Expenses for renovation or other improvements made in connection with the repair are not indemnified.

6.3.2 Purchase of equivalent luggage

The insurance company is entitled to purchase an equivalent piece of luggage or have the luggage repaired instead of paying the indemnity in cash. If, however, the indemnity is paid in cash, the maximum amount of indemnity is determined on the basis of the amount which the insurance company would have paid the seller for the object or the repairer for the repair costs. When assessing the amount of indemnity, we take into account all cash, wholesale, special and other discounts to which the insurance company would have been entitled if it had acquired similar property or had the property repaired.

6.3.3 Redeeming damaged luggage

The insurance company is entitled to redeem the damaged luggage or part of it with an object or at a value which is part of the value of the damaged luggage before the loss.

The right of ownership to the damaged luggage is transferred to the insurance company if it pays the full indemnity in accordance with these terms and conditions.

6.3.4 Recovery of indemnified luggage

If part of the lost property is recovered after payment of the indemnity, the insured person must immediately surrender that part to the insurance company or return the indemnity given in respect of it.

6.4 Loss mitigation costs covered in addition to material damage

In addition to direct material damage and regardless of the amount of the sum insured, the insurance indemnifies for reasonable costs incurred by the insured person in taking action to mitigate or prevent loss that has occurred or is imminent, and that is coverable under this insurance.

6.5 Indemnity for loss or damage

6.5.1 Replacement, current and residual values

The replacement value of luggage refers to the sum required for acquiring a new similar or equivalent object. The current value refers to the object's fair value before the loss or damage.

Should the object still have value remaining after the loss, this is taken into account as a deduction in calculating the indemnity, if the object or part of it remains with the insured. This residual value is determined using the same criteria as for the pre-loss value.

6.5.2 Time limit of two years

Indemnity based on the replacement value requires that, within two years of the insurance event, the damaged luggage be either repaired or replaced by a new object of the same type and intended for the same purpose.

6.5.3 Payment of indemnity

Indemnity based on replacement value may be paid in two instalments. Indemnity based on the current value is paid first. An additional indemnity, which is the difference between the indemnities based on replacement value and current value, is paid when the insurance company has received a report on the acquisition of a new object.

6.6 Amount of indemnity

If the age of the object is less than a year and the object is in good condition, the amount of indemnity is determined in accordance with the replacement value. Otherwise, the indemnity shall be determined in accordance with the

value of the object at the time of the loss or damage, in which case the value is determined by age, use and other equivalent factors.

The age reduction percentage for luggage depends on the quality of goods in the luggage. The reduction based on these percentages is calculated on the item's replacement value for each full year of the item, as follows:

Goods	Age reduction per year, %
suitcases	10
digital cameras	20
other electronic appliances and optical instruments	10
bicycles, engine-powered tools and machinery and outboard motors	10
IT equipment, such as computers, mobile and smartphones and their peripherals	25
glasses, clothes, accessories, footwear, sports equipment and sports gear	25

The reduction is computed by multiplying the percentage figure by the number of full calendar years following the year the equipment was first used. However, with respect to mobile and smartphones, the reduction is computed by calculating the percentage figure by the number of each commenced year following the year the property was first used. In addition to the reductions, the deductible specified in the insurance contract will also be subtracted.

The age reduction is not applied to the costs stated in the repair bill or written repair estimate for the object. The indemnity shall, however, not exceed the value of the property as specified in this clause, including the age reductions.

6.7 Depreciation and sentimental value

Depreciation is not indemnified. Depreciation means that the fair value of the damaged property has decreased, even though the property has been restored after the loss to the condition preceding the loss. Differences in the shade of colour are not taken into account when the amount of indemnity is assessed, nor are sentimental or other such values.

6.8 Value added tax

Legal provisions on value added tax or equivalent foreign tax will be taken into account in calculations of the amount of loss.

If the recipient of the indemnity is entitled, under the Value Added Tax Act or equivalent foreign law, to deduct in their value added taxation the value added tax included in purchase invoices for goods or services arising from the loss or to have the tax refunded, the tax is deducted from the indemnity.

value added tax applies to the acquisition invoice of the object or the relevant part of it, the value added tax corresponding to the amount of loss is deducted from the indemnity. In replacement value indemnities, the value added tax included in the acquisition price of a similar new object or the relevant part of it is deducted.

TRAVEL LIABILITY INSURANCE

1 Content of insurance

Travel liability insurance provides cover in cases where the insured is legally liable to pay compensation for damage which the insured has not caused wilfully or through gross negligence.

2 Coverable insurance events

2.1 Liability to pay damages

The insurance covers any bodily injury or material damage that the insured, as a private individual, causes to a third party in the course of a journey and for which the insured is liable under existing law, provided that the liability derives from an act of negligence that has taken place during the insurance period.

2.1.1 Loss or damage caused by a child

Loss or damage caused by an insured child is covered even when the child is not liable to pay damages due their age. As an exception to clause 7 of the General Terms of Contract, the insurance also covers loss or damage deliberately caused by a child under 12 years of age.

Exclusion

The insurance does not cover loss or damage caused by a child if another person is liable for the damages.

2.1.2 Loss or damage caused by a dog

Regardless of any fault of the insured, the insurance covers bodily injury resulting from the bite of a dog kept as a pet in the insured person's family, and any loss or damage caused by the family's dog in a direct collision with a motor vehicle.

Exclusion

This extension does not apply to

- any loss or damage for which another party is liable
- a traffic or other accident caused by avoiding a dog.

2.2 Structures and equipment of a dwelling

As an exception to clause 3.2, the insurance covers damage which has been caused suddenly to the structures or equipment of a hotel suite or a rented or owner-occupied dwelling used for the accommodation of the insured and their family and for which the insured is liable under clause 2.1.

Exclusion

The insurance does not cover damage caused to surface coverings, nor damage arising from poor maintenance or wear and tear of the dwelling. Surface coverings in this respect include wood-strip and vinyl floor coverings, wall-to-wall carpeting, wall coverings and painted surfaces of the dwelling.

2.3 Rental bicycles, mopeds etc.

As an exception to clause 3.2 of the terms and conditions of Travel Liability Insurance, the insurance covers any loss sustained by the insured due to sudden and unforeseeable damage caused by the insured to a rented bicycle, moped, scooter, snowmobile, hoverboard, water scooter or a corresponding watercraft. Under the same conditions, the insurance also covers damage caused to skis, ski poles or snowboards rented for a maximum of 14 days abroad.

Exclusion

In the cases referred to above, loss is covered up to a maximum of EUR 350.

3 Exclusions

The insurance does not cover

3.1 Loss or damage caused

- to the insured or a person residing permanently with the insured in the same household
- to the insured's employee or the equivalent insofar as the person concerned is entitled to compensation under occupational accident and occupational disease insurance or motor liability insurance

3.2 loss of or damage to property which, when the act or negligence causing the loss or damage took place, is or was in the possession of, at the personal disposal of, borrowed by, stored with or otherwise handled by or in the care of the insured or a person residing permanently in the same household as the insured

3.3 loss or damage for which the insured is liable only by virtue of an agreement, a commitment, a promise or a guarantee

3.4 loss or damage for which the insured is liable in the capacity of owner or possessor of the real estate

3.5 loss or damage which, in connection with building or renovation, is sustained by pipes or cables, if the insured has not acquired and followed cable or pipe charts for the construction site

3.6 loss or damage caused by a road accident as defined in the Motor Liability Insurance Act, irrespective of where the accident occurred

3.7 loss or damage caused by

- the use of a vessel or boat subject to registration, or a sailing boat with a length of more than six (6) metres
- the use of an aircraft when the insured is liable to pay damages in the capacity of owner, possessor or user of the aircraft

3.8 loss or damage caused gradually by vibration, smoke, soot, gas, moisture, water or sewage

3.9 loss or damage caused by gradual pollution of a body of water, groundwater or soil

3.10 loss or damage caused by a change in the groundwater table

3.11 loss or damage caused by quarrying or blasting performed with outside labour or for another or by consequent subsidence or land movement

3.12 loss or damage caused by the insured in the course of professional, business or wage-earning activity or for which the insured is liable in the capacity of an employee

3.13 loss or damage caused in connection with an assault or an affray

3.14 a fine or any similar sanction

3.15 by loss or damage caused by a strike or other similar cause.

4 Special measures to be taken on occurrence of an insurance event

4.1 Determining the liability for damages

In any matter covered by this insurance, the insurance company will determine whether the insured is liable to pay damages, will negotiate with the claimant and will pay the indemnity required by the loss.

4.2 Assessing the amount of loss and amicable settlement

The insured must provide the insurance company with an opportunity to assess the amount of loss or damage and to reach an amicable settlement.

Exclusion

If the insured person makes good the loss, agrees thereon or accepts the claim, this will not be binding on the insurance company, unless the amount and basis of the damages are manifestly correct.

4.3 Legal proceedings and ensuing costs

If damages coverable under this insurance are demanded from the insured in legal proceedings, the insured must immediately notify the insurance company of the proceedings. The insurance company will handle the legal proceedings at its own cost on behalf of the insured insofar as they concern the said damages.

Exclusion

The costs of legal proceedings are indemnified up to a maximum of EUR 8,500.

4.4 Extra costs for rejecting an amicable settlement

If the insurance company has notified the insured of its readiness to settle with the party suffering loss within the limits of the sum insured, and the insured does not consent thereto, the company is not obliged to indemnify for any extra costs incurred thereafter or to carry out any further investigations into the matter.

5 Indemnification regulations

5.1 Sum insured

The sum insured recorded in the insurance policy is the maximum amount of indemnity in each insurance event.

5.2 Single insurance event

Multiple loss or damage caused by the one and same event or circumstance is considered a single insurance event.

5.3 Deductible

In all insurance events, the insured is responsible for a certain amount of the loss, i.e. the deductible, which is specified in the insurance policy.

5.4 Deduction of value added tax from the indemnity

Legal provisions on value added tax or equivalent foreign tax will be taken into account in calculations of the amount of loss. If the recipient of the indemnity is entitled, under the Value Added Tax Act or equivalent foreign law, to deduct in their value added taxation the value added tax included in purchase invoices for goods or services arising from the loss or to have the tax refunded, the tax is deducted from the indemnity.

If a deduction or refund right applies to the acquisition invoice of the property or the relevant part of it, the value added tax corresponding to the amount of loss is deducted from the indemnity. If the indemnity is to be considered income which replaces business income subject to value added tax, the indemnity is exempt from tax.

6 Joint and several liability

Where several parties are jointly liable to make good a case of loss or damage, the insurance will indemnify for that part of the loss or damage which corresponds to the culpability attributable to the insured and to any advantage the insured gained through the insurance event.

LEGAL EXPENSES TRAVEL INSURANCE

1 Content of insurance

The purpose of the insurance is to indemnify for any necessary and reasonable legal expenses incurred by the insured as a result of resorting to legal counsel in a disputed civil case, criminal case or non-contentious civil case concerning an insurance event as referred to under clause 3.1.

The insurance applies to the insured in their capacity as traveller in matters related to their private life.

2 Courts of law

The insured person may use the insurance in insurance events which in Finland can immediately be brought before a district court or brought before a corresponding foreign court.

The insurance does not indemnify for expenses in cases which can only be handled by the administrative authorities or in special courts. The policy may only be applied in appellate levels if permission for appealing the case has been granted.

3 Coverable insurance events

3.1 Definition of insurance event

The insurance indemnifies for insurance events occurring during the validity of the insurance. The insurance event occurs during the validity of the insurance if the claim is based on an event, circumstance, legal act or infringement arising during the validity of the insurance.

In civil cases:

The claim made in the case has to be disputed. A 'dispute' refers to a claim specified as to its grounds and amount and which has been demonstrably and specifically disputed as to its grounds or amount.

In criminal cases:

Commencement of court proceedings in the case.

3.2 Single insurance event

An event is considered a single insurance event when the insured has several civil or criminal cases pending which are based on the same event, circumstance, legal act or infringement, or which are based on the same or similar claim with different grounds.

3.3 Nature of the case

The insurance covers expenses incurred by the insured in a case concerning

1. personal injury to an insured person during a journey
2. the insured person's property covered under luggage insurance
3. accommodation, transport and other ordinary traveller's services used by the insured on the journey
4. charges brought against the insured unless the alleged act is claimed to have been wilful or an act of gross negligence, or
5. a claim presented to the insured, provided that it is not based on a wilful act of gross negligence.

4 Indemnification regulations

4.1 Maximum compensation and deductible

The maximum compensation recorded in the policy document is the upper limit of the company's liability in each insurance event. If the monetary value of a disputed benefit is assessable, the insurance covers, in a civil case and when the insured is a complainant in a criminal case, up to three times the amount of the disputed benefit. No claims for interest, legal expenses or litigation costs or expenses arising from being party to the matter are taken into account when assessing the amount of compensation. If a dispute concerns a periodical payment, a maximum of a tenfold amount of one instalment of the disputed payment is taken into account when assessing the amount of benefit.

The deductible specified in the policy document is subtracted from the coverable expenses.

4.2 Requiring the opposing party to reimburse legal expenses

The insured person must, during court proceedings or settlement negotiations, require the opposing party to reimburse the insured's legal expenses in full. If the insured party fails to claim their expenses from the opposing party or relinquishes their claim in part or in full, compensation paid under the insurance may be reduced or withheld entirely.

4.3 Prohibition of admission of legal expenses

The insured is not entitled to approve, in a manner that would be binding on the company, the amount of expenses incurred due to handling the case.

4.4 Coverable expenses

The policy compensates necessary and reasonable expenses to the insured for the use of legal counsel and presentation of evidence.

The insured must be represented by an attorney-at-law, a public legal aid counsel or other such lawyer who has the right to act as an attorney or a legal counsel.

If bringing the case before a court requires a juristic act or a decision taken by a given body or in connection with any specific proceedings, the expenses are indemnified as of the date when the said requirement was fulfilled.

Restrictions:

The insurance does not cover

- expenses incurred from measures taken before an insurance event, or from the preliminary investigation of

a case, or from the investigation or handling of such a disputed case as a result of which the insured justifiably waive their claims against the opposing party

- costs of acquiring expert legal opinion
- costs incurred from reporting a criminal offence or making a request for investigation, or from pre-trial investigation of a criminal case
- the insured person's wasted time, own work, loss of income or earnings, travel or accommodation costs, or any extra costs caused by changing legal counsel
- expenses arising from the enforcement of a ruling or decision
- any legal expenses of the opposing party which the insured has been ordered or has agreed to pay.

4.5 Common interest

If the case involves an interest essentially other than that of the insured, or the insured has an interest to safeguard in the insurance event in common with persons not covered by this insurance, the insurance indemnifies only for those costs which are attributable to the insured.

4.6 Amount and calculation of indemnity

The expenses indemnified under the insurance are determined in accordance with the relevant provisions of the Code of Judicial Procedure and the Act on Criminal Proceedings, taking into account the expenses ordered to be paid and actually paid in similar cases. However, expenses will be covered up to the amount which the court orders the insured person's adverse party to pay, unless the court has specifically concluded, on the basis of the grounds appearing in its decision, that the insured must personally bear the incurred expenses, in part or in full, to the insured's detriment. Coverable expenses shall not, however, exceed the amount of the expenses claimed by the insured person's opposing party.

In determining the coverable expenses for a case handled abroad, the legislation and expenses compensation practice as well as the bases for legal counsel's fees in that particular country will be taken into consideration, in addition to the above.

5 Other regulations concerning indemnity

5.1 Time of payment of indemnification

The insurance company indemnifies for the insured person's legal expenses after a legal ruling has been issued or a settlement has been reached.

Final compensation is paid after the insured person has, in response to the insurance company's demand, proved that they have paid the deductible on the costs.

5.2 Refunding legal expenses and transfer of a claim

If the opposing party has been sentenced or is committed to paying the insured's legal expenses, the insured must return any compensation for expenses or transfer their right to such expenses before payment of the compensation to the insurance company, up to the amount the latter has paid.

GENERAL CONTRACT TERMS AND CONDITIONS

The General Terms of Contract contain the relevant provisions of the Insurance Contracts Act. The insurance contract is also subject to certain provisions of the Insurance Contracts Act not appearing in these General Contract Terms and Conditions.

1 Key concepts

Insurance of the person, or personal insurance, is insurance by which a natural person is covered. Traveller's insurance is a form of personal insurance.

Non-life insurance is a policy taken out to cover a loss incurred due to material damage, an obligation to pay damages, or other financial loss. Non-life insurance includes luggage, travel liability and legal expenses travel insurance.

The essential content of an **insurance contract** is defined in the insurance policy and the insurance terms and conditions.

The policyholder is the party who has concluded an insurance contract with the insurer.

The insurer is the insurance company issuing the insurance. In these terms and conditions, the insurer is referred to as 'the insurance company'.

The **insured person** is the party who is the object of insurance of the person or for whose benefit non-life insurance is valid.

The **insurance period** is the period entered in the policy document, during which the insurance is valid. The insurance contract continues for one agreed insurance period at a time, unless either contracting party gives notice of termination.

The **premium period** is the period for which a premium is paid at regular intervals as agreed.

The **insurance event** is an event for which compensation is paid under the insurance.

Group insurance (§2) is insurance under which those insured are members of a group as defined in the insurance contract and the premium is paid in full by its policyholder.

Safety regulation is the obligation to observe given regulations recorded in the insurance policy or insurance terms and conditions, or otherwise in written form, aimed at preventing or restricting the occurrence of a loss.

2 Disclosure of information prior to concluding an insurance contract

2.1 Policyholders and insured persons obligation to disclose information

Prior to the insurance being granted, the policyholder and the insured must provide full and correct answers to all questions presented by the insurance company which may affect the assessment of the insurance company's liability. During the validity of the insurance period, the policyholder and the insured must also correct, without undue delay, any information provided by the insured to the insurance company which the insured has found to be incorrect or insufficient.

If the policyholder or the insured person has acted fraudulently with regard to the above-mentioned obligation, the insurance contract is not binding on the insurance com-

pany. The insurance company has the right to withhold all premiums paid, even if the insurance is annulled.

2.2 Failure to disclose information

2.2.1 Insurance of the person

If the policyholder or the insured person has wilfully or through negligence which cannot be deemed minor failed in their obligation to disclose information under insurance of the person, and the insurance company would have refused to grant the insurance altogether had the full and correct information been provided, the insurance company is free from liability. If the insurance company had granted the insurance only against a higher premium or otherwise on terms other than those agreed, the insurance company's liability is restricted to what corresponds to the agreed premium or the terms on which the insurance would have been granted.

If the above-mentioned consequences of failure to disclose information leads to a result that is clearly unreasonable from the point of view of the policyholder or other party entitled to compensation, they may be adjusted.

2.2.2 Non-life insurance

If the policyholder or insured person has wilfully or through negligence which cannot be deemed minor violates the obligation to disclose information under non-life insurance, compensation payable under the insurance can be reduced or disallowed. The effect of the erroneous or deficient information given by the policyholder or the insured person on bringing about the loss or damage will be taken into account when reduction or disallowance is being considered. In addition, the policyholder's and the insured person's intent or type of negligence as well as other circumstances will be taken into account.

If, due to incorrect or insufficient information provided by the policyholder or the insured person, the agreed premium is smaller than it would have been had the insurance company been given the correct and full information, the insurance company, when reducing the amount of compensation, takes account of the ratio of the agreed premium to the premium that would have been charged had the information provided been correct and full. If, however, the information provided differs only slightly from the correct and full information, the insurance company is not entitled to reduce the compensation.

3 Beginning of the insurance company's liability and validity of the insurance contract

3.1 Commencement of the insurance company's liability

If the insurance company has not agreed on any other date individually with the policyholder, the insurance company's liability will commence from the time when the insurance company or the policyholder has submitted or sent an affirmative reply to the offer/bid of the other contracting party.

Payment of the premium for the insurance period is a precondition for commencement of the insurance company's liability

- when the insurance company has set the payment of the premium for the first insurance period as a precon-

dition before continuous travel insurance can enter into force, or

- if there are special reasons, for instance, because of the policyholder's earlier default of payment.

The insurance bill contains mention to this effect.

If the policyholder has submitted or sent a written insurance application to the insurance company and if it is apparent that the insurance company would have approved the application, the insurance company will also assume liability for an insurance event occurring after the application was submitted or sent.

An insurance application or an affirmative reply which the policyholder has submitted or sent to the insurance company's representative is considered to have been submitted or sent to the insurance company.

If there is no indication of the time of day when the reply or application was submitted or sent, it is considered to have taken place at 12.00 midnight.

3.2 Grounds for granting insurance

The insurance premium and other terms of contract are determined according to the policy anniversary.

3.3 Validity of the insurance contract

3.3.1 Insurance of the person

After the first premium period, the insurance contract is valid for one agreed premium period at a time, unless the policyholder or the insurance company ends the contract.

The insurance contract can also be terminated on other grounds, as specified below under clauses 4.2 and 15.

3.3.2 Non-life insurance

After the first insurance period, the insurance contract is valid for one agreed insurance period at a time, unless the policyholder or the insurance company terminates the contract.

The insurance contract can also be terminated on other grounds, as specified below under clauses 4.2 and 15.

3.3.3 Fixed-period insurance

A fixed-term insurance contract is valid for the agreed insurance period. The insurance can, however, be ended during the insurance period on grounds specified below in clauses 4.2, 15.1 and 15.2.

In fixed-term travel insurance, if the journey back to the insured person's home country is delayed for reasons beyond the insured person's control, the validity period of the insurance will be extended by 48 hours.

3.4 Entitlement to continued insurance

This clause applies to insurance contracts that began on or after 1 April 2024.

If Death Cover for travel illnesses has been terminated or the insured person leaves or is removed from the group of persons stated in the policy for a reason other than age, the insured is entitled, irrespective of their state of health, to continued insurance with the insurance company, corresponding to the insurance cover provided by the terminated policy, by paying the premium charged for personal insurance. The insured is not entitled to continued insurance if they are insured, or could be insured, by an equivalent insurance cover from a different group insurance.

If the insured person wishes to exercise their entitlement to continued insurance, they must inform the insurance

company thereof within six months of the expiry of their insurance cover. The insurance company's liability on the basis of the continued insurance shall begin on the day following the day on which the insurance company was informed by the insured person of their willingness to take out the continued insurance.

4 Insurance premium

4.1 Payment of insurance premium

The insurance premium must be paid within one month of the date on which the bill for the premium was sent by the insurance company to the policyholder. However, the initial premium need not be paid before the start of the insurance company's liability, nor the subsequent premiums before the beginning of the agreed premium period or insurance period, except in circumstances described in clause 3.1, in which payment of the premium is a precondition for the beginning of the insurance company's liability. If part of the insurance company's liability commences at a later date, the related premium need not be paid before said liability commences.

The premiums of the individual insurance policies included in the same insurance contract are combined into a single premium to be invoiced in one or several instalments as agreed. If a premium arising from a change in the insurance contract is not combined with the earlier agreed instalments, this premium will be invoiced separately. The insurance premium paid for the insurance contract is divided amongst all cover types included in the contract in proportion to the relationship between the payment and the invoice, so that all continuous insurance types are valid until the same date.

If a payment by the policyholder is not sufficient to cover all the insurance company's insurance premium receivables, the policyholder has the right to decide which of the outstanding premiums the money is to be used for. However, the payment is used for the insurance contract to which the bill refers and to pay for the oldest outstanding amount under this contract, unless the policyholder has specified otherwise in writing.

4.2 Delayed insurance premium payment

If the policyholder has neglected to pay the premium in part or in full by the due date as referred to under clause 4.1, the insurance company has the right to terminate the entire insurance contract 14 days after sending a notice of termination.

However, if the policyholder pays the outstanding premium in full before the end of the notice period, the insurance contract will not be terminated at the end of the notice period. The insurance company will state this option in its notice of termination.

If the delay of payment is caused by the policyholder's financial difficulties resulting from illness, unemployment or other special reason primarily beyond the policyholder's control, then despite the notice given, the insurance will not expire until 14 days after the obstacle in question has ceased to exist. The contract will, however, expire three months from the end of the notice period, at the latest. The notice of termination will state this option concerning continuation of the insurance for a fixed period. The policyholder must notify the insurance company in writing of the financial difficulties referred hereto during the notice period at the latest.

If the premium is not paid by the due date referred to under clause 4.1 above, penalty interest must be paid for the period of delay in accordance with the Interest Act.

The insurance company is entitled to compensation for costs incurred due to collection of insurance premiums under the Debt Collection Act. If the insurance company has to collect an unpaid insurance premium through legal action, it is also entitled to being recompensed for the statutory fees and charges incurred due to legal proceedings.

The insurance company may transfer outstanding amounts for collection by a third party.

If the insurance contract is terminated due to non-payment of the insurance premium, the insurance premium due is transferred in full to Pohjola Insurance Ltd in those contracts that include Death Cover for travel illnesses issued by OP Life Assurance Company Ltd.

4.3 Return of premium upon termination of contract

If the insurance terminates before the date agreed, the insurance company is entitled only to the premium for the period during which it was liable. The rest of the premium paid will be returned to the policyholder.

When determining the amount of returnable premium, the validity is calculated in days according to the insurance period to which the premium pertains.

However, the premium is not returnable in cases stated below in this clause or if the policyholder or the insured has acted fraudulently in the circumstances referred to in clause 2.1 above. However, the premium will not be returned separately if the returnable sum is smaller than the amount stated in the Insurance Contracts Act.

The insurance company charges a non-returnable minimum premium for the insurance as stated in the insurance policy.

4.4 Setoff against premiums to be returned

The insurance company may deduct any outstanding premiums overdue and other overdue receivables from the premium to be returned.

5 Disclosure of group insurance policy information during validity of contract and at its termination

5.1 Insurance company's obligation to disclose information

If the terms and conditions of a group insurance contract include a provision to the effect that the insurer keeps a list of persons who are covered by the insurance, the insurance company will, as soon as the contract takes effect and at reasonable intervals thereafter, dispatch the insured person's details of the scope of cover, major exclusions, obligations of the insured person under the contract and how the validity of cover is dependent on the fact that the insured person is a member of the group mentioned in the contract.

If the insurance company does not keep a list of insured persons, the above-mentioned information will be given to the insured person in a manner deemed fit in the circumstances.

If the insurer or its representative has failed to provide the insured with necessary information about the insurance or has provided the insured with incorrect or misleading

information, the insurance will be considered valid to the insured's benefit in the form that the insured had reason to understand it in the light of the information given. This does not, however, apply to information given by the insurer or its representative on compensation or benefits payable after an insurance event.

The list of insured persons maintained by the insurance company for the purpose of calculating the insurance premium does not constitute a list of persons referred to in Section 76 of the Insurance Contracts Act.

5.2 Policyholder's obligation to disclose information about any increase in risk

5.2.1 Insurance of the person

The policyholder must notify the insurance company of any changes in factors increasing risk that were reported when the insurance contract was concluded and that are relevant in terms of assessment of the insurance company's liability, such as changes in profession/occupation, leisure time activities or place of residence, or the termination of any other insurance cover. A change resulting in increased risk may be, for instance, residence abroad of the insured person for over a year on a continuous basis. The insurance company must be notified of any such changes no later than one month of receipt of the annual bulletin following such a change. Changes in the person's state of health do not have to be reported. The insurance company reminds policyholders in the annual bulletin of their disclosure obligation.

If, in the case of insurance of the person, the policyholder has wilfully or through negligence which cannot be deemed minor failed to notify the insurance company of increased risk as mentioned above, and the insurance company would not, as a result of the changed circumstances, have kept the insurance in force, the insurance company is released from liability. If, however, the insurance company had continued the insurance but only for a higher premium or on other terms, the insurance company's liability is limited to that which corresponds to the insurance premium or the terms on which the insurance would have been continued.

If the above-mentioned consequences of failure to disclose information lead to a result that is clearly unreasonable from the point of view of the policyholder or other party entitled to compensation, they may be adjusted.

5.2.2. Non-life insurance

In the case of non-life insurance, the policyholder must notify the insurance company of any essential change, during the insurance period, in the circumstances stated at the time of concluding the insurance contract or in the state of affairs recorded in the insurance policy which has increased the risk of loss or damage, and which the insurer cannot be deemed to have taken into account when concluding the contract. The policyholder must notify the insurance company of any such changes no later than one month of receipt of the annual bulletin following such a change. The insurance company will remind the policyholder of this obligation in the annual bulletin.

If the holder of a non-life insurance policy has wilfully or through negligence which cannot be deemed minor failed to notify the insurance company of the increased risk, any compensation may be reduced or disallowed. The effect of the changed, risk-increasing circumstance on the occurrence of the loss or damage is taken into account when considering whether to reduce or disallow the compensa-

tion. The policyholder's intent or the type of negligence and any other circumstances will also be taken into account.

5.3 Decrease in risk of loss

If the risk of loss has decreased to such an extent that it has bearing on the insurance contract, the insurance company is responsible, having been informed thereof by the policyholder, for adjusting the premium and the insurance terms and conditions to correspond to the changed circumstances as of the date of the change, and at the earliest as of the beginning of the current insurance period.

5.4 Provision of information on termination of group insurance

If a group insurance policy terminates as a result of action taken by the insurance company or the group insurance policyholder, the insurance company will notify the insured persons of such termination in the manner deemed appropriate in view of the circumstances. If agreed in the group insurance that the insurance company shall keep a list of the insured persons in the insurance, these persons will be notified of the termination of the insurance. If the insurance company does not keep a list of those insured, the notice of termination will be given in the manner agreed in the group insurance contract on providing the information specified in clause 5.1 above.

In respect of the insured, the insurance will terminate one month from the date on which the insurance company sent the insured a notice of termination or notified the insured of the termination of the insurance as agreed in the group insurance contract.

6 Obligation to prevent and limit loss or damage under non-life insurance

6.1 Obligation to follow safety regulations

The insured person must observe the safety regulations recorded in the insurance policy, the insurance terms and conditions or otherwise provided in writing. If the insured has wilfully or through negligence which cannot be deemed minor failed to observe the safety regulations, the insurance company may reduce or disallow any compensation payable to them. The effect of the failure to observe the safety regulations on the occurrence of the loss or damage is taken into account when considering whether to reduce or disallow compensation. The insured's intent or type of negligence and any other circumstances will also be taken into account.

6.2 Obligation to prevent and mitigate loss or damage (salvage obligation)

In the case of an insurance event or the immediate threat of one, the insured person must, in accordance with their ability, take the necessary action to prevent or limit the loss or damage. If the loss or damage is caused by a third party, the insured must take the necessary action to uphold the insurance company's right vis-à-vis the liable party. The insured must, for instance, attempt to establish the identity of the tort-feasor. If the loss or damage resulted from a punishable act, the insured person must, without delay, report it to the police and sue the offenders if the insurance company's interest so requires. The insured person must, in other respects, too, observe all instructions given by the insurance company aimed at preventing and mitigating loss or damage.

The insurance company will indemnify for reasonable expenses incurred due to fulfilling the above duty of salvage even if the sum insured would thus be exceeded.

If the insured person has wilfully or through negligence which cannot be deemed minor failed to observe the duty of salvage referred to above, the insurance company may reduce or disallow the compensation payable to them. The effect of the failure to observe the duty of salvage on the occurrence of the loss or damage is taken into account when considering whether to reduce or disallow the compensation. The insured's intent or type of negligence and any other circumstances will also be taken into account.

6.3 Failure to observe the safety regulations and the salvage obligation in liability insurance

Under liability insurance, negligence on the part of the insured person will not lead to compensation being reduced or disallowed.

However, if the insured person has wilfully or through gross negligence failed to observe the safety regulations or the duty of salvage, or if the insured person's use of alcohol or other intoxicant has contributed to the negligence, compensation may be reduced or disallowed.

If, through gross negligence, the insured has failed to observe the safety regulations or duty of salvage, or if the insured person's use of alcohol or other intoxicant has contributed to negligence, the insurance company will nevertheless pay from the liability insurance that part of the compensation which the natural person who has suffered the loss or damage has been unable to collect because of the insured person's state of insolvency as authenticated by distraint or bankruptcy.

7 Causing an insurance event

7.1 Insurance of the person

7.1.1 Causing an insurance event

The insurance company is released from liability to any insured person who has wilfully caused an insurance event.

If the insured has caused the insurance event through gross negligence, the insurance company's liability may be reduced, depending on what is deemed reasonable in the circumstances.

7.1.2 Insurance event caused by the beneficiary

If a person entitled to compensation or benefit other than the insured has wilfully caused the insurance event, the insurance company is released from liability to such party.

If such a person has caused the insurance event through gross negligence or they were at an age or in a state of mind which meant that they could not be sentenced for a crime, the compensation or part of the compensation may be paid to them, but only when this is deemed reasonable considering the circumstances in which the insurance event was caused.

If the insured has died, the other parties entitled to compensation are paid that part of the compensation which is not paid to the person(s) who caused the insurance event.

7.2. Non-life insurance

The insurance company is released from liability to the insured if the insured person has wilfully caused the insurance event.

If the insured has caused an insurance event through gross negligence or if the insured person's use of alcohol or some other intoxicant has contributed to the insurance event, the compensation payable may be reduced or disallowed.

The effect of the insured's action on the occurrence of the loss or damage is also taken into account in considering whether the compensation is to be reduced or disallowed in the above-mentioned cases. The insured person's intent or type of negligence and other circumstances will also be taken into account.

7.3 Causing an insurance event under liability insurance

If the insured person has caused an insurance event through gross negligence or the insured's use of alcohol or other intoxicant has contributed to the insurance event, the insurance company will nevertheless pay under the liability insurance that part of the compensation which the natural person who has suffered the loss or damage has been unable to collect because of the insured person's state of insolvency as authenticated by distraint or bankruptcy.

8 Identification in non-life insurance

The provisions set out above concerning the insured person with regard to causing an insurance event, observing the safety regulations or the duty of salvage also apply to a person

1. who, with the consent of the insured, is responsible for a motor-driven or towed vehicle, vessel or aircraft covered by the insurance
2. who, jointly with the insured party, owns the insured property and uses it jointly with them, or
3. who co-habits with the insured and uses the insured property jointly with the insured person.

The conditions stated above concerning the insured with regard to observing the safety regulations also apply to persons, on the basis of their employment or official post with the policyholder, are responsible for supervising the observance of such regulations.

When a company which is not comparable to a consumer under section 3 of the Insurance Contracts Act is recorded as the policyholder, the following will be comparable to the policyholder:

1. partners in general partnerships
2. general partners in limited partnerships
3. a shareholder in a limited liability company who holds over half of the company shares
4. the policyholder's employee using the insured property.

9 Irresponsibility and emergency

9.1 Insurance of the person

The insurance company will not invoke clause 7 above to release itself from or restrict its liability if the insured person was under 12 years of age at the time they caused the insurance event or were in such a state of mind that they could not have been sentenced for a crime.

The insurance company will not invoke clauses 5 and 7 above to release itself from or restrict its liability if the insured person was seeking to prevent injury to a person or damage to property in circumstances in which the negligence or action resulting in an increased risk or causing the insurance event was justifiable at the time.

9.2. Non-life insurance

The insurance company will not invoke clauses 6 and 7 to release itself from or restrict its liability if the insured was under 12 years of age at the time the insured caused the insurance event or failed to observe the safety regulations or the obligation to prevent or mitigate the loss, or was in such a state of mind that the insured could not have been sentenced for a crime.

The insurance company will not invoke clauses 5, 6 and 7 above to release itself from or restrict its liability if the insured person was seeking to prevent injury to a person or damage to property in circumstances in which the insured's negligence or action was justifiable at the time they increased the risk or caused the insurance event or failed to observe the safety regulations or the duty of salvage.

What is stated in this clause concerning the insured also applies to a person identifiable with the insured in clause 8.

10 Beneficiary clause under insurance of the person

10.1 Beneficiary

The insurance company and the policyholder agree on the beneficiary clause in the group insurance contract. The policyholder may change the beneficiary if the right to do this has been agreed in the group insurance contract.

If the beneficiary clause is valid, the benefit payable due to the death of the insured person is not part of the insured person's estate. The benefit is part of the insured person's estate when there is no beneficiary clause and the benefit is not, in the terms and conditions of the insurance, set out to be payable to the policyholder.

10.2 Form of the beneficiary clause

A beneficiary clause, its cancellation or amendment is null and void unless it has been submitted to the insurance company in writing.

11 Claims settlement procedure

11.1 Claimant's obligations

The claimant must observe the regulations on making a claim entered in the terms and conditions of insurance of the person or non-life insurance and submit the documents mentioned therein to the insurance company. Claimants must acquire said documentation and information and submit them to the insurance company at their own expense, unless otherwise specified in the terms and conditions or otherwise specified.

The claimant is required to obtain the documentation which he/she is reasonably able to obtain, although taking into account that the insurance company may also acquire such documentation.

All offences must be reported to the local police without delay.

The insurance company is not required to pay compensation before it has received the above documentation.

If the claimant has, after the insurance event, fraudulently provided the insurance company with incorrect or insufficient information relevant to the assessment of the insurance company's liability, their compensation may be reduced or disallowed, depending on what is reasonable in the circumstances.

Insurance companies share a non-life insurance information system which can be used in processing claims to check claims submitted to different companies.

11.2 Limitation on right to obtain compensation

A claim for compensation must be presented to the insurance company within 12 months of the date when the claimant became aware of the insurance and was informed of the insurance event and the damaging consequences of that event. A claim for compensation must in any case be presented within 10 years of the date when the insurance event occurred or, in the case of insurance taken out against bodily injury or liability for damages, the damaging consequences were caused. Reporting an insurance event is comparable to presenting a claim. If the claim is not presented within the said period, the claimant loses the right to obtain compensation.

11.3 Insurance company's obligations

After the occurrence of an insurance event, the insurance company is under an obligation to provide the claimant, such as the insured person or the beneficiary, with information on the contents of the insurance and the claim procedure. No advance information given to the claimant on the compensation, its amount or method of payment will affect the payment obligation stated in the insurance contract.

The insurance company will pay the compensation resulting from the insurance event in accordance with the insurance contract or notify the claimant of non-payment of compensation without delay and no later than one month from the date on which it received the documentation and information necessary for the assessment of its liability. If the amount of compensation is disputed, the insurance company will nonetheless pay any undisputed part of the compensation within the above-mentioned period.

In the case of a claim settlement decision under travel liability insurance, the insurance company will also inform the person who has suffered the loss or damage.

If the total amount of compensation payable to a legally incompetent person for losses other than expenses or loss of property exceeds EUR 1,000, the insurance company will notify the guardianship authority in the locality of the legally incompetent person of such compensation.

The insurance company will pay penalty interest on any delayed payment of compensation in accordance with the Interest Act.

11.4 Setoff against compensation

The insurance company may deduct any outstanding premiums overdue and other outstanding overdue amounts from compensation.

11.5 Effect of sanctions on compensation

The insurance company, its subsidiary or a partner in a network underwriting insurance locally is under no obligation to pay indemnity, damages, prevention costs or investigation and legal expenses or any other financial resources if paying them is contrary to sanctions, other restrictive actions or legislation imposed by the Finnish government, the United Nations, the European Union, the United States of America, or the United Kingdom or their competent authorities or governing bodies.

12 Appealing a decision by the insurance company

12.1 Right to correct

If a policyholder or claimant suspects that the insurance company has made a mistake in its claim settlement decision, they have the right to obtain more information about matters which have led to the decision. The insurance company will revise the decision if the new investigations give cause to do so.

12.2 FINE

The Finnish Financial Ombudsman Bureau (www.fine.fi) offers free and independent advice and assistance. FINE's Finnish Financial Ombudsman Bureau and the Finnish Insurance Complaints Board also give dispute settlement recommendations in civil action cases. FINE does not handle a dispute pending in or already processed by the Consumer Disputes Board or the Court of Justice.

12.3 District court

If the policyholder or claimant is dissatisfied with the insurance company's decision, they may bring action against the insurance company in Finland.

Action against the insurance company's decision must be brought within three years of the policyholder or claimant being informed in writing about the insurance company's decision and the time limit. The right to bring action ceases once the time limit has expired.

Handling of a case by a board will interrupt the time limit for the right to bring action.

13 Insurance company's right of recovery

13.1 The insurance company's right of recovery vis-à-vis a third party

The insured persons right to claim compensation from a liable third party for expenses arising from an illness or injury and for loss of property transfers to the insurance company up to the amount of compensation paid by the insurance company.

If the loss or damage was caused by a third party as a private person or as an employee, a civil servant or any other person comparable to these as referred to in chapter 3 of the Tort Liability Act, the right of recovery will be transferred to the insurance company only if the person in question caused the insurance event wilfully or through gross negligence or is held liable regardless of the nature of the negligence.

13.2 Other cases of right of recovery under non-life insurance

The insurance company's right of recovery vis-à-vis the policyholder, the insured party or a party identifiable with the insured one is defined according to section 75, paragraph 4 of the Insurance Contracts Act.

14 Altering an insurance contract

14.1 Amending the terms of contract during the insurance period

14.1.1 Insurance of the person

The insurance company has the right to alter the insurance premiums or other terms of contract during the insurance period to correspond to the true or changed circumstances if

1. the policyholder or the insured person has wilfully or through negligence which cannot be deemed minor failed to observe the obligation to disclose information as referred to in clause 2.2 above, and if the insurance company, had it been given the correct and full information, had granted the insurance only against a higher premium or otherwise on terms other than those agreed,
2. the policyholder or the insured person has acted fraudulently in observing the obligation to disclose information as referred to in clause 2.2 above and, regardless of this, the insurance is binding on the insurance company on the basis of clause 2.2, due to the adjustment of the consequences of the failure to disclose information, or
3. during the insurance period, a change as referred to in clause 5.2 above has occurred in the circumstances reported by the policyholder or the insured person to the insurance company at the time of concluding the contract, and the insurance company would have granted the insurance only against a higher premium or on otherwise other terms, in the event that the circumstance related to the insured person would already have corresponded to the change when the insurance company granted the insurance.

After being informed of the said change, the insurance company will notify the policyholder, in writing and without undue delay, of any change in the premium or other terms. The notification shall state that the policyholder has the right to cancel the insurance.

14.1.2. Non-life insurance

The insurance company has the right to alter the insurance premiums or other terms of contract during the insurance period to correspond to the new circumstances if

1. the policyholder or the insured person has neglected the obligation to disclose information as referred to under clause 2.2, or
2. during the insurance period, a change as referred to under clause 5.2 has occurred in the circumstances recorded in the insurance policy or reported by the policyholder or the insured to the insurance company at the time the contract was concluded.

After being informed of said change, the insurance company will notify the policyholder without undue delay of how and from what date the premium or other terms of contract will be altered. The notification shall state that the policyholder has the right to cancel the insurance.

14.2 Altering the terms of contract of a continuous policy at the end of an insurance period

14.2.1 Insurance contracts that began on or after 1 April 2024

The insurance company has the right to alter the insurance terms and conditions and premiums and other terms of contract at the end of the insurance period.

These alterations will apply as of the beginning of the following insurance period. The insurance company shall submit a notification of any changes no later than one month before the beginning of the new insurance period. The insurance continues in its new form unless the policyholder terminates it in writing before the beginning of the new insurance period.

14.2.1 Insurance contracts that have begun before 1 April 2024

Notification procedure

The insurance company has the right to alter the insurance terms and conditions, and premiums and other terms of contract at the end of the insurance period on the basis of

- new or amended legislation or a regulation issued by the authorities
- an unforeseeable change in circumstances (e.g. an international crisis, exceptional natural event, catastrophe)
- changes in insurance claims expenditure.

The insurance company also has the right to make minor changes to the insurance terms and conditions and other terms of contract provided that the changes do not affect the primary content of the insurance contract.

If the insurance company alters the insurance contract as outlined above, it will, when sending an insurance bill, notify the policyholder of the changes in the insurance premium and other terms of contract. The notification shall state that the policyholder has the right to cancel the insurance.

In the case of insurance of the person, the change will take effect from the beginning of the next premium period or, if no premium period has been agreed, from the beginning of the next calendar year following one month from the date the notification was sent. In the case of non-life insurance, the change will take effect from the beginning of the next insurance period following one month from the date the notification was sent.

Changes requiring termination of insurance

If the insurance company alters the insurance terms and conditions, premiums or other terms of contract in cases other than those listed above or discontinues an actively marketed benefit, the insurance company must give written notice of termination of the insurance as of the end of the insurance period. The notice will be sent one month before the end of the insurance period at the latest.

15 Termination of a group insurance contract

15.1 Policyholder's right to terminate the insurance

The policyholder has the right, at any time, to terminate the insurance contract during the insurance period. Termination must be communicated in writing. Notice of termination given in any other manner shall be null and void. If the policyholder has not specified a later termination date for the insurance, the insurance will terminate on the date the notice was submitted or sent to the insurance company.

15.2 Insurance company's right to terminate insurance during insurance period

15.2.1 Insurance of the person

During the insurance period, the insurance company has the right to terminate the insurance (or to terminate the cover for an individual insured person) if

1. the policyholder or the insured person has wilfully or through negligence which cannot be deemed minor, neglected their obligation to disclose information as referred to in clause 2.1 above, and the insurance company, had it been given correct and complete information, would have refused to grant the insurance altogether
2. the policyholder or the insured person has acted fraudulently in observing their obligation to disclose information as referred to in clause 2.1 above and, regardless of this, the insurance contract is binding on the insurance company on the basis of that clause
3. during the insurance period, a change as referred to in clause 5.2 above has occurred in the circumstances reported by the policyholder or the insured person to the insurance company at the time of concluding the contract, and the insurance company would not have granted the insurance in the event that the circumstance relating to the insured person would already have corresponded to the change when the insurance company granted the insurance
4. the insured person has wilfully caused the insurance event, or
5. the insured person has, after the insurance event, fraudulently provided the insurance company with incorrect or insufficient information relevant to the assessment of the insurance company's liability.

15.2.2. Non-life insurance

During the insurance period, the insurance company has the right to terminate the insurance (or to terminate the cover for an individual insured person) if

1. the policyholder or the insured person has, before the insurance was granted, provided incorrect or insufficient information and the insurance company, had it known the circumstances, would have refused to grant the insurance
2. during the insurance period, a change which has substantially increased the risk of loss or damage has occurred in the circumstances recorded in the insurance policy or reported by the policyholder or insured person

to the insurance company at the time of concluding the contract, and which the insurance company cannot be deemed to have taken into account when concluding the contract

3. the insured has wilfully, or through gross negligence, failed to observe the safety regulations
4. the insured has wilfully or through gross negligence caused the insurance event, or
5. the insured person has, after the insurance event, fraudulently provided the insurance company with incorrect or insufficient information relevant to the assessment of the insurance company's liability.

15.2.3 Procedure

Having been informed of the grounds for permitting termination, the insurance company will give written notice of termination without undue delay. The notice of termination contains mention of the grounds for termination. For an individual insured person, the insurance contract or insurance cover will terminate in one month's time of the date on which the notice was sent.

The insurance company's right to give notice of termination of insurance owing to an outstanding insurance premium is defined in clause 4.2 above.

15.3 Insurance Company's right to terminate insurance at the end of the insurance period

15.3.1 Insurance of the person

The insurance period and its continuation is specified in the group insurance contract.

The insurance company has the right to terminate a contract of insurance of the person effective as of the end of the premium period.

If the premium period is less than one year or its length has not been agreed, the insurance company has the right to terminate the insurance effective as of the end of the calendar year. The written notice of termination will be sent one month before the end of the premium period at the latest or, if the premium period has not been agreed, one month before the end of the calendar year at the latest.

15.3.2. Non-life insurance

The insurance period and its continuation is specified in the group insurance contract.

The insurance company has the right to terminate a non-life insurance contract effective as of the end of the insurance period. The notice will be sent one month before the end of the insurance period at the latest.

15.4 Termination of insurance in respect of the insured

In situations referred to above in this clause, the insurance company will notify the insured person about the termination of the insurance using the procedure referred to under clause 5.4.

In respect of the insured, the insurance will terminate one month from the date on which the insurance company sent the insured a notice of termination or notified the insured of the termination of the insurance as agreed in the group insurance contract.

16 Rights of a third party in non-life insurance

16.1 Right to compensation under liability insurance of a person who has suffered injury, loss or damage

A person who has suffered injury, loss or damage has the right, under general liability insurance, to claim compensation as per the insurance contract directly from the insurance company if the insured person has been declared bankrupt or is otherwise insolvent. If the insurance company is presented with a claim, it will notify the insured person thereof without undue delay and reserve the insured an opportunity to explain the insurance event. The insured will also be notified of the subsequent processing of the matter. If the insurance company accepts the claim of the person who has suffered injury, loss or damage, this acceptance is not binding on the insured.

16.2 Right of appeal under liability insurance of a person who has suffered injury, loss or damage

A person who has suffered injury, loss or damage has the right to bring action against the insurance company regarding a claim settlement decision taken by the insurance company or to submit the matter to the Finnish Insurance Complaints Board or the Consumer Disputes Board as provided in clause 12 above.

17 Digital services

If the policyholder has concluded a corporate customer's digital services agreement, the policyholder may attend to insurance matters using OP's digital services, such as the op.fi service. Use of the services is possible to the extent

determined by OP. This may include the right to view the details of insurance policies in force or to file loss reports. When the policyholder uses OP's digital services to attend to insurance matters, the general terms and conditions for corporate customer's digital services, which are supplied to the customer when concluding the agreement, shall apply to the insurance, in addition to these insurance terms and conditions.

The insurance company is entitled to send all insurance-related information, such as decisions, messages, notifications, responses, changes and notices of termination, exclusively in electronic form to OP's online and mobile services. The policyholder has the right to receive the aforementioned information by post within reasonable time from the day on which the policyholder informed the insurance company of the wish to receive the information by post.

18 Applicable law and calculation bases

All insurance contracts shall be governed by the Insurance Contracts Act and other applicable Finnish law.

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OP Life Assurance Company Ltd, Business ID 1030059-2

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Domicile: Helsinki, main line of business: insurance
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