

Insurance terms and conditions

Policy number SP2434675



NORGES LUFTSPORTFORBUND
MØLLERGATA 39
0179 OSLO

23. April 2025

Copy

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

Best regards,
If

Contact information:

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The text in all following terms and conditions is a translation of the original conditions written in Norwegian language. In case of discrepancy(ies) between this translation into English language and the original in Norwegian language, the latter shall prevail.

These conditions apply, unless they are waived in individual industry conditions or on the insurance certificate.

1 The insurance contract

The insurance contract is subject to the provisions of the Insurance Contracts Act (ICA) no. 69 of 16 June 1989.

1.1 Duration of the insurance contract and calculation of premium

The insurance is valid from 00.00 hours on the date on which the contract is adopted by the parties or a later agreed date. The insurance is valid until 24.00 on the final date of the contract period. The same applies for subsequent renewals.

If there is a requirement for payment of the insurance before If's liability attaches, this is stated on the insurance certificate for the coverage in question.

When an insurance is cancelled during the insurance period, we are entitled to keep a part of the premium as payment for that period the insurance actually was eligible, unless otherwise is stated in the terms and conditions.

A supplementary charge may be added to premiums paid by instalment.

1.2 Renewal of the insurance

The insurance, which applies for a period of at least one year, shall renew for one year at a time unless the policyholder has terminated the contract before the expiry of the insurance period.

1.3 Cancellation during the insurance period

1.3.1 The insured may terminate

Life insurance

- At any time during the insurance year.

This section may not apply to collective insurance contracts, and in such cases this will be stated in the insurance certificate.

Other personal insurance

- At any time with one month's notice, cf. the Norwegian Act of 16 June 1989 No. 69 on Insurance Contracts (the Insurance Contracts Act – FAL), Section 12-3, paragraph 3; if the need for the insurance no longer exists or if other special circumstances arise, the insurance may be cancelled immediately.

This section may not apply to collective insurance contracts, and in such cases this will be stated in the insurance certificate.

Non-life insurance

- If the need for the insurance no longer exists or other special circumstances arise; cf. FAL, Section 3-6, paragraph 1.
- In order to move to another insurer, with one month's notice. Such notice must include information regarding the date of the move and the name of the other insurer; cf. FAL Section 3-6, paragraph 2, sentence 2.

In order for the cancellation to fall under the regulations regarding change of insurer, the new insurance must have the same or almost the same extent of coverage.

The right to change insurers may not apply to collective insurance contracts and insurance contracts for companies that are subject to FAL Section 1-3, points a to e. In such cases, this will be stated in the insurance certificate.

1.3.2 Termination in the insurance time

The period of notice for If is two months before the end of the period of insurance. The terms and conditions and price of the insurance may be changed and come into effect on the renewal date.

With immediate effect

If fraud is detected in connection with the information about the risk; cf. FAL Sections 4-3 or 13-3.

With one week's notice

If fraud is detected in relation to a claim settlement; cf. FAL Sections 8-1 or 18-1.

With 14 days' notice

If incorrect or incomplete information has been provided regarding the risk; cf. FAL Sections 4-3 or 13-3.

With two months' notice

Cf. FAL Sections 3-7 or 12-4, if reasonable and

- the policyholder/indemnified/insured has caused, or contributed to causing, intentional damage, or
- the indemnified has neglected its obligations in respect of safety regulations, or
- the course of events leading to the claim deviates significantly from the norm, or
- there have been at least three claims in total during the last 12 months under this and other contracts with If, or
- the policyholder/indemnified/insured has contributed to fraud against If under FAL Sections 4-3 or 13-2 or 8-1/18-1, or
- the policyholder has repeatedly failed to meet payment due dates, or
- the policyholder/indemnified/insured, or someone who can be identified with these, has made threats against If employees, or
- the policyholder/indemnified/insured has committed a criminal offence against If, or
- If is unable to perform continuous monitoring of the customer relationship in accordance with its obligations under the Norwegian Anti-

Money Laundering Act.

With two months' notice

Cf. FAL Sections 3-7 and 12-4, where the use of the insured item or the activities of the indemnified change during the insurance period in a way that:

- means If would not have provided the insurance if the new circumstances had prevailed when the insurance period began, or
- affects If's ability to reinsure.

1.4 In case of non-payment

Where the insurance is cancelled due to non-payment, If is entitled to a premium for the period it has held liability pursuant to the provisions of Chapter 5 and/or Chapter 14 of the Norwegian Insurance Contracts Act (FAL).

If is also due a supplement for the following costs:

Policy issuing cost of up to NOK 300 per agreement and mortgagee interest of up to NOK 300 per insurance object, however, NOK 600 per leisure boat.

2 In the event of a claim

2.1 Loss assessment

If there is reason to demand assessment under the insurance terms and conditions, the following provisions on the procedure shall apply:

The assessment can be demanded at any time while the claim is handled

An assessment is made by experts and impartial persons. Each party selects a loss assessor. If either of the parties wishes, they can choose a special loss assessor for specific items in the event of consequential loss, who can answer specific questions.

If one party has provided the other party with written notification of the chosen loss assessor, the other party is obliged to provide corresponding information about his own choice within one week of receiving such notification. Before the assessment, the two loss assessors select an arbitrator.

If either party demands it, this person must be resident outside the parties' home town and outside the municipality in which the insured event has occurred. If either party fails to select a loss assessor, one will be appointed on his behalf by the court in the judicial district in which the assessment is made. This is also the case if the assessors are unable to agree on an arbitrator.

The loss assessors are responsible for obtaining the information and making the investigations they consider to be necessary. They are also obliged to make their assessment on the basis of the insurance terms and conditions. The two loss assessors make their valuation – answering questions in the event of consequential loss – with no need to bring in the arbitrator. If they are unable to agree, the arbitrator is brought in and, according to the same rules, gives his judgement on the disputed points. If the arbitrator is used, the compensation is calculated on the basis of his judgement. However, the compensation shall remain within the framework of the two loss assessors' appointment.

The parties each pay their own loss assessor. Fees paid to the arbitrator and any other expenses associated with the assessment are borne equally by the parties. However, should If require an assessment in the event of material damage and the other party is a private policyholder, If will cover all costs of associated with the assessment if the policyholder is unwilling to cover his own share. The loss assessment valuations are binding on both parties.

2.2 Interest on the compensation amount

The indemnified party is entitled to interest under the provisions of section 8-4 or section 18-4 of the Insurance Contracts Act.

2.3 VAT

If does not cover VAT that the insured as a business has the right to deduct.

2.4 Inadequate/incorrectly performed repairs

If is not liable for inadequate/incorrectly performed repairs, or consequential damages for the repair, unless the new claims are covered by the insurance under the insurance terms.

3 In case of fraud

Anyone guilty of fraudulent behavior towards If, will lose any claim for compensation against If under this and any other insurance contracts covering the same event. Already paid compensation amounts can be demanded repaid. If can terminate any insurance agreement with the insured, cf. FAL §§ 4-2, 4-3 and 8-1 or § 13-2, 13-3 and 18-1, cf. also clauses 4.1 and 10.

If can also terminate any insurance agreement with the person who contributes to fraud, cf. also section 1.3.2 above.

4 General informasjon

4.1 Identification

Provisions regarding the insured's right to compensation becoming wholly or partly void as a result of the insured's actions or omissions will be similarly applied with respect to actions or omissions by persons mentioned in FAL section 4-11 paragraph 2.

In addition, the following applies to business insurance

The acts or omissions that result in a waiver or reduction of the indemnified party's right to compensation result in an equivalent waiver or reduction if they are committed by persons who perform work of a leading nature or by others who have an independent position within the business enterprise. Persons who have an especially independent position are defined as persons who perform job assignments without supervision from others or who perform job assignments for which they themselves are responsible. The indemnified party is equally identified with acts or omissions committed by a third party performing work on behalf of the indemnified party.

4.2 Illegal Interests

The insurance covers only legal interests which can be valued in money.

4.3 Undeclared items

The insurance will not pay compensation for items that have been purchased, or received as a gift, outside of Norway and have not been declared on import in accordance with applicable regulations. See the Act of 11.03.22 on the import and export of goods (the Goods Act), the Act of 11.03.22 on customs duty (the Customs Act) and the Norwegian Act of 19 June 2009 No. 58 on Value-Added Tax (the VAT Act) with associated regulations.

4.4 Prohibition of profit

The insurance shall not result in profit, but only indemnify the actual loss suffered within the framework of the insurance contract. The amount insured does not constitute proof of the value of the property or interest.

4.5 Choice of law

The insurance contract is subject to Norwegian law unless this is in conflict with the Act on Choice of Law in Insurance of 27 November 1992, no. 111, or has been otherwise agreed.

4.6 Currency

Premium amounts, amounts insured, compensation etc. arising from the insurance contract are calculated in Norwegian kroner (NOK) unless otherwise stated in the terms and conditions or on the insurance certificate.

4.7 Guarantee scheme for non-life insurance

If is a member of the non-life insurance guarantee scheme; see the Norwegian Act of 10 April 2015 No. 17, Chapter 20A on Financial Institutions and Financial Corporations (the Financial Institutions Act). This scheme is intended to provide security for the indemnified in the event that If becomes insolvent and is unable to pay its liabilities under the non-life insurance contracts it has concluded.

The guarantee scheme covers up to 90% of an individual claim. However, claims under home insurance and compulsory liability insurance have 100% cover. The guarantee scheme does not cover insurance claims in excess of NOK 20 million per claim, per insurance object and per insurance event. The guarantee scheme only covers claims regarding risks that exist here in the country, cf. the Financial Enterprises Regulations § 20A-1 second paragraph.

The guarantee scheme does not cover credit insurance, life insurance, energy, insurance, aviation insurance and marine insurance. However, the latter is covered if the insurance relates to ships that are exempt from the registration requirement under section 11, paragraph 2, of the Norwegian Maritime Code no. 39 of 24 June 1994 or fishing vessels up to and including 50 gross tons registered in the Ship Register, cf. section 11, paragraph 1, point 1, of the Maritime Code.

The guarantee scheme does not cover business insurance when the insurance relates to an entity which at the inception of the contract or its subsequent renewal fulfils at least two of the following conditions

- has more than 250 employees
- has a turnover of at least NOK 100 million according to the most recent annual report
- has assets of at least NOK 50 million according to the most recent balance sheet.

The guarantee scheme nevertheless covers liability insurance that is required by Norwegian law (compulsory liability insurance).

For further details, please see the Financial Institutions Act chapter 20A.

4.8 Nuclear, biological, chemical and radioactive cause of loss or damage

This Insurance Agreement does not cover, directly or indirectly, loss or damage caused by or consisting of:

- ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion or nuclear fuel,
- the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof,
- any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter,
- the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes or
- any chemical, biological, bio-chemical, or electromagnetic weapon;

all regardless of any other cause or event contributing concurrently or in any sequence to the damage.

4.9 War, strikes, riots and civil unrest

This insurance agreement does not cover, directly or indirectly, loss or damage caused by or consisting of war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, strike, riot, civil commotion assuming the proportions of or amounting to a popular rising, military rising, revolution, insurrection or military or usurped power; all regardless of any other cause or event contributing concurrently or in any sequence to the damage.

4.10 Terror

For insurance of buildings, machinery, moveable property, goods and operating losses associated with business activity and public services and buildings/loss of rent relating to housing cooperatives/jointly-owned property, liability for damages is limited to EUR 50,000,000 per event if the compensation relates to damage caused by or associated with an act of terrorism. For insurance objects and interests that are outside the Nordic countries, Estonia, Latvia or Lithuania, damage caused by or associated with an act of terrorism is not covered.

An act of terrorism is defined as an unlawful, harmful event aimed at the general public, including acts of violence or the dangerous spread of biological or chemical substances – and which appears to have been carried out for the purpose of exerting influence on political, religious or other ideological bodies or inducing fear. An event covers all the damages affecting If and its parent company and other branches' policyholders in the Nordic countries, Estonia, Latvia and Lithuania within a time frame of 48 hours. If the defined limit per event is exceeded, the indemnified party must bear a proportionate reduction of the compensation amount.

Loss or damage caused by or related to terrorism through the use or threatened use of:

- nuclear weapons or
- dangerous dispersal of biological or chemical substances

is not covered under any circumstances.

This limitation applies to the extent that it is not expressly stated on the insurance certificate or in the personal insurance or travel insurance terms and conditions that it has been fully or partly waived.

4.11 Earthquakes and volcanic eruptions

If is not liable for loss or damage, or increased loss or damage, directly or indirectly caused by or associated with earthquakes and volcanic eruptions. This exemption from liability applies to the extent that it is not expressly stated in the industry conditions that it has been waived.

4.12 Violations of international law

If P&C Insurance shall not be deemed to provide cover or to be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose If P&C insurance to any sanction, prohibition or restriction under United Nations resolution. The same shall apply to trade or financial sanctions enshrined in laws or directives adopted by the EU, USA or Norway.

4.13 Jurisdiction

Disputes arising from the insurance contract shall be settled by a Norwegian court, unless this is contrary to mandatory rules contained in current legislation or unless otherwise agreed.

4.14 Personal information

If processes personal data in accordance with applicable legislation on insurance and data protection. You can read more about how we process personal data on our website: <http://www.if.no/personopplysninger>.

4.15 Traffic insurance fee to the state

If collects a traffic insurance fee on behalf of the government and this fee must be paid for all registered vehicles under 7,500 kg. Payment of this fee is a prerequisite for the insurance contract. If this fee is not paid for such insured vehicles, this will have the same effect on insurance policies that form part of the same insurance contract as non-payment of insurance premiums.

4.16 EU complaint portal

The EU complaint portal can be used in matters relating to the purchase of services and goods online. (The complaint portal has primarily been created for cross-border cases where the parties are in different countries, but this does not exclude the possibility that national cases can be filed). Link to the portal can be found on www.if.no under the heading "klagemuligheter". In the complaint portal when asked to fill in If's email, use: kundeombudet@if.no.

4.17 General deviations from FAL for major risks (§ 1 of the Norwegian Insurance Contract Regulations) and non-consumers (FAL § 1-2a)

4.17.1 Communication – FAL Section 1-6

The following deviations are agreed for “major risks” and non-consumers:

An electronic message from the company shall be deemed to have been received and have come to the recipient's knowledge at the time when the message is sent to the recipient's agreed communication platform. There is a deviation here from Section 1-6, second and third paragraphs.

The following deviations are also agreed for “major risks”:

All communications between the parties are permitted to take place via electronic communication. The customer cannot opt out of this form of communication. Communication takes place through agreed communication platforms. There is a deviation here from Section 1-6, first paragraph.

Where the Norwegian Insurance Contracts Act stipulates that a party must be notified, the requirements of the Act are met by such notice being sent to the agreed communication platform. There is a deviation here from Section 1-6, fourth paragraph.

Written document means paper or any electronic communication sent to the recipient's agreed communication platform. There is a deviation here from Section 1-6, fifth paragraph.

4.17.2 Pre-contractual obligations – second part of FAL

The following deviations are agreed for “major risks” and non-consumers:

There is a deviation from Section 1C-3 in that the company is not obliged to provide a standardised information document to the customer.

The following deviations are also agreed for “major risks”:

The second part of the Act does not apply to insurance distribution related to agreements on major risks. There is a deviation here from Section 1A-1, first and second paragraphs.

There is a deviation from Section 1B-1 in that the customer identifies their needs and requirements before entering into the insurance agreement and ensures that these are met through the agreement. This also applies in relation to all other pre-contractual obligations in Section 1B-1, including in relation to alternative forms of cover and relevant extended cover, and applies to both non-life and personal insurance. There is no requirement for the use of a written document, either in connection with recommendations or when submitting tenders. The insurance distributor can require remuneration for the fulfilment of information or notification obligations pursuant to the Norwegian Insurance Contracts Act.

Chapter 1C is deviated from in its entirety. The customer's information needs are considered to have been identified and met continuously and to the extent necessary in the ongoing negotiations and in the communication between the insurance distributor and the customer prior to entering into the agreement. The customer has ultimate responsibility for requesting the information that the customer believes is relevant before entering into the agreement.

4.17.3 Burden of proof (Section 21-1)/compensation for breach of duty (Section 21-2)/appeal rules (Section 22-1)

The following deviations are agreed for “major risks” and non-consumers:

There are general rules concerning the burden of proof that apply to the question of whether the insurance company has fulfilled its obligations under law and regulations. There is a deviation here from Section 21-1.

The insurance company's liability for compensation is limited to the positive contractual interest, i.e. the insurance payment to which the customer would have been entitled if the insurance company had fulfilled its obligations pursuant to Section 1-5, first paragraph. There is a deviation here from Section 21-2.

The insurance company responds to appeals and claims relating to breaches of Section 1-5, first paragraph, within the framework of the company's standard processing time. There are no formal requirements or specific deadlines for the response. There is a deviation here from Section 22-1, third paragraph.

4.18 Exclusions concerning specific Russia related risks

The insurance does not cover:

- transports of goods within, to, from or through the Russian Federation, Belarus, or any non-government controlled areas in Ukraine and the Russian Federation's territorial waters
- any damage or claim for compensation regarding transport of goods within, to, from or through the Russian Federation, Belarus, or any non-government controlled areas in Ukraine and the Russian Federation's territorial waters
- property, or damage to property, be it of whatever nature, which has been directly or indirectly purchased or imported after 31. December 2022 from the Russian Federation,

Unless specifically agreed, transports or any damage or claim for compensation regarding transport of goods to, from and within Kazakhstan, Turkmenistan, Kyrgyzstan, Uzbekistan, Tajikistan, and Azerbaijan territory are excluded.

1 To whom does the insurance apply

Unless otherwise agreed, the insurance applies to the person or persons named in the insurance policy document, who are members of the Norwegian National Insurance Scheme, have a permanent residential address in the Nordic region registered in the National Population Register, and who will return to this address after travel is complete.

If it is stated in the insurance certificate that the insurance covers family, the following also applies:

- Co-insured spouse / cohabitant / registered partner must have the same residence address as the insureds registered residence address in a Nordic country.
- In case of death benefit payout co-insured cohabiting partner is not likened to spouse if he/she is not appointed as a beneficiary. If there is no spouse and no beneficiary has been appointed, the death benefit shall be paid to the insured's heirs by law or testament, cf. FAL § 15-1.
- Co-insured spouses are not covered by the insurance from the moment a separation or divorce has been ruled or agreed on, irrespective of whether the decision is legally binding or conclusive.
- The insureds children, grandchildren and great-grandchildren are insured until the child is 21 years old. The child must have the same registered residence address as one of his parents. Grandchildren and great-grandchildren are covered by the insurance when traveling with the insured person.

Children included are:

- The insured's own children and stepchildren.
- Co-insured spouses/cohabitants/partners children.
- Adopted children. Includes an adopted child from the time the insured gets custody.
- Foster children. Includes foster child when the child has the same registered address as the insured.
- Children born through surrogacy - The child is co-insured from the time they have received a Norwegian passport and social security number, at the earliest after they have been discharged from hospital. Illness and damage that is congenital or proven before this is not covered by the travel insurance.
- The insured's grandchildren and great-grandchildren are also included until they are 21 years old when traveling with the insured.

2 When does the insurance apply

The insurance is valid for journeys lasting up to the agreed number of days stated in the Certificate of Insurance. The insurance is valid from the insured leaves his/her home address in a Nordic country and ends when the insured returns to the same home address. The insurance contract must be valid before journeys start.

A business trip is a business trip that is covered by the State Travel Regulations. This means that the trip is normally imposed by the employer.

Cancellation

The cancellation insurance cover is valid from the time the insured pays the traveling expenses, and ceases when the insured leave his/her home address on the departure date.

Travel Accidents / Accidents

If the insurance covers holiday and leisure travel, the insurance applies to travel during the insurance period, and up to the agreed number of travel days. When the insured is not traveling, the insurance is valid around the clock. If the insurance only covers business travel, the insurance only applies to travel, and up to the agreed number of travel days.

3 Where does the insurance apply

3.1 The insurance cover

The insurance is valid for journeys worldwide. The insurance for personal belongings and illness / accident on travel does not apply when the insured is:

- at the home address,
- at the educational establishment in the Nordic region during class/course hours,
- at a place of work in the Nordic region during working hours and

Liability and Legal expenses

The liability insurance cover and the legal expenses insurance cover is valid while traveling outside the insured's home place, workplace or education site.

3.2 The insurance does not cover

The insurance does not cover items that are stored in the aforementioned places when the insured is traveling.

The insurance does not apply to holiday and leisure trips to areas that the Ministry of Foreign Affairs officially advises against traveling to or staying in.

The insurance will be invalid for the entire trip, even if the travel advice is canceled after departure.

Without additional insurance, the insurance does not apply to business trips to Russia, Belarus and Ukraine.

The insurance does not apply to expeditions and similar trips to places where there is poor infrastructure, it is far from the nearest hospital, or it is difficult to get hold of health personnel or transport.

Examples of expeditions are trips to:

- the Arctic,
- Antarctica,
- Siberia,
- the Amazon,
- the Himalayas,
- the Andes and
- the wilderness of Northern Canada.

We also do not cover:

- crossing the world's oceans in a sailboat,
- ski trips in Greenland,
- cycling through the Sahara and
- trips on mountains above 5,000 metres.

Such trips may be covered by an additional cover. See also chapter 11.

4 What is insured

- Evacuation
- Cancellation
- Delays
- Belongings
- Illness during trip
- Liability
- Legal expenses
- Refund of deductible for rental transportation vehicle
- Refund of deductible for own car
- Pest control after travel abroad
- Identity theft
- Accident - optional

5 The insurance coverage

5.1 What is covered

5.1.1 Cancellation

The insurance covers lost travel expenses as a result of cancellation. The insurance requires that the insured has cancelled the trip, accommodation, tenancy and tourist services before departure.

By travel costs means that the insured has paid for the travel, accommodation, rental conditions and tourist services. Tourist services (for example tickets for sports and cultural events, excursions, etc.) are included when they are part of the canceled trip.

If the travel costs apply to more than the insured and the insured's co-insured, the insurance only covers the insured and the insured's co-insured's share of the travel costs.

The Company cover the travel costs the insured have paid before the event, which was the reason for the cancellation. If the insured has purchased the tour operator's cancellation protection or cancellation guarantee, the company only reimburses the tour operator's cancellation fee.

The cancellation must be due to one of the events mentioned below:

5.1.1.1 Illness and accident

The insurance shall cover lost travel costs resulting from illness or accident if one of the following persons unexpectedly and urgently requires treatment due to illness, is seriously injured in an accident or unexpectedly dies:

- The Insured or someone within the Insured's immediate family. Immediate family refers to the spouse/cohabitant/registered partner, children, grandchildren, great-grand children, parents, grandparents, siblings, brother-in-law, sister-in-law, parents-in-law and daughter/son-in-law.
- the Insured's sole travel companion or someone within the travel companion's immediate family. Sole travel companion refers to a person who has been registered as the Insured's sole travel companion and who will accompany the Insured on the entire journey.
- One of the Insured's travel companions, in situations where up to six people have paid for the trip together, with the same destination and departure date.
- A person the insured must stay with and be with on the trip.
- A key person among the Insured's travel companions that the Insured is reliant upon to complete the trip (e.g. driver, captain or conductor). In connection with business trips, key persons also include people the Insured is scheduled to meet with but who are prevented from attending due to illness, injury or death, thereby resulting in the purpose of the business trip no longer applying.
- The Insured's close colleagues, employees or manager employed by the Policyholder.

Exacerbation of illness or disorder known before the trip was paid for shall not be considered unexpected and acute illness.

5.1.1.2 Changed operation date

In the event that the Insured, the Insured's spouse or cohabitant, child or sole travel companion receives a change notification for a scheduled date for surgery, medical treatment or examination prior to departure.

5.1.1.3 Pregnancy

In the event that the Insured, Insured's spouse/cohabitant or sole travel companion gives birth or develops serious pregnancy complications before week 36. For multiple pregnancies, this cover only applies before week 28.

5.1.1.4 End of cohabitation

Breakdown of relationship between the Insured and the Insured's spouse/cohabitant when going on trip together.

5.1.1.5 Summoned for trial

In the event that the Insured, the Insured's spouse/cohabitant, child or sole travel companion is summoned as a lay judge or witness in a court of law.

5.1.1.6 Damage to insureds residence, office or business

In the event that the Insured's home, holiday home or business is subject to sudden and serious damage that requires the Insured to be present.

5.1.1.7 War, terrorism and epidemic

The Company shall compensate the Insured for cancellation costs in the event that the Norwegian Ministry of Foreign Affairs issues official travel advice discouraging travel to the Insured's destination outside of the deployment country and the travel advisory remains in force 72 hours before the scheduled departure.

It is a prerequisite that the travel advisory remains in effect at the time of cancellation of the trip.

5.1.1.8 Natural disaster

In the event that a natural disaster occurs at the destination that means that the destination is inaccessible or if such a disaster would entail a risk to life or health if staying at the destination.

Compensation shall be paid if the aforementioned conditions are met during the insurance period.

5.1.1.9 Cancelled tourist service

If the insured have pre-paid for a public tourist service at the destination, and the organizer cancels or moves it to a time outside the insureds fixed travel period, the insurance company will reimburse up to NOK 5,000 per person, up to NOK 25,000 per family.

5.1.2 Delays

5.1.2.1 Delayed travel

The insurance covers additional expenses for travel and accommodation if a delay occurs after the Insured's trip has commenced.

The Company will cover reasonable and necessary additional expenses for accommodation and itinerary changes if

- the Insured's prepaid means of public transport does not run at the agreed time. Transport costs are limited to NOK 3,000 per person.
- the insured arrives late for departure or latest check-in option with prepaid public transport.

The Company assume that the delay and the reason have been confirmed in writing by the tour operator, traffic company or salvage company.

Additional expenses for obtaining a fixed itinerary are reimbursed if the carrier is unable to obtain the itinerary within 24 hours.

In the event of a stay on an offshore installation, ship or similar, necessary and documented additional expenses to obtain the fixed itinerary are also reimbursed, if the insured does not make it to the planned departure on a new private trip after the planned return home, when the delay is at least 72 hours (3 days) upon arrival at the Heliport.

The delay must be due to sudden and unforeseen:

- extreme weather, traffic accidents or other events that lead to extraordinary traffic conditions
- technical fault or traffic accident which delays the public means of transport insured journeys with, or are to travel with or
- technical fault or traffic accident that requires the recovery of the private vehicle insured travels with.

5.1.2.2 Luggage delayed or lost

The insurance covers expenses for purchases in the event that the Insured's checked baggage is delayed or lost.

The Company shall reimburse reasonable and necessary expenses to purchase clothing and toiletries or to hire necessary travel items such as strollers, skis, golf equipment or similar for the period during which the Insured's baggage is missing.

If the Insured is travelling on a business trip, up to NOK 10,000 per person will be reimbursed. Up to NOK 5,000 per person or a maximum of NOK 25,000 per family will be reimbursed for the co-insured and on personal trips.

The Company also cover expenses for the purchase or rental of a bicycle, pram, ski or other sports equipment when this is delayed to the destination, up to NOK 5,000 per person, up to NOK 25,000 per family.

If the luggage is still missing five days after arrival, we will reimburse a further up to NOK 5,000 per person, up to NOK 25,000 per family.

In the event that checked baggage is not available due to flight delays that result in an involuntary layover with an overnight stay, the necessary purchase of clothing and toiletries will be reimbursed. Up to NOK 2,000 will be reimbursed per insured person during business trips. For the co-insured and persons on holiday and leisure trips, up to NOK 2,000 per person and up to NOK 10,000 per family will be covered.

Purchases made during the return journey or after arriving home are not covered.

5.1.2.3 Lost hotel, rental car and tourist services in case of delay

For leisure travel, the insurance covers pre-paid expenses for hotel and tickets to one tourist service the insured cannot attend due to delayed departure.

The cover is limited to one overnight stay at a hotel and one event.

The delay must exceed 8 hours when arriving at the destination and be a consequence of an event covered in 5.1.2.1. The delay is calculated in accordance with the tour operator's fixed schedule with changes notified before the journey began. The insurance covers up to NOK 5000 per person.

The Company also cover lost lease for car or motorcycle. The insured must arrive at least 1.5 hours late to the agreed pickup time. The delay must be a direct cause of the events mentioned in section 5.1.2.1. The Company compensate the insureds canceled and prepaid lease with up to NOK 10,000 per claim

The insurance does not cover:

- Business travel
- Expenses covered by the operator/arranger
- Tickets forwarded to others
- Rental of vehicles other than cars and motorcycles
- Rented vehicles to be used by others than the insured and his / her co-insured
- Car or motorcycle that the insured has rented from a private person

5.1.3 Luggage

The luggage insurance covers the insureds damaged or lost personal belongings. Personal belonging is defined as personal belongings/items that the insured bring for personal use during the journey and during the insureds stay. The insurance also covers items belonging to the insureds employer that the insured bring on the journey.

Damaged or lost personal belongings are covered when the damage or loss are caused by:

- Theft and robbery (Strl. § 321 and 327). By theft and robbery means as defined in Straffelovens §§ 321 and 327. Personal belongings lost, and later kept by the finder will not be defined as theft. Embezzlement and fraud are not theft.
- Vandalism (straffelovens § 351). Vandalism is defined as damage to the insureds belongings negligently caused by third party. Vandalism caused by the insureds partner, parents, siblings or children are not covered.
- Natural hazards. Loss directly caused by a natural disaster such as landslide, storm, flood, storm surge, earthquake or volcanic eruption.
- Traffic accident. By traffic accident means collision, driving of the road, run aground and capsizing when the motorvehicle, caravan or boat is in use.
- Fire. By fire means uncontained fire, blackening/sudden soot damage, lightning directly striking property or explosion. Damage caused by burn marks or sparks from fire/ open flames are not covered.
- Water damaged building. By water damage means water flooding from burst pipe in the building or damage caused by sudden flood of water into the building from the terrain or ground outside the building.

Damaged or lost checked luggage

The insurance covers damage to or loss of checked luggage confirmed by the travel operator in a PIR report. The insurance does not cover damaged suitcase or other packaging.

Damaged or lost passport

The insurance covers reasonable and necessary expenses to re-acquire passport when the insureds passport are damaged or lost. The insurance also covers obtaining itinerary when the cause of damage or loss is covered by the insurance.

Accidental damage

The insurance also applies to other physical damage to personal assets than those mentioned above, which are due to a sudden external cause. The cause of damage must be known and linked to a specific time. It is a condition that the damaged item can be presented at our request.

Exceptions, limitations and safety regulations for belongings also applies for accidental damage.

The insurance does not cover accidental damage to assets that belong to the employer.

The deductible is NOK 2,000 per item, but a maximum of NOK 4,000 per claim.

Sum insured personal belongings

Up until the sum insured the insurance covers:

- Cash is covered up to NOK 5000 per person, up to NOK 10 000 per family per insurance event.
- Watches, jewelry, pearl, gemstones and precious metal up to NOK 30 000 per insurance event.
- All other items up to NOK 40 000 per item.

The insurance also covers the employer's belongings up to NOK 15 000 per insurance event.

5.1.4 Medical Travel Insurance

The insurance covers necessary and documented expenses due to the insureds acute and unforeseen illness, accidental injury or death. The insurance does not cover deterioration of a pre-existing illness.

The insurance only covers expenses accrued on the journey and only expenses accrued during the number of days covered. The agreed number of days covered is stated in the insurance certificate.

5.1.4.1 Medical expenses

The insurance covers:

- Doctors' fees and/or expenses relating to hospitalization.
- Medicine and medical equipment prescribed by a doctor on site.
- Necessary treatment and examinations by medical specialist, prescribed by a doctor on site.
- Emergency dental treatment up to NOK 5000 per insurance event.

5.1.4.2 Transport and accommodation costs

The insurance covers reasonable and necessary transport and accommodation expenses:

- Travel expenses to/from medical treatment. When using a private car, we reimburse transport expenses according to the Government's rates for patient travel
- Travel expenses and accommodations costs when the return travel is delayed due to recommendations given by a doctor on site.
- Travel expenses and accommodations costs when the pre-planned travel route is changed due to a doctor's recommendation given by a doctor in site.
- Transport costs to the insureds home address or medical evacuation to a qualified treatment center when adequate medical treatment cannot be given on site.
- Travel expenses for the insureds companion. The insurance covers only transport to the treatment center, or for transport back to a Nordic country when recommended by a doctor.
- Upon death of the insured, additional expenses are covered for transport of the casket or urn to the deceased's home in Norway equivalent to the cost of transport home. As an alternative to transport home, the insurance covers funeral expenses on site up to NOK 40,000.

The insurance also covers transport and accommodation costs up to 14 days when return home is delayed due to unforeseen and acute illness, accidental injury or unforeseen death within the insured's closest family resident at the destination.

5.1.4.3 Summoning

The insurance covers three close family members' reasonable and necessary travel and accommodation costs due to the insureds unforeseen, acute and life-threatening illness, accidental injury or unforeseen death. When it is determined that the insured will be transported back home, or the insured is hospitalized or in an institution in a Nordic country, the family members travel and accommodation costs are not covered under the insurance.

5.1.4.4 Return home due to illness or accident

The insurance covers necessary and reasonable travel costs when:

- unforeseen and acute illness, accidental injury or unforeseen death happens to someone within the insured's closest family or
- the insureds house, holiday house or business venue are damaged due to a unforeseen and sudden event, and the insured must pre present at the location.

The insurance covers only one return trip per covered event, limited to the price of a trip to the insureds home in the Nordics. See also section 5.1.4.7.

5.1.4.5 Replacement

The insurance covers necessary and reasonable travel and accommodation expenses for travel if the Insured is forced by an illness or accident to curtail the travel or stay abroad and return to the home district/home country. The replacement must take place within 14 days after the insured return home.

5.1.4.6 Compensation for canceled or lost vacation

The insurance compensates costs when the insured, the insureds only travel companion or a co-insured travel companion becomes:

- Summoned, evacuated or transported home when it is pre-approved by the insurer. The compensation is paid for the insured and the co-insured fellow travelers who must return home before the scheduled time
- admitted to hospital at the destination. Compensation is paid for the insured who fell ill and one co-insured traveller.

It is the price of the trip that forms the basis for the calculation. The compensation is calculated based on the number of days lost in relation to the number of planned days.

The price of the trip means what the insured can document that the insured have paid for travel and accommodation before the first day of illness or interruption.

If the insured travel with the insureds private car, the price of the journey is calculated according to the Government's rate for patient journeys from the insureds residential address to the place where the journey is interrupted. Supplement for passengers etc. is not counted.

Transport, accommodation, rental conditions and tourist services that have been paid for with bonus points, CashPoints and other member benefits, or annual costs for timeshare accommodation or other property, are not counted.

5.1.4.7 Return trip

Instead of compensation for lost vacation, the insurance can cover travel costs compensating the return trip due to covered recall, evacuation or home transport. The return trip must take place within the period of the pre-planned journey.

5.1.4.8 Excursions and events

We compensate up to NOK 5,000 per insured event for prepaid excursions/organized events that the insured party was forbidden from attending by the attending doctor on site. This compensation is not paid in addition to compensation for lost vacation days.

5.1.4.9 Sole travel companion

The insurance covers the insureds travel and accommodation costs due to the insureds only travel companions unforeseen and acute ill, injury caused by accident or unforeseen death. The insurance also covers summoning home due to acute illness, seriously injury caused by an accident or unforeseen death in the insureds closest family.

5.1.4.10 Psychological emergency help

The insurance covers up to 10 hours of psychological first aid as a result of:

- Mental reactions resulting from a sudden and unforeseen event such as violence, robbery, serious traffic accident or death when the insured himself is affected by or is present at such events without being physically injured himself.
- The insurance also covers psychological first aid in connection with the insureds serious illness (serious illness linked to the list of diagnoses found in the Definition overview at the back of the terms and conditions)

The cover applies to all of the insured's in the insured's travel party.

Treatment must be initiated in direct connection with the incident and without undue delay. Psychological first aid does not include ordinary psychological treatment of disorders that have developed as a result of psychological strain over time, and which do not require immediate psychological assistance. The treatment will take place within Vertikal Health's network of psychologists.

In cases where a customer is covered by several personal insurances in If with cover for psychological first aid, such help is only covered under one of these for one and the same incident.

5.1.4.11 Search and rescue

The insurance covers expenses due to search of missing persons, and rescuing actions initiated by the local authorities. Additionally, the insurance will cover expenses for emergency transport to the nearest adequate clinic/hospital. Search and rescue costs are covered up to NOK 200,000.

5.1.5 Travel Accident insurance

The accident insurance cover the insureds accidental injury. Accidental injury is defined as a physical injury to a person caused by sudden and unexpected event occurring during the insurance period.

5.1.5.1 Treatment costs

The insurance will cover expenses incurred for treatment and travel as a result of accidental injuries. Treatment expenses refer to reasonable and necessary treatment expenses, incurred in the Nordics during the first four years after the accidental injury, for:

- doctors and dentists
- medicines and bandages prescribed by a doctor or dentist
- chiropractor/physiotherapy treatment prescribed by a doctor
- necessary travel expenses from home for necessary treatment. If will cover the least expensive method of transport, taking into consideration medical condition.

For damage to teeth for children under 18, If pays compensation for expenses required for the initial permanent dental treatment (bridge, crown etc.), on prior approval by the Company, even if the final treatment has to be postponed in excess of two years due to the age of the child. Settlement shall nevertheless be made at the latest ten years after the end of the year in which the injury occurred, based on a cost estimate from a dentist and/or dental technician.

It is a prerequisite that the expenses cannot otherwise be covered.

5.1.5.2 Medical disability

The insurance cover shall include medical disability if the injury claim has resulted in medical disability. Medical disability means a physical, permanent reduction in function that, from experience, a specific injury causes.

The degree of disability will be determined on the basis of the disability tables issued on 21 April 1997 by the Ministry of Health and Social Affairs in Regulations no. 373, part 1 Section 2, parts 2 and 3. The degree of disability shall be established without regard to profession, impaired ability to perform paid work, leisure interests or similar.

It is the sum Insured at the moment the injury claim occurs that is used as a basis for calculating disability benefits. The benefits constitute a proportional percentage of the sum insured equivalent to the degree of medical disability.

5.1.5.3 Death due to accident

The insurance covers compensation in the event of death if the Insured dies as the result of an injury that occurs during the insurance period. The entitlement to compensation shall take effect at the time at which the Insured dies.

It is the sum Insured at the moment the injury claim occurs that is used as a basis for calculating compensation in the event of death.

5.1.6 Liability insurance

The insurance covers the Insured party's legal liability for compensation for damage caused by them as a private person, pursuant to prevailing legislation in the respective country. Damage is defined as personal injury or damage to objects. Personal injury is deemed to have occurred when a person is injured, has an illness inflicted on them or dies. Damage to property is considered to have occurred when property, including animals, has been damaged or lost or when electronically saved information becomes corrupted or is lost in another way. Economic loss resulting from a damage to be covered is included as part of the damage.

The insured or the claimant must ascertain the damage during the insurance period. The damage is assessed according to the insurance applicable at the time the damage was first detected. All damage resulting from the same occurrence will be regarded as one insurance event and will be considered to have occurred at that point in time when the damage first was ascertained.

On leisure travel, the insurance is valid while traveling outside the insureds home address, workplace or the municipality of education. The sum insured is up to MNOK 15 000 000 per insurance event. In addition, the insurance also covers litigation costs.

5.1.7 Legal Expenses Insurance

The insurance covers the costs of legal representation/assistance for up to NOK 100,000 per dispute where the insured becomes a party to a legal dispute as a private person requiring legal assistance before travel is complete. Court costs and legal fees imposed by the court are not covered.

5.1.8 Evacuation

The insurance covers necessary and documented excess expenses for travel and accommodation and compensation for lost vacation in the event of evacuation caused by:

- War, terrorism, civil unrest or a similar severe disturbance of public order. An act of terrorism is defined as an unlawful, harmful event aimed at the general public, including acts of violence or the dangerous spread of biological or chemical substances – and which appears to have been carried out for the purpose of exerting influence on political, religious or other ideological bodies or inducing fear. The evacuation shall occur in accordance with the evacuation guidelines of the Nordic Ministry of Foreign Affairs. The area must have been regarded as peaceful before travel commenced.
- Natural disasters. Natural disasters is defined as earthquakes, volcanic eruptions or other sudden and violent forces of nature of a completely extra ordinary violence, strength and prevalence. The evacuation shall be carried out in accordance with local authority, the Norwegian Ministry of Foreign Affairs recommendation in agreement with the Company.
- Epidemics or pandemics that erupt in the area the insured are in, traveling outside the Nordic region. By epidemic is meant infectious and serious disease that spreads rapidly between people. The evacuation must take place in accordance with the Norwegian Ministry of Foreign Affairs' evacuation council for the area in question. The Company reserve the right to require the insured to evacuate to the nearest safe destination place of residence outside the Nordic region, if we consider the risk of staying in the area too high.

The Company do not cover what the insured have the right to be compensated by the tour operator in accordance with the Package Travel Act.

The company compensate additional expenses until 30 days after the incident occurred. Lost holiday days after evacuation to a Nordic country are compensated according to the rules of compensation.

5.1.9 Refund of deductible for rental transportation vehicle

The insurance replaces the deductible that the insured, as the lessee, are held responsible for according to the rental contract if the rented means of transport or associated keys are stolen or externally damaged.

The following means of transport are covered by the insurance:

- Passenger car and motorhome (up to 7,500 kg)
- Motorcycle (over 50 cm3)
- Bicycle and electric bicycle

It is a prerequisite for the insurance that the vehicle is insured with comprehensive motor cover (CDW - Collision Damage Waiver and TP - Theft Protection) and the excess for which the Insured will be liable is stated in the lease agreement.

The incident must take place during a holiday trip that includes at least one overnight stay during the lease period, or at a registerable business trip on behalf of the employer.

5.1.10 Refund of deductible for own car

The Company will cover the excess the Insured is charged in connection with the settlement from their insurance company in the event of damage to the Insured's own passenger car that the Insured uses for business trips.

5.1.11 Pest control after travel abroad

What the insurance covers

The insurance covers the control of rodents and pests, including bed bugs, cockroaches and bearded vultures that the insured has brought home after a documentable trip outside the Nordic countries. By control is meant relevant measures that are to reduce or eradicate the occurrence of pests.

The insurance applies to the insured's permanent home in the Nordic region.

Control measures are determined and carried out / led by Anticimex. Anticimex decides if cover or access work is necessary for the fight. In the event of a pest attack, or suspicion of this, The Company or Anticimex must be contacted before measures are implemented.

The insurance also provides access to advice from Anticimex by phone, letter, e-mail and the like.

Coverage of costs for pest control is limited to NOK 100,000 per claim. There is a deductible of NOK 2,000 per claim.

When fighting bearded vultures, up to 3 inspections are covered in the first year after the injury was reported. Then access to material for own efforts and guidance on the service telephone, for up to 4 years after the damage was reported, provided that the insurance contract is ongoing.

5.1.12 Identity theft

The insurance covers reasonable and necessary legal assistance for

- prevention and actions to prevent further abuse and
- removal of unjustified payment notices as a direct result of identity theft.

The total compensation obligations is limited to NOK 1,000,000 in each case of damage. All actions that occur as a result of identity theft are considered an identity theft incident.

5.2 What is excluded

5.2.1 Strike, lockout or other form of labor conflict

The insurance does not cover damage or loss caused by or related to strike, lockout or labor conflict.

5.2.2 Bankruptcy

The insurance does not cover damage or loss caused by or related to bankruptcy.

5.2.3 Loss of occupational income

The insurance does not cover damage or loss caused by or related to lost earnings.

5.2.4 Expeditions

The insurance does not cover damage or loss caused by or related to journeys to places that require extensive planning, organization and equipment beyond what is common for an ordinary journey.

5.2.5 Cancellation

The insurance shall not cover cancellations due to:

- admission to hospital, examination, diagnosis, treatment or recovery that takes longer than planned,
- being called in for treatment, examination or surgery for which the Insured was already on the waiting list before the trip was paid for,
- fear of illness and infection,
- imposed quarantine and other preventive infection control measures and
- the original purpose of the trip no longer applying.

The insurance shall also not cover the following costs:

- Travel to areas that are subject to an official travel advisory from the deployment country's Ministry of Foreign Affairs at the time of payment. This shall apply even if the travel advisory is changed or repealed after the time of payment.
- The Insured's share of a timeshare, including annual costs and loss of rental income.
- Any costs that the Insured may claim a refund for from the trip organiser, carrier, landlord, organiser or tourist service provider.
- Travel costs paid using bonus points, CashPoints and other member benefits
- Taxes and public fees
- Agency fees and charges associated with refunds on taxes and fees
- Travel costs the Insured has paid on behalf of people other than the Insured and co-insured under this insurance agreement
- Travel arrangements that have been transferred to others
- Travel, accommodation, tourist services, events or rentals that have been cancelled
- Voucher or receivable that has not been used
- Group trips cancelled by the Policyholder
- Business trips paid for by an employer other than the Policyholder

5.2.6 Delays

The delay insurance does not cover

- expenses and costs due to delayed, cancelled or overbooked flight covered by the EU regulation 261/2004 when the airline is liable for the delay
- food and beverage costs
- travel and accommodation expenses paid with bonus points, cash points or other membership benefits

When luggage is delayed or get exchanged the insurance does not cover:

- Purchases made on the return trip or after arriving home.

5.2.7 Luggage

Personal luggage does not include:

- Motor vehicles, caravans or boats with associated equipment.
- Household goods/items transported between locations or furniture
- Securities, documents, data files or software
- Items of interest for collectors/with a collector's value.
- Animals.
- Samples and items intended for resale.
- Items belonging to an employer other than the policyholder.
- Items purchased or received as a gift outside Norway and that are not declared on importation in accordance with relevant regulations. See the Transport of Goods Act, the Customs Duty Act and the Value Added Tax Act with regulations.

The insurance does not cover:

- Damage caused by the normal use of the object.
- Damage caused by a close family member, i. spouse / partner, child, parent or sibling.
- Minor damage to items due to e.g. scratches, scrapes, rifts, stains etc.
- Pure financial loss caused by or in relation to lost or damaged luggage.
- Damage to air sports equipment and drones in use
- Damage to checked-in suitcases or other packaging is not covered.
- Damage and loss caused by pets.
- Damage to objects during transport due to the leakage of liquids, broken objects, perishable goods, or damage caused by the objects due to their condition / shape.
- Damage and loss that can be claimed from the carrier, according to the Montreal Convention

5.2.8 Medical Travel Insurance

The insurance does not cover:

- treatment costs after the insured has arrived to the home address in the Nordic region
- costs when the insured were already on a waiting list for the treatment, examination or operation before departing
- treatment at private clinics in the Nordic region
- private air transport not requested by a doctor or hospital
- treatment of alcohol addiction, medicine addiction or drug abuse/addiction to narcotic substances.
- Continued stay in the hospital at the destination when medical transport home can be carried out.
- Complications or aggravated health due to examinations, treatments or surgery
- Treatment errors or medication errors
- Pregnancy complications and labor from week 36. For multiple pregnancies, this exception applies from week 28 onwards.
- performing or contributing to criminal act
- very serious last stage diseases
- stay in a nursing home, retreat or spa

The company does not cover travel or accommodation expenses paid with bonus points, cash points or other membership benefits.

5.2.9 Travel accident

5.2.9.1 Occupational risk

The insurance applies as stipulated to persons not considered occupationally active or that have occupations of low accident risk, that is to say occupations such as:

- supervisory work.
- military service and refresher training.
- office work.
- manual work which entails limited physical activity and/or is performed without the use of production materials/machines. Examples: watchmakers, nurses, hairdressers and goldsmiths.

Performance of occupations with an elevated risk of accident.

Occupations with an elevated risk of accident are defined as:

- occupations that involve working at heights (ladder, scaffolding, lift, etc.)
- work practiced with the aid of machinery and production equipment.
- work Involving the use of chemical products.
- work in agriculture, forestry, livestock and reindeer.
- transport operations.
- warehouse and building work.
- plumbers
- electricians

- painters
- carpentry
- road and construction work
- cleaners
- the military
- the fire services
- security/caretaker
- police and prison services.

In the case of people who practice such occupations, the insurance only covers their leisure time, unless additional coverage has been agreed with the Company, see point 11. If such cover has not been taken out, the insurance does not apply during the practice of the occupation or when at the workplace.

Work connected with the building and maintenance of one's own home/holiday home, only used by the insured party for private purposes, is covered by the insurance.

5.2.9.2 Mental suffering/behavioral disorders/learning disability etc

The insurance does not provide the right to compensation for psychological disorders, behavioural disorders, learning difficulties etc. which are covered by the diagnosis codes from and including F00 to and including F99, in accordance with ICD-10* and the consequences of such disorders.

*) ICD-10 is the 10th revision, with subsequent amendments, of the international statistical classification of illnesses and related health problems, adopted by the World Health Organisation – WHO.

5.2.9.3 Illness, infection and other particular conditions

The insurance does not cover accidental injury caused by illness, disease or predispositions to illness or disease, such as injury caused by an epileptic fit, loss of consciousness, stroke etc. The insurance also does not cover the following conditions, even if an accidental event is the triggering cause:

- strokes
- heart attacks
- cancer
- Back pain resulting from back injuries, unless the pain occurred due to a spinal or dorsal vertebrae fracture that can be demonstrated radiographically, and the fracture was due to an accident.
- infections, unless the infection was caused by a skin injury which resulted from an accident.

Insect stings and bites are not considered an accident event.

5.2.9.4 Poisoning

The insurance does not apply to an accidental injury which is caused by poisoning from food, drink or natural stimulants.

5.2.9.5 Medical treatment/use of medicine

The insurance does not cover accidental injuries caused during medical examinations, treatments etc. or when taking medicines, unless the Insured is being treated for an accidental injury for which If is liable.

5.2.9.6 Scars and disfigurement

The cover does not provide a right to compensation in the event of scars and disfigurement that result in a degree of disability of less than 15%.

5.2.9.7 Dental injuries

Dental injuries do not provide a right to disability benefits.

5.2.9.8 Sports and high-risk activities

The insurance does not cover accidental injury incurred in connection with:

- Sports or expeditions that give the insured gross income and/or sponsorship funding of more than 2 G per year (G = the Norwegian National Insurance basic amount)
- Participation in peacekeeping forces or in military/paramilitary forces in other countries/organisations

5.2.9.9 Fighting, criminal acts and acts of retaliation

The insurance does not cover accidental injuries caused by taking part in a fight, taking part in or aiding and abetting criminal actions, suffering from acts of retribution in connection with own participation in punishable action, see Section 13-6 of the Norwegian Insurance Contracts Act.

5.2.9.10 Intent and negligence

The Company shall not be liable if the Insured has provoked the insurance event through negligence. The Company is nevertheless liable if owing to age or state of mind, the Insured was incapable of understanding the implications of their action. The Company is not liable however for suicide or attempts at suicide which are caused by mental disorders. If the claimant can show that the suicide was caused by acute mental deterioration due to external causes, not mental illness, the Company will be liable.

5.2.9.11 Medical expenses

The insurance does not cover the following medical expenses:

- expenses related to dental damage resulting from chewing and biting.
- additional expenses for examination, treatment, surgery, training in private clinics, health institutions or with private practitioners / therapists without public reimbursement rights.
- expenses for aids.
- transport from the accident site.

5.2.10 Liability insurance

The insurance does not cover liability the Insured incurs:

- when the liability is based solely on guarantees, contracts, promises, pledges or other agreements entered into before or after the damage was detected
- for damage to items that the Insured rents, borrows, uses or stores
- for libel, legal remedy or fines, cf. Norwegian Act of 13 June 1969, no. 26 relating to damage compensation, Sections 3-5 and 3-6
- in relation to the Insured's spouse/cohabitant, parents/step-parents/foster parents/parents-in-law, siblings, children/stepchildren/foster children and their spouses/cohabitants. It is the family relationship at the time the damage occurs that counts.
- in relation to companies which are operated or utilised by the Insured or in which the Insured or the Insured's family have significant shareholdings
- as owner, driver or user of motor vehicles, working machines with own propulsion machinery. However, the insurance covers liabilities as owner, driver or user of working machinery with own propulsion machinery which cannot be driven faster than 10 km/hour with total weight up to 750 kg and which can be used on/in connection with the Insured's own property. Motorised wheelchairs and other similar motorised mobility aids for the disabled are not considered motor vehicles if they cannot travel faster than 10 km/h. Motorised devices intended for children are not considered motor vehicles when restricted to maximum speeds of up to 6 km/h and the weight does not exceed 50 kg.
- in their capacity as the owner, driver or user of a sailboat or other motorised vessel. Surfboards, canoes and kayaks shall not be considered boats in this context
- in their capacity as an owner, a pilot or a user of aircraft. Non-motorised hanggliders/paragliders shall not be considered aircraft in this context
- in their capacity as owner, rider or user of a registered harness racing horse or racehorse
- for damage to objects caused by digging, piggging, blasting, sounding and demolition work. The term explosion also includes the use of expansion mass.
- for the Insured's objective liability for damage caused by the Insured's children, cf. Norwegian Act of 13 June 1969, no. 26 relating to damage compensation, Section 1-2
- when practising an occupation/trade as the owner of real estate
- for damage caused by negligence or the omission and the consequences of such damage
- for pollution of air, water or ground, or damage caused by such pollution, unless the cause is sudden and unexpected. Pollution includes dust, noise, odour, light and irradiation
- for contamination of contagious diseases between people, irrespective of how the contamination occurred.
- for damage to items/property due to dry rot and decay or by the slow penetration of moisture.

5.2.11 Legal expenses

The insurance does not cover expenses associated with legal disputes that:

- are related to the Insured's occupation or trade, including settlement under occupational injury insurance and Chapter 1-7 of the Norwegian Occupational Insurance Regulations
- relate to the Insured's real estate or the purchase/sale of property and rental rights (timeshare)
- separation, divorce, child custody, visitation rights, paternity, inheritance, demand for return of gifts, child support, estate distributions, dissolution of the economic relationship between cohabitants and dissolution of the household community, as well as probate matters
- cases falling solely under the authority of local courts, except for those involving a residential rental agreement
- disputes concerning bills of exchange, debt recovery cases in which the claim is undisputed, cases concerning debt settlement proceedings, and cases concerning bankruptcy and composition proceedings if the insured is the insolvency or arrangement debtor.
- motor vehicles, working machinery with own propulsion machinery. However, the insurance covers liabilities as owner, driver or user of working machinery with own propulsion machinery which cannot be driven faster than 10 km/hour with total weight up to 750 kg and which can be used on/in connection with the Insured's own property.
- applies to sailboats and other motorised vessels. Surfboards, canoes and kayaks shall not be considered boats in this context
- applies to aircraft. Non-motorised hanggliders and paragliders shall not be considered aircraft in this context
- registered harness racing or racing horse, or when the Insured is a partial owner, rider or user
- concern or originate from a criminal act, criminal case, defamation, libel, slander cases and claims for damages in such cases, as well as cases involving liability according to the laws of the particular country
- obviously cannot be won
- expropriation cases or other cases in which the Insured seeks to obtain the right to another's property
- public administrative decisions. Nevertheless, expenses are covered connected with civil actions when administrative right to appeal is fully exhausted. In connection with civil actions, any expenses incurred during the administrative process are exempted from this coverage.
- lawyers' fees or expenses for expert witnesses
- applies to expenses for personal injury suits pursuant to motor vehicle liability before the traffic insurance company for the motor vehicle has rejected in writing coverage of the Insured's expenses for legal assistance prior to legal proceedings
- expenses incurred before a dispute has occurred
- compensation settlement under this or other insurance agreements under which the Insured is covered in Europeiske or If Skadeforsikring.

5.2.12 Refund of deductible for rental transportation vehicle

The insurance will not cover excesses for

- rented electric scooter, moped, scooter (up to 50 cm³), ATV, snowmobile and other vehicles not specifically mentioned in the point about refund of deductible for rental transportation vehicle.
- rented vehicles that will be used by others than those covered under this insurance
- vehicles that the Insured has rented from a private individual, or that the Insured rents/borrows in connection with a vehicle being serviced or repaired
- damage resulting from participation in motorsports
- damage incurred during business trips on behalf of employers other than the Policyholder or on business trips for the Insured's own business activities

5.2.13 Refund of deductible for damaged private rental car

The Company does not pay compensation for:

- Excesses in the event of damage incurred during business trips on behalf of employers other than the Policyholder, or on service assignments for own business.
- Damage incurred as a result of participation in motorsports
- Excesses in the event of damage to commercial vehicles
- Excesses in the event of damage covered under the vehicle's liability insurance
- Excesses in the event of damage that results in interruptions
- Loss of bonus

5.2.14 Pest control after travel abroad

The insurance does not cover

- combat in buildings other than the residential building, which garages other outbuildings
- combat in storage with access from common basement, attic, garage and other common area
- Removal of dead pests or their remains, including pests that died after control
- control by gassing, heating or freezing that applies to all or parts of buildings
- costs of combating activity that started before the insurance contract started
- costs of combating activity after the insurance contract has been terminated even if the attack started during the insurance period
- extra costs due to Anticimex not being able to reach the place of insurance by car. For insurance objects without a road connection for a car, the insured must pay for extra transport and travel time during inspection and control
- combat performed by others if this has not been agreed in writing with Anticimex in advance
- costs for opening structures and the like to detect pest infestations in the home
- damage or unsightly appearance of contents as a result of the pest infestation
- control of pest infestations in lots, on live plants or in outdoor facilities
- maintenance, repairs, protection against pests or other measures necessary to prevent new or existing pest infestation
- consequential damages or indirect losses such as damage to person, personal property, impaired ability to fulfill obligations, market reactions and the like

The insurance does not apply if business activities are conducted in connection with the home, and the pests in question may have their cause in or are common in this type of activity.

5.2.15 Identity theft

The insurance does not cover

- identity theft related to the insured profession or business
- expenses incurred in connection with actions carried out by the insureds spouse/partner, child or parents
- identity theft arising in connection with the insureds immediate family's criminal or grossly negligent actions
- financial loss, other than costs associated with legal assistance.

6 Sums insured

The sums insured are listed in the certificate of insurance.

7 Insurance deductibles

Any excesses are listed in the certificate of insurance.

8 Safety regulations

Safety regulations are regulations regarding due diligence, established to prevent and limit damage/loss. If the insured party is guilty of a breach of the safety regulations, the Company's liability may be reduced or cease to exist, cf. 4-8 of the Insurance Contracts Act.

8.1 Safety Regulations for Luggage Insurance

The following safety regulations apply for luggage:

- The insured person must always supervise the items and ensure no objects are left behind
- Items the insured person does not carry with him must be stored safely. The insured must make sure the location is properly closed and locked before departing. The insured must keep keys and codes out of unauthorized persons reach. Windows and other openings shall be properly closed and locked.
- Money, passports, watches, jewelry, pearls, precious stones must be carried by the insured or stored in a locked safe / storage box. In any case, these objects shall not be left in rooms that other than the insured and the insured's close travel companion have access to, or in vehicles, caravans, boats or tents.
- Bicycles should be locked when not in use. When leaving a bicycle, the insured must not leave mounted accessories that can be easily disassembled, such as GPS, bicycle computer, wattage meter etc. on the bike
- The assured shall not send electronic or optical equipment, fragile items, perishable foods, medicines, money, passports, watches, jewelry, pearls, gemstones and precious metal, as checked luggage.

8.2 Safety regulations for liability insurance

The Insured must ensure full compliance with the requirements/regulations of the authorities regarding the inspection, storage and control of tanks, including containers of inflammable liquids and other chemicals. For the consequences of lack of compliance with security regulations, see point 10.2.

8.3 Safety regulations delays

The insured must calculate sufficient time from the time the insured plan to arrive at the place of departure to the next scheduled departure. When assessing sufficient time, the assured must take into account the type of means of transport, the transport company's and the airport's recommendations for time of arrival, place of departure and other traffic conditions (see section 5.1.2.1.)

8.4 Limitation on change of risk, see FAL 4-7,13-6 , and 13-7

The companys liability can be reduced by changing risks, including if the insured, without prior agreement with the company is exercising certain sports, see sections 5.5.4 and 5.6.3.7, the practitioner by profession with a higher risk of injury, see section .5.6.2.2 , taking part in expeditions and the like, see section 5.1.2 or traveling to areas with increased risk of war, terrorism , etc., see section 5.1.2

The companys may also be reduced if the insured is participating in fights, complicit or participating in a criminal act or are the victim of retaliation in this context , see sections 5.5.4 and 5.6.3.8.

8.5 Safety regulations Identity theft

The following security regulations apply to Identity theft:

- The insured must immediately notify banks, payment card issuers and other relevant parties
- The insured must report the situation to the police and give the Company confirmation of the reported situation
- The insured must report to us as soon as identity theft is discovered
- The insured must provide all available information and documents that may be relevant to the case.

The insured must follow the advice and guidance that is given, in order to avoid further damages.

9 Duties of the insured in the event of damage

9.1 Duty to report

If an insurance event has occurred, the insured must notify the Company as soon as possible. If the insured / insured wants to file a claim for compensation, he / she must provide the Company with the information and documentation that is available and that the Company need to take a position on the claim and pay compensation, see FAL §§ 8-1 and 18-1

If damage / loss / expenses have occurred, he / she must do what is reasonable to expect from the insured / insured to prevent / limit the damage and follow the orders given by the company to limit the scope of its liability, see FAL §§ 4- 10, 13-11 and 13-12. If damage / loss / expenses arise as a result of the insured / insured having intentionally or with gross negligence neglected his or her duties or not following an order that he / she was obliged to comply with, the companys liability may put down or fall away, see FAL §§ 4-10 and 13-12.

If the Insured wishes to claim compensation under legal assistance insurance, the Company must be notified as soon as possible and at the latest one year after a lawyer has been engaged. Notification must be given in writing. The Insured shall choose their own lawyer, who, based on the nature of the case and the Insured's place of residence, is suitable for the case.

The Insured is obliged to limit expenses as far as possible and to meet any costs incurred without reasonable grounds.

The Company may demand to be fully informed of the scope of the expenses for which cover is claimed under the insurance policy, and has the same right as the Insured to receive documentation on how the attorney has calculated their fee. Elapsed time spent must be specified.

9.2 Cancellation

9.2.1 Documentation requirements

In the event of an insurance event, the insured party shall inform without undue delay both the company and those with whom the trip/accommodation has been booked. The insured party is required to give Europeiske all the information and to submit any available documentation the company may require to assess its accountability and the payment of compensation.

The following must be submitted when claiming compensation:

- Original travel documents/tickets/rental contracts, with receipts for the paid travel/rental accommodation.
- Confirmation from the tour operator showing the date of cancellation and what kind of refund the insured can get.
- Medical certificate confirming that the cancellation is due to an unexpected, acute and treatment-requiring illness, accidental injury or death, which occurred before departure.
- Accident report from the insurance company, or police report, which confirms the incident. If the insured needs to cancel a trip, contact the organizer or person where the trip or rental is purchased to see if any costs can be reimbursed directly.
- Documentation from the official institution that has issued the travel advice for the destination and that this advice was not in force when booking the travel. This must be sent upon request.
- Documentation from the organizer confirming that the tourist service was canceled or changed, and the date of cancellation/change.

9.3 Delays

9.3.1 Documentation requirements

To file a claim following documentation is required:

- Written documentation certifying the delay and the cause of the delay from the travel operator, traffic operator or salvage company.
- Documentation certifying the additional transport and accommodation expenses.

To receive compensation for hotel or event costs the following documentation is required:

- Written documentation from the travel operator certifying the cause for the delay and that the delay time exceeded eight hours.
- Documentation verifying the hotel and/or event expenses.

To receive compensation for delayed luggage the following documentation is required:

- Property Irregularity Report obtained from the airline
- Original receipts

9.4 Luggage

9.4.1 Duty of disclosure

The insured must immediately report theft, burglary or other loss or damage to the local police, hotel or travel guide on site. Loss or damage during transport must immediately be reported to the travel operator and confirmed with Property Irregularity Report. If lost items are recovered after compensation is paid, the insured is obligated to immediately notify the insurance company. The insured has the right to retain the item given that the compensation is paid back within 14 days after recovery. Otherwise the objects will be our property (ICA §8-1).

The insurance company has the right to request items handed over from the airline, police or others when compensation has been paid out for the item. The insured shall be notified and given an offer to get the item back by repaying the compensation.

9.4.2 Documentation requirements

The insured shall as soon as possible give the insurer all relevant information and documentation required to calculate the compensation for instance receipts and guarantee certificates. The insured must keep and look after the damaged items and when required send the items to the insurance company.

9.5 Travel illness and accident

9.5.1 Duty of disclosure

The insured must contact the Company if the medical expenses are expected to exceed NOK 10,000

- in case of serious illness or accidental injury
- if there is a need for a changed journey home, transport home, summons, summons home and accompaniment

The Company will give the insured guidance and ensure that the insured receive treatment at a suitable treatment centre. In many cases, the Company will also be able to provide a payment guarantee to the hospital or doctor, so that the insured do not have to pay for the treatment. In order to ensure the insured receive adequate medical treatment, the Company reserve the right to move the insured to a suitable place of treatment, or to transport the insured home for treatment.

9.5.2 Documentation requirements

The following documentation is required:

- Original receipts
- Documentation from a doctor on site certifying the insureds acute illness, accidental injury or unforeseen death
- Documentation certifying bed rest, cancelled, or postponed journey.

The company have the right to obtain necessary information from doctors and hospitals/treatment centers when needed to process the insurance event.

9.6 Liability

9.6.1 Duty of disclosure

Damage which may result in a claim for compensation must be notified to the Company immediately. When a claim for compensation is made against the insured or the company, the insured party is obligated to give the company all information relevant to the claim and, at their own expense, carry out all investigations that the company deems necessary. The insured party is obliged to participate in negotiations or trials. Where the insured party accepts liability without the consent of the company, or negotiates a compensation claim, this will not be binding for the company.

9.6.2 Documentation requirements

When the insured has received a claim for compensation, the insured is obliged to:

- to provide Europeiske with all information relevant to the processing of the case
- carry out at its own expense the surveys or studies that Europeans deem necessary, and
- to appear at negotiations or trials.

If the assured without the consent of Europeiske admits liability, or negotiates a claim for compensation, this is not binding on If.

9.7 Legal expenses

9.7.1 Documentation requirements

The insured must, when applying for legal expenses under the legal aid coverage as soon as possible, and no later than one year after the lawyer was hired, contact Europeiske. The insured must document in writing what the dispute is about and what costs have been incurred.

The insured chooses a lawyer who, according to the nature of the case and the insured's place of residence, is suitable for the case. The insured is obliged to limit the case and legal expenses as much as possible. Costs caused without reason are the insured's obligations to bear. Europeiske may require to be kept informed of the extent of the expenses required to be covered under the insurance and have the same right as the insured to have documented how the lawyer has calculated his fee. Time elapsed must be specified.

9.8 Rental Car

9.8.1 Documentation requirements

To receive compensation the car rental contract and receipts must be sent to the insurance company.

9.9 Evacuation

9.9.1 Documentation requirements

The insured shall follow instructions given by the insurance company when evacuating or in situations where evacuation is required.

10 Claim valuation and claim

10.1 Cancellation

The insurance covers the insured's financial losses. Travel and leases the insured has paid for other than themselves, co-spouse/partner/children, are not to be regarded as the insured's financial losses.

10.2 Delays

The delay must be confirmed by the carrier. Delayed luggage must be confirmed by PIR given by the carrier. The co-insured spouse, partner or children's claim are handled as leisure travels.

10.3 Luggage

The compensation basis is calculated according to what it would cost to:

- restore the damaged item to the same or to approximately the same state as it was in when the damage occurred, calculated according to the cost of repair on the day of the event.
- obtain an identical or substantially similar item, the cost of which is calculated according to the price on the day the damage occurred.

The compensation basis cannot be higher than the value prior to the damage, once the remaining value after the damage has been deducted. Where replacement applies, the value increase is deducted, given that second-hand objects are being replaced with new. Deductions are made for the item's age, wear and tear and reduced usefulness in relation to the item's estimated lifespan.

For bicycles, the compensation cannot be set higher than the purchase price (the price at the time of purchase).

Antiques, objects of art and other items acquired in a used state, as inherited items or gifts, or items purchased second hand are compensated according to the cost of replacement for a used item or according to the current market value.

The insurance company determines whether to compensate the damage or loss by cash settlement, repair or replacing the item, or providing equivalent or comparable item. Where cash settlement is chosen, the paid amount may not exceed comparable repair or replacement costs.

For repair or replacement, the company can determine which professional restorer or supplier to use. Compensation for lost or damaged luggage or related expenses is limited to the insured's actual financial loss.

Where others may compensate the loss, the company will assume the insured party's right to claim for the compensation sum paid out under the present insurance policy.

The company has the right to verify information provided by the insured by contacting businesses/shops and other relevant parties and is not obligated to pay compensation before the necessary investigations are complete.

10.4 Illness and accident

The insured must consult a doctor as soon as possible and follow doctor's orders regarding treatment.

The alarm center will provide the insured with guidance and ensure that the insured receives treatment at a suitable treatment site. The company will also be able to provide a payment guarantee to the hospital or doctor, so that the insured does not have to pay for the treatment himself.

To ensure the insured adequate medical treatment, the company reserves the right to move the insured to a suitable place of treatment, possibly transporting the insured to the home in the Nordic countries for treatment.

The company has the right to obtain information from doctors and hospitals etc. which are necessary for the processing of the case in question.

Necessary additional expenses for accommodation, return journey, obtaining an itinerary, delayed return journey, medical evacuation / home transport, accompaniment or summons must be approved in advance by the company.

Limitations in treatment

The liability for one and the same illness or accidental injury requiring continuous treatment is limited to the first 30 days after the first doctor / dentist visit.

10.5 Regulations for the Settlement of Accident Insurance Claims

The insurance company have the right to obtain information from doctors and hospitals etc. which are necessary for the processing of the case in question.

Necessary additional expenses for accommodation, return journey, obtaining an itinerary, delayed return journey, medical evacuation / home transport, accompaniment or summons must be approved in advance by the company.

10.5.1 Doctor and Specialist Attestations

Both the insured party and the company have the right to requisition attestations from doctors and specialists which are of significance for the establishment of the basis for the calculation of compensation. Where it is deemed necessary by the company to requisition a doctor's attestation from a second expert, the justification for this shall be provided in writing. Where the insured party is outside Norway, the company has the right to demand that the insured party visit a doctor in Norway to assess whether conditions for compensation are met. Europeiske will pay the doctor's fees, but not travel expenses to/from Norway in this connection.

10.5.2 Contributory Factors

Compensation is proportionately reduced if other factors, together with the accidental injury, have contributed to the need for treatment, medical disability or the death of the insured party.

10.5.3 Medical Invalidity

Compensation for invalidity is paid where an insurance event has occurred and when the company has received a compensation claim with the necessary documentation and has had sufficient time to chart liability and calculate the degree of the company's accountability. Compensation is established on the basis of the degree of invalidity incurred by the accidental injury and the insurance sum.

If an accident event results in a number of injuries, the degree of invalidity is established on the basis of a collective assessment, in the same way as for occupational injuries - «the reduction method». Where the accidental injury results in an exacerbation of a former functional reduction, a decrement is made in correlation to the medical invalidity resulting from the former functional reduction. When other factors contribute to a higher degree of medical invalidity than would have been caused by the injury alone, compensation is paid proportionately. See point 9.4.2

The degree of medical disability will be determined on the basis of the invalidity table in the Norwegian Ministry of Social Affairs' regulations of 21.04.97, parts II and III. No consideration is taken for occupation, reduced ability to earn income (degree of disability), leisure interests etc.

10.5.4 Death

Where the insured party dies as a result of an accidental injury which occurs during the period of insurance, a death annuity payment is made. The right to compensation applies from the time of death of the insured party.

If the accidental injury results in death within 2 years of the date of the injury, the death annuity is paid out. Any disability compensation that may have been prepaid for the same injury, will be deducted. Where the insured party dies for other reasons within two years of the time of injury, neither death annuities nor invalidity compensation are paid out. If the insured party dies later than 2 years after the date of the injury, death compensation is not paid out, but disability compensation is paid according to the degree of disability the injury would have caused.

Where death occurs, the compensation is paid to the policyholder. If the policyholder and the insured party are the same person, the death benefit is paid to the insured party's spouse/registered partner, cf. Chapter 15 of the Insurance Contracts Act. If the insured party does not have a spouse or registered partner, or they are no longer alive at the time of the death of the insured party, the compensation is paid to the heirs of the insured party pursuant to legislation or the will in accordance with the provisions of the Act in law relating to inheritance.

A person is not considered to be a spouse when a separation or divorce decree has been granted, even though the decision is not legally binding or final.

10.5.5 Beneficiaries

Where the insured party wishes a payment on their death to be paid to specific persons, the beneficiaries, this must be agreed upon with the company. Where a cohabitant has been appointed as beneficiary, without this person being named, the cohabitant shall be defined as a person with whom the deceased lived in a state equivalent to wedlock and with whom the deceased has shared a National Population Register home address over the past 2 years, or the person who has children and a home together with the Insured. A person is not considered to be a partner if, at the time of death, conditions would have prevented the insured party and their partner from entering into a legal marriage or it was apparent that a separation had taken place before the time of death.

10.6 Regulations for the Settlement of Liability Insurance Claims

When a claim for compensation is covered by the insurance, it is the responsibility of Europeiske to determine whether compensation accountability exists; to negotiate with the claimant and, if necessary, to be party to court proceedings. The company pays its own costs for determining the issue of compensation, even where these may exceed the insurance sum. Any costs for external lawyers and other expert advisers, selected or approved by the company, will be paid by the company.

If the claim for compensation and/or basis for the claim is only partly covered by the insurance, the expenses are distributed according to the economic interests of the different parties to the case. Where the company is willing to settle the case or meet the insurance sum, any subsequent expenses are not covered. The company reserves the right to pay any and all compensation directly to the injured party. The company's total duty to compensate is limited to NOK 15,000,000 per insurance event. Legal fees are covered in addition.

10.7 Regulations for the Settlement of Legal Expenses Insurance Claims

If the Insured wishes to claim compensation under legal assistance insurance, the Company must be notified as soon as possible and at the latest one year after a lawyer has been engaged. Notification must be given in writing. The Insured shall choose their own lawyer, who, based on the nature of the case and the Insured's place of residence, is suitable for the case.

The Insured is obliged to limit expenses as far as possible and to meet any costs incurred without reasonable grounds. The Company may demand to be fully informed of the scope of the expenses for which cover is claimed under the insurance policy, and has the same right as the Insured to receive documentation on how the attorney has calculated their fee. Elapsed time spent must be specified.

10.8 Evacuation

Additional expenses for travel and accommodation in the event of evacuation to the nearest safe destination or to a place of residence in the Nordic countries are covered for up to 30 days after the incident occurred.

10.9 Double insurance/ recourse

In the event that there are multiple parties liable for the Insured's loss/damage/expenses, the Company will assume the right to compensation for the amount it has paid out in compensation.

In the event that the same insurance event is covered by more than one insurance policy, the Insured may choose which company to use until the total loss has been covered. The compensation shall be divided between the companies according to each Company's liability for the loss/damage, cf. Section 6-3 of the Norwegian Insurance Contracts Act.

If the Company has paid compensation for an insurance event that is not covered by the insurance agreement, the Insured shall be obliged to repay the compensation to the Company, cf. Section 8-1 of the Norwegian Insurance Contracts Act.

10.10 Identification

If the insured's right to compensation expires in whole or in part as a result of the insured's actions or omissions, this also has the same effect in the event of similar actions or omissions made by the insureds co-insured spouse or cohabitant (FAL § 4-11).

11 Additional insurance

Available additionally covers:

11.1 Occupation/trade accident

The additional insurance will cover the performance of occupations that are considered to have an elevated risk of injury.

11.2 Expeditions

The additional insurance also applies if the travel insurance is extended to cover expeditions, i.e. particularly risky and other trips to places where there is poor infrastructure, far from the nearest hospital, or it is difficult to get hold of health personnel or transport.

Examples of such trips/expeditions:

- Crossing the Greenland ice sheet
- Trips to Antarctica, the Arctic, the Northern Canadian wilderness and the Amazon
- Trips to the Himalayas and other inaccessible mountain regions

11.3 Vacations/leisure trips from an offshore installation, ship or vessel

Additional insurance will apply to employees whose work on offshore installations, ships or other vessels and after the work period (rotation) will commence a holiday trip leaving from the work site. The policy will apply to holiday trips of up to 90 days, counting from the insured leave the work site until he / she is back in the same place. It is assumed that both work period and holiday travel is insured in the company and that insurance is continuous from departure to return home address.

11.4 War risk

Extending the insurance will mean that the insurance will also apply to business trips to Russia, Belarus and Ukraine, see section 3.2.

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Definitions

Severe disease

Diagnoses related to coverage for psychological first aid for one's own serious illness (Critical illness)

List of diagnoses that If classifies as serious illness according to the list in Critical illness:

- 1: Cancer
- 2: Brain tumor
- 3: ALS, primary lateral sclerosis, progressive spinal muscular atrophy or progressive bulbar palsy
- 4: Multiple sclerosis (MS)
- 5: Brain stroke
- 6: Heart attack
- 7: Positioning on the main pulmonary artery (aortic aneurysm)
- 8: Kidney failure
- 9: Severe visual loss
- 10: Severe hearing loss
- 11: Severe burn damages
- 12: Amputation
- 13: Spinal cord injury
- 14: Transplantation
- 15: Heart surgery
- 16: Impressions on the blood vessels of the brain (aneurysm)
- 17: Colostomy
- 18: Systemic connective tissue disease
- 19: Systemic lupus erythematosus (SLE)
- 20: Parkinson's disease (paralysis agitans)
- 21: Alzheimer's disease
- 22: Epilepsy