# TDA Rider Licence International - If insurance documents (English translation)

IMPORTANT - ABOUT THIS TRANSLATION

This document is an automated (AI-assisted) translation from Swedish of If Skadeforsakring AB's policy schedule, pre-purchase information, general contract terms and business travel insurance wording [redacted], prepared by TrackDay Alliance (Herlins & Partners AB) for information purposes only.

It is not an official If document and has not been reviewed or approved by If. Terminology may deviate from If's own English wording. In the event of any discrepancy or dispute, the Swedish original governs in full. The Swedish original is available at www.trackdayalliance.com/villkor.

Contents of the Swedish original (page numbers follow the original):



Policy schedule SP[redacted] - wording code [redacted] - policy period 15 September 2026 - 14 September 2027.
Policyholder: Herlins & Partners AB (TrackDay Alliance). Insurer: If Skadeförsäkring AB (publ).

Translation version 2026-09-15.

EMEERI-1

Herlins & Partners AB
Floravägen 16
29143 KRISTIANSTAD

Date of printing: 9 September 2026
Policy number: [redacted]
Policy period: 15 September 2026 - 14 September 2027

Sensitive information has intentionally been removed from this document. / TDA

# Hello!

Thank you for choosing us as your insurance provider. We will do our very best to make sure you are satisfied.

On the following pages you will find:

- OVERVIEW
  Gives a picture of what the insurance contains.
- INSURANCE SPECIFICATION
  Here you can see, among other things, the scope, the deductible and the information on which the insurance is based.
- POLICY WORDING
  Contains all the details of what the insurance covers and what we can help with if a loss occurs.

Check the details in the insurance specification; if anything is wrong or unclear, contact us using the contact details below.

You can always view your insurance policies online - there you can also:

- view quotes
- make changes
- report a claim
- get an overview of invoices and payments
- receive all documents electronically

Go to
if.se/logga-in

See the policy wording that applies to the insurance

1. Go to www.if.se/villkor
2. Enter the code [redacted]

Kind regards
If

[redacted]

NePoCSEIf

# Good to know

## Benefits with If

### You can always reach us

Around the clock, every day of the week, if a loss has occurred

### If a loss occurs

We and our partners are always ready to help immediately

.

### Fast claims handling

We resolve most cases straight away!

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Don't worry, we will help you

Contact us in the event of a claim. 0771-815 818
if.se/skada

### Travel insurance

At if.se/travel you can find advice and tips before your trip as well as whom to contact in the event of a loss.

# Overview

Herlins & Partners AB
Organisation number: 5595564740

Policy period:
15 September 2026 - 14 September 2027

| INSURED | PRICE FOR THE PERIOD |
|---|---|
| Personal insurance | [redacted] |
| Riders with an International licence | |
| Business Travel Insurance Extra | |
| TOTAL | [redacted] |

**If does not insure activities under sanction**
If's General Terms contain a clause (Sanction limitation and exclusion clause) which explains how your insurance is limited by sanctions, prohibitions and similar provisions. Sanctions apply to many forms of business and transactions in relation to, for example, Russia, including but not limited to export, import, provision of services, transport of goods, and many other activities. Your insurance does not cover activities under sanction, or loss arising within the scope of such activities, since such activities are not permitted.

You can find standardised information about the insurance products (IPID) here: if.se/ipid.

For more information on how we process personal data, see www.if.se/om-webbplatsen/hantering-avpersonuppgifter.

# Personal insurance

## Riders with an International licence

**Numb**[redacted]

**Business activity: Motor circuits**

This insurance applies to motorsport activities for licence holders registered as resident in Sweden, Norway, Finland or Denmark. The insurance covers accidents and other compensable events that occur while the insured is within the area of a TDA-approved Motor event, regardless of whether a riding session is in progress. This applies notwithstanding the general exclusion for hazardous activities and the requirement for an authorised guide, which expressly do not apply to this activity. The area means the circuit, pit lane and paddock, scrutineering hall and adjacent areas at the organiser's disposal. The insurance does not cover events that occur during travel to or from the event or during any other stay outside the area.

Protective and riding equipment worn on the body by the insured at the time of the accident (e.g. leather suit, helmet, gloves, airbag/back protector and boots) is compensated up to the amount of SEK 40,000, provided that the accident resulted in the insured being treated at a medical facility. Compensation is provided primarily in the form of repair if approved function can thereby be restored.

The cover for "Company property" and "Deductible cover" is not included in the insurance.

If, as a result of an accident, the insured is unable to drive home their vehicle/trailer and equipment carried, necessary and reasonable travel costs (e.g. air ticket) are compensated for an additional driver's journey down to the location to collect the vehicle and equipment. Compensation is provided only for the journey down to the location, not for the cost of transporting the vehicle home itself.

If the insured also holds accident insurance via Herlins & Partners AB, compensation from that insurance shall be provided in the first instance. It is not possible to receive compensation for the same items from both insurances

## Business Travel Insurance Extra

Travel area: Worldwide.

**War zones and other dangerous areas: Not included**

Deductible: The insurance applies without a deductible

### Baggage

Personal property: SEK 30,000
Delayed baggage first 24h: SEK 6,000
Delayed baggage after 24h: SEK 6,000
Company property: SEK 10,000
Delayed baggage on return journey: SEK 1,500
Deductible cover: Included (short-term hired or leased car, see limitation in the policy wording)

### Medical expenses

Emergency dental treatment: Included
Medical expenses: Included Chiropractor, naprapath, osteopath or physiotherapist: 5 sessions
Aids in the home or car: SEK 100,000 Convalescence compensation per month (up to 6 months): SEK 2,000
Daily compensation in the event of hospitalisation: SEK 600
Repatriation: Included
Medical escort and summoning of close relative: Included
Return journey: Included
Replacement's journey: Included

### Crisis therapy

Crisis therapy: 10 sessions

### Travel disruption

Missed departure cover: SEK 30,000
Delay of public transport incl. lounge: SEK 10,000
Curtailment: Included
Unused travel costs: SEK 50,000

### Catastrophe and crime

Evacuation: Included
Search and rescue: SEK 0
Assault: SEK 750,000
Daily compensation in the event of kidnapping: SEK 2,500
Skimming: SEK 15,000
Identity theft: Included
Bail: Not included

### Death due to accident

Sum insured: SEK 80,000
Sum insured, children: SEK 45,000

### Permanent medical impairment due to accident

Sum insured: SEK 800,000

**Permanent economic impairment (loss of earning capacity) due to accident**

Sum insured: SEK 800,000

# Information about the insurer

The insurer is If Skadeförsäkring AB (publ), unless otherwise stated.

If Skadeförsäkring AB (publ),
516401-8102 Barks väg 15, 106 80
Stockholm, 0771-43 00 00
www.if.se

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

If does not provide advice of the kind referred to in Chapter 1, Section 9, point 18 of the Insurance Distribution Act (2018:1219).

Complaints about the distribution of the insurance are directed to the party that distributed the insurance. In the first instance, contact the person who handled the matter. Complaints may also be sent to the Customer Ombudsman at If (kundombudsmannen@if.se).

If's employees who sell insurance receive a fixed monthly salary regardless of the number of insurance policies sold. Where variable remuneration is received, it is based only to a minor extent on quantitative criteria.

This insurance corresponds to the requirements, wishes and needs for insurance cover that have been established through the information we have received and the information provided to you in connection with taking out the insurance.

# Policy wording

Herlins & Partners AB
Floravägen 16
29143 KRISTIANSTAD

Print date: 9 September 2026
Policy number: [redacted]
Policy period: 15 September 2026 - 14 September 2027

## The following terms are included:



NeTeCS
Elf

# Reading guide - other information

**How to read the insurance documents you have received**

Below is brief information about what applies to your insurance. Read through this information together with the policy schedule and the other insurance documents as soon as you can. You will also find information on where to turn if you are not satisfied with a decision If has made in a matter.

## Insurance documents

Your insurance documents consist of
• information on how to read your insurance documents and where to turn if you are not satisfied with a decision made by If (this document),
• post-purchase information containing a brief description of the scope of the insurance,
• the policy schedule, which sets out in detail how the insurance applies to you specifically. Note that the policy schedule may contain texts that limit or extend the scope of the policy wording,
• General Contract Terms containing, among other things, rules on premium payment, the duty of disclosure regarding changed circumstances that may affect the insurance and what you must do if a loss occurs,
• product wordings setting out the specific terms for each type of insurance you have purchased. These wordings state, among other things, who is insured, the scope of the insurance and how a loss is valued and in what manner compensation is calculated,
• definitions, which are a glossary of certain terms used in the policy wording and in the policy schedule. In the policy wording these are written in italics, and
• the premium invoice, which states the premium per insurance area, the total premium and the date by which it must be paid at the latest.

## Co-insurance

If you have chosen to co-insure another party in the insurance, i.e. the insurance also applies wholly or partly to the co-insured party, this is stated in the policy schedule. Special policy terms that apply only to the co-insured party may then occur (e.g. for a co-insured reseller, a so-called vendor.)

## Policy wording

The insurance always applies with a general policy wording that is common to all insurance products you have purchased.

Each insurance product also has its own product terms describing what applies to this particular type of insurance.

When you purchase a new insurance policy you receive all the policy wording. When the insurance is renewed you receive terms only if there have been changes to previous terms or if new terms have been added.

## Other

The insurer is If Skadeförsäkring AB (publ.) ("If"), unless otherwise stated.

If Skadeförsäkring AB (publ),
516401-8102 Barks väg 15, 106 80
Stockholm, 0771-43 00 00
http://www.if.se

If is under the supervision of Finansinspektionen (the Swedish Financial Supervisory Authority). (Finansinspektionen, Box 7821, 103 97 Stockholm, 08-408 980 00, finansinspektionen@fi.se). If is under the supervision of the Swedish Consumer Agency (Konsumentverket) with regard to marketing and advertising. (Konsumentverket, Box 48, 651 02 Karlstad, 0771-42 33 00, konsumentverket@konsumentverket.se, http://www.konsumentverket.se).

# Reading guide - other information

If does not provide advice of the kind referred to in Chapter 1, Section 9, point 18 of the Insurance Distribution Act (2018:1219).

Complaints about the distribution of the insurance are directed to the party that distributed the insurance. Complaints about a decision in an insurance matter shall be directed to If. In the first instance, contact the person who handled the matter. If complaints remain thereafter, they may be sent to the Customer Ombudsman at If (kundombudsmannen@if.se). As with other disputes, it is also possible to bring the matter before a court.

We process our customers' personal data in accordance with the General Data Protection Regulation and other data protection and insurance legislation. More detailed information on the processing of personal data is available at:
https://www.if.se/hantering-av-personuppgifter

If's employees who sell insurance receive a fixed monthly salary regardless of the number of insurance policies sold. Where variable remuneration is received, it is based on a collective agreement, or alternatively only to a minor extent on quantitative criteria.

This insurance corresponds to the requirements, wishes and needs for insurance cover that have been established through the information we have received and the information provided to you in connection with taking out the insurance.

With regard to insurance and insurance intermediation services, the VAT exemption applies (Chapter 3, Section 10 of the Value Added Tax Act).

For brokered business:
On behalf of the insurance intermediary, at the customer's request, If's premium is invoiced jointly with the insurance intermediary's fee.

If is not responsible for whether the intermediary's fee would be subject to VAT in any part.

**Correct insurance?**

Read the insurance documents carefully and check that the content corresponds to your wishes. If the circumstances of your business change, you must notify us of this. Incorrect or omitted information may lead to reduced or no claims compensation.

**If you think If has made a mistake**

Always first contact the person who handled the matter. A conversation can provide supplementary information and any misunderstandings can thereby be cleared up.

**If's Customer Ombudsman**

The Customer Ombudsman can review most types of matters and, among other things, examine both the handling itself and the decision on the question of compensation – but there are some exceptions. The Customer Ombudsman does not review matters that are under consideration in a court, arbitration proceedings, or e.g. a board – nor matters in which the substance of the dispute has been examined in any of these instances.

**How does it work?**

The Customer Ombudsman works impartially and independently. Write down your views and send them to the Customer Ombudsman by post or e-mail. Always state the policy or case number. If you have any questions, you are welcome to call. Once you have submitted your case, you will be contacted regarding its further handling. After the Customer Ombudsman has reviewed your case, their written decision will be sent to you. Your request for review by the Customer Ombudsman must have been received no later than twelve months from the date you were notified of our decision in the case. The review is free of charge. Postal address: If's Customer Ombudsman, 106 80 Stockholm
Telephone, switchboard: 0771-43 00 00
E-mail: kundombudsmannen@if.se or via the form available under Kundombudsmannen (Customer Ombudsman) at http://if.se

**Other avenues for review**

# Reading guide - other information

#### The Road Traffic Injuries Commission (TSN)

Certain questions regarding compensation for personal injury under motor third-party liability insurance are mandatory for If to refer to TSN without the injured party requesting it (so-called mandatory matters). Which questions these are is set out in the commission's rules of procedure, which should be available on their website.

TSN also reviews disputes regarding compensation for personal injury under motor third-party liability insurance in non-mandatory matters at the request of the injured party (so-called dispute resolution matters).

Postal address: Box 24048, 104 50
Stockholm
Telephone: 08-522 787 00
Website: www.trafikskadenamnden.se
E-mail: info@trafikskadenamnden.se

### The Personal Insurance Board (PFN)

The Board reviews disputes concerning personal insurance that require medical assessment. The Board also reviews disputes concerning refusal - in whole or in part - of an application for individual personal insurance. An application for review by the PFN must be made within one year from the date you submitted your complaint to If.
Telephone:08-522 787 20 Postal address: Box 24067, 104 50 Stockholm
Internet: www.forsakringsnamnder.se

#### The National Board for Consumer Disputes (ARN)

The board's department for insurance matters reviews disputes in the field of insurance. However, the board does not review disputes concerning medical assessments. A complaint to ARN must be made within one year from the date you submitted your complaint to If.

**Note that only consumers can have their matter reviewed.**

Telephone:08-508 860 00 Postal address: Box 174, 101 23 Stockholm
Internet: http://www.arn.se/If you live in another EU country, the European Commission's online platform, http://ec.europa.eu/odr, may be used.

#### The Board for Legal Expenses Insurance Matters (FNR)

The Board reviews disputes under legal expenses insurance and the corresponding part of motor third-party liability insurance. A referral to the FNR must be made within one year after you submitted your complaint to If.
Postal address: Box 24067, 104 50 Stockholm
Telephone: 08 - 552 787 20
Internet: forsakringsnamnder.se

#### The Swedish Consumers' Insurance Bureau

Private individuals can obtain information and guidance on insurance matters from the Swedish Consumers' Insurance Bureau. Telephone: 0200-22 58 00, visiting address: Konsumenternas Försäkringsbyrå, Box 24215, 104 51 Stockholm (Karlavägen
108) Website: https://www.konsumenternas.se/om-oss/forsakringsbyran

### Court

As in all other disputes, you may also bring your case before a court to have it reviewed. Contact your nearest district court for more information.

# Reading guide - other information

**The EU's online platform**

The EU's online platform may be used for complaints concerning the purchase of services and goods online. (The online platform is established primarily for cross-border matters where the parties are in different countries, but does not preclude national matters from being reviewed.)  You will find the link to the portal on our website http://www.if.se under the heading «If you are not satisfied».

**Environmental, social and governance criteria (ESG)**

As a company, If takes great responsibility for ensuring that we comply with the requirements set out in the UN Global Compact and otherwise fulfil our corporate social responsibility. We assume that this also applies to our partners and customers. This may result in If declining to take out or renew insurance with companies and organisations that do not meet the criteria.

# Post-purchase information

**Information about the insurance products covered by the contract**

We have selected some particularly important rules and provisions that you should read as soon as possible. It is the complete text under the respective section of the policy wording, together with the details in the policy schedule, that determines the content of your insurance cover.

## Notification of claims

In order for us to help you as efficiently as possible, any loss or injury must be reported to If without delay. If the claim is not reported in time, this may in some cases affect the compensation. More on this can be found in the policy wording. Claims can be reported by telephone on 0771-81 58 18 around the clock, every day of the year, or by e-mail to skadeservice@if.se. In the event of major losses, we are - regardless of the time of day - quickly on site and take measures to save assets and get the business up and running again as quickly as possible.

## Limitations of the insurance

The policy wording states what the insurance does and does not cover. There may be exclusions under certain items of cover. If so, this is stated in the policy wording under the item concerned.

## Important safety regulations

The policy wording contains safety regulations that must be complied with. The purpose of these regulations is to prevent you from suffering loss or injury. If they are not complied with, the compensation may be reduced.

**Business Travel Insurance**

If you have employees who will be away for longer than one year and will be stationed abroad, we recommend our expatriate insurance. Contact us if you would like to know more.

**More than just an insurance policy**

As a customer of If, you can count on being well looked after. If you suffer loss or injury abroad, contact the emergency assistance centre contracted by If. They can, for example, arrange medical transport, handle contact with hospitals and doctors and provide payment guarantees when required.

## Special situations

There are certain situations that increase the risk to which you expose yourself, e.g. if you practise sport at a high level, if you engage in particularly hazardous activities or if you travel in particularly high-risk areas. If you wish to be covered in these situations as well, you should contact If to purchase a supplementary agreement. If you have taken out a supplementary agreement, this is stated in the policy schedule.

## Important to remember

If the insurance is to be extended to cover more persons, it is important that you contact If, so that we can jointly review your insurance cover to ensure that the staff receive the correct cover.

## 1 The insurance contract

### 1.1 The insurance contract, contracting parties and insured

#### 1.1.1 The insurance company

If Skadeförsäkring AB (publ). Referred to below as If.

#### 1.1.2 The policyholder

The party that has entered into an insurance contract with If. The policyholder is identified in the policy schedule.

#### 1.1.3 The insured

In the case of commercial insurance and consumer insurance, the party whose interest is insured against the loss. In the case of personal insurance, the person on whose life or health an insurance policy applies.

### 1.2 Conclusion of the contract (first contract period)

#### 1.2.1 Contract period and period of liability

Unless otherwise agreed or evident from the circumstances, the contract period is one year counted from 00.00 (Swedish time) on the commencement date agreed between If and the policyholder.

If the insurance contract is concluded on the commencement date, the contract period is counted from the time of day at which the insurance contract is taken out. The period during which If is liable for insured events (period of liability) is stated in the respective product wording.

If may stipulate that the period of liability commences only when the premium has been received by If (cash clause).

#### 1.2.2 Duty of disclosure

The information that is of significance for If's risk assessment is stated in the policy schedule and/or other insurance document, where applicable.

The policyholder shall
a) on request provide information that may be of significance for whether the insurance is to be granted, extended or renewed, and
b) give correct and complete answers to If's questions. In the case of commercial insurance, the policyholder shall also
c) without being asked provide information on circumstances of obvious significance for the risk assessment, and
d) during the contract period, on request, provide information on the circumstances stated above. In the case of insurance other than personal insurance, the policyholder shall also
e) without unreasonable delay correct the information, if the policyholder realises that If has previously received incorrect or incomplete information on circumstances of obvious significance for the risk assessment. This also applies to information that If has received from someone other than the policyholder. In the case of personal insurance, the policyholder and the insured are obliged, during the contract period, to assist in ensuring that If receives information on financial circumstances requested by If.

#### 1.2.3 Information regarding the insured's circumstances

The policyholder's duty of disclosure also covers the circumstances of all insured persons. In the case of personal insurance, the insured is obliged to provide information to the same extent as the policyholder if the insurance has been taken out with the insured's knowledge or on the insured's instructions.

#### 1.2.4 Consequences if the duty of disclosure is not fulfilled

##### 1.2.4.1 Fraudulent conduct or conduct contrary to good faith

If the policyholder, in fulfilling their duty of disclosure, acts fraudulently or contrary to good faith, the insurance contract is void and If is free from liability for any loss event. If is entitled to the premium paid up until the time the invalidity was discovered.

#### 1.2.4.2 Intentional or negligent neglect of the duty of disclosure

If the policyholder has otherwise intentionally or negligently neglected their duty of disclosure, If is free from liability if If would not have granted insurance had the duty of disclosure been fulfilled. If If would have granted insurance at a higher premium or otherwise on different terms, If's liability is limited to what corresponds to the premium paid or the terms that should actually have applied. If If has not taken out reinsurance that would otherwise have been taken out, the liability shall be adjusted accordingly.

The limitation of liability also applies in relation to an insured person other than the one who neglected their duty of disclosure. This does not apply to creditors with a preferential right in real property or site leasehold. For motor third-party liability insurance, If is only entitled to the remaining premium if incorrect or incomplete information has resulted in too low a premium. In the case of consumer insurance, If applies Chapter 4, Section 2 of the Insurance Contracts Act.

#### 1.2.4.3 When there are no consequences

The consequences set out above do not arise if If, when the duty of disclosure was neglected, realised or ought to have realised that the information provided was incorrect or incomplete. The same applies if the circumstances to which the information related were of no significance or have subsequently ceased to be of significance.

#### 1.2.5 Premium payment

The first premium shall be paid no later than the first day of the contract period or on any later date stated on the invoice. However, the premium need not be paid earlier than 14 days after If has sent an invoice to the policyholder. If the premium is not paid within this time, the policyholder is in default.

The premium for a later premium period need not be paid earlier than one month from the date on which If sent a demand for the premium to the policyholder.

If the policyholder does not pay the entire premium invoice, the contract period is shortened to correspond to the ratio between the premium paid and the premium that should have been paid. The same rule applies if the policyholder extends the insurance during the contract period but does not pay the additional premium. At the end of the shortened contract period, the insurance contract will, from that point in time, be renewed for one year unless otherwise agreed.

If the premium is paid after the due date, If is entitled to receive default interest in accordance with the Swedish Interest Act as well as compensation for costs in accordance with law on account of the default.

The policyholder is deemed to have paid the premium when they have submitted a payment order regarding the premium to a bank or any other similar payment intermediary.

### 1.3 Increase in risk

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

*Commercial insurance and consumer insurance*

The policyholder shall without unreasonable delay notify If if the risk of an insured event has increased through a change
a) in a circumstance stated in the insurance contract and, in respect of consumer insurance, which is of material significance for the risk.
b) in such a circumstance as the policyholder has stated to If in connection with the conclusion of the contract. For consumer insurance, only point a) applies.

*Personal insurance*

The policyholder shall without unreasonable delay notify If if the policyholder or an insured person within the insured scope changes their living circumstances, such as occupation, place of residence or similar.

#### 1.3.2 Consequences if the duty of disclosure is not fulfilled

If the risk of an insured event has increased and the policyholder has not fulfilled their duty of disclosure in the event of an increase in risk, If is wholly or partly free from liability in accordance with the provisions of the Insurance Contracts Act.

The limitation of liability in the preceding paragraph also applies in relation to an insured person other than the one who did not fulfil their duty of disclosure in the event of an increase in risk. This does not apply to creditors with a preferential right in real property or site leasehold. In the case of personal insurance, If's liability is not affected by a deterioration in the insured's state of health.

## 1.4 Extensions or restrictions during the contract period

### 1.4.1 The policyholder's right to make changes

If, during the contract period, the policyholder wishes
• to extend the insurance, the provisions on taking out new insurance in chapter 1.2 apply where applicable.
• to limit the scope of the insurance, the provisions on termination of the insurance contract in chapter 1.6 apply where applicable.

### 1.4.2 Premium adjustment after the end of the contract period

For certain parts of the insurance, which are marked in the policy schedule, the policyholder pays a provisional premium for the contract period based on budgeted or previous year's values. Changes to these values need not be reported to If during the contract period. On request, the policyholder shall provide information on the actual values for the contract period. The final premium is then determined on the basis of this.

In the event that the policyholder does not provide the requested information within the stated time, If is entitled to set the premium at what may be considered reasonable.

## 1.5 Renewal of the insurance contract

### 1.5.1 Changes to the insurance in connection with renewal

The rules on the policyholder's duty of disclosure and information regarding the insured's circumstances in connection with a new policy also apply upon renewal.

If If wishes to change the insurance in connection with a renewal, If shall state the change in writing no later than at the same time as the demand for the premium for the renewed insurance. The renewed insurance then applies for the period and on the terms stated by If. Changes to personal insurance are governed, in addition to the provision above, by Chapter 11 of the Insurance Contracts Act and reservations in the product wording.

### 1.5.2 Contract period and period of liability

If no valid termination has taken place, the insurance is renewed for a contract period of one year, on the terms that otherwise applied before the renewal. However, this does not apply if otherwise agreed or evident from the circumstances. In the case of commercial insurance, If is entitled not to renew the insurance if the policyholder is in default with the premium payment from the previous contract period.

The contract period for a renewed insurance begins when the previous one ends. The period during which If is liable for insured events (period of liability) is stated in the respective product wording.

If may, in the policy schedule, reserve the right for the period of liability to commence only when the premium has been received by If (cash clause).

### 1.5.3 Premium payment

The renewal premium shall be paid no later than the first day of the new contract period or on any later date stated on the invoice. However, the premium need not be paid earlier than one month after If has sent a premium invoice to the policyholder. If the premium is not paid within this time, the policyholder is in default.

The premium for a later premium period need not be paid earlier than one month from the date on which If sent a demand for the premium to the policyholder.

If the policyholder does not pay the entire premium invoice, the contract period is shortened to correspond to the ratio between the premium paid and the premium that should have been paid. The same rule applies if the policyholder extends the insurance during the contract period but does not pay the additional premium. At the end of the shortened contract period, the insurance contract will, from that point in time, be renewed for one year unless otherwise agreed.

If the premium is paid after the due date, If is entitled to receive default interest in accordance with the Swedish Interest Act as well as compensation for costs in accordance with law on account of the default.

The policyholder is deemed to have paid the premium when they have submitted a payment order regarding the premium to a bank or any other similar payment intermediary.

#### 1.5.4 Reinstatement and premium payment as a request for new insurance

If it is not personal insurance and the policyholder pays a premium within three months after the insurance has ceased due to termination as a result of unpaid premium, this shall be deemed a request for new insurance on the same terms from and including the day after the day on which the premium was paid. If If does not wish to grant insurance in accordance with the policyholder's request, a notice to this effect shall be sent to the policyholder within 14 days from the date on which the premium was paid. Otherwise, new insurance is deemed to have been taken out in accordance with the policyholder's request. If it is personal insurance and the policyholder pays a premium within three months after the insurance has ceased due to termination as a result of unpaid premium, the insurance is reinstated on unchanged terms. The period of liability then begins on the day after the premium is paid.

### 1.6 Termination of the insurance contract

#### 1.6.1 Termination at the end of the contract period

#### 1.6.1.1 Termination by the policyholder

If the policyholder does not wish to renew the insurance, If must be notified of this no later than one month before the end of the contract period. In the case of consumer insurance or personal insurance, the policyholder may at any time terminate the insurance to cease at the end of the contract period.

In the case of commercial insurance, if If wishes to change the insurance in connection with renewal, the policyholder is entitled to terminate the insurance contract no later than 14 days after the notice of the change was sent. The insurance contract then ceases to apply at the end of the contract period or, if the insurance contract has been renewed, with immediate effect.

#### 1.6.1.2 Termination by If

If If does not wish to renew the insurance, the following applies.
a) In the case of commercial insurance, If may terminate the insurance to cease at the end of the contract period. The termination shall be made in writing and sent to the policyholder no later than one month before the contract period expires.
b) In the case of consumer insurance or personal insurance, If may terminate the insurance to cease at the end of the contract period. The termination shall be made in writing and sent to the policyholder no later than one month before the contract period expires. In order to take effect, it must contain an enquiry as to whether the policyholder wishes to have the insurance renewed. If the policyholder requests that the insurance be renewed, the termination applies only if there are special grounds for refusing insurance with regard to such circumstances as are stated in Chapter 3, Section 1 of the Insurance Contracts Act (consumer insurance) or Chapter 11, Section 1 of the Insurance Contracts Act (personal insurance) respectively.

### 1.6.2 Early termination

#### 1.6.2.1 Termination by the policyholder

The policyholder may terminate the insurance to cease before the end of the contract period, if
a) If materially disregards its obligations under the Insurance Contracts Act or under the insurance contract,
b) the need for insurance ceases, though not because the policyholder has taken out or intends to take out insurance with another insurance company, or some other similar circumstance arises,
c) If has changed the insurance contract during the contract period,

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

d) the insurance has been renewed and the policyholder has not yet paid the premium for the new premium period,

e) the policyholder, after renewal, takes out corresponding insurance with another insurance company without paying the premium for the renewed insurance, in which case the insurance is deemed terminated with immediate effect, or
f) in any other case a new circumstance of material significance for the insurance relationship arises. Unless otherwise stated, the termination takes effect on the day after the day on which If received the termination. The insurance may also be terminated with effect from a specified date in the future. In the case of personal insurance, the policyholder may at any time terminate the insurance to cease immediately. The policyholder may also terminate the insurance early in certain other situations stated in the Insurance Contracts Act (e.g. bankruptcy and liquidation).

**1.6.2.2 Termination by If**

If may terminate the insurance to cease 14 days after the day on which the termination was sent
a) in the event of default with premium payment that is not of minor significance
b) if the policyholder or the insured has grossly disregarded their obligations towards If or if there are otherwise exceptional grounds,

*and, in the case of commercial insurance, additionally*

c) if the policyholder or the insured has materially disregarded their obligations towards If, or
d) if a circumstance stated in the policy wording that is of material significance for the risk has changed in a manner that If cannot be assumed to have taken into account. If does not insure companies that have links to a criminal organisation or network. Should it come to If's knowledge that the company has links to such an organisation or network, If reserves the right to terminate the insurance.

The termination must be made without unreasonable delay from the time If became aware of the circumstance on which it is based. Otherwise If loses the right to terminate the insurance on account of that circumstance, unless the policyholder or the insured has acted fraudulently or contrary to good faith and honour.

In the case of consumer insurance or personal insurance, If may not invoke delay in the event of certain impediments to premium payment pursuant to Chapter 5, Section 2 of the Insurance Contracts Act and Chapter 13, Section 2 of the Insurance Contracts Act respectively. In the case of personal insurance, If is not entitled to terminate the insurance on the grounds that the insured person's state of health deteriorates. In the case of personal insurance, If reserves the right to terminate in accordance with what is stated in the respective product wording, if the reservation is required due to the nature of the insurance or any other special circumstance. A termination or a notice of amendment based on the reservation takes effect one month after If sent the termination or the notice. If, during the term of the contract, If becomes aware that the duty of disclosure on taking out personal insurance has been breached, If may terminate the insurance for cessation or amendment. The termination must be made in writing and with three months' notice, calculated from when If sent it. Should If, had the duty of disclosure been fulfilled, have granted insurance at a higher premium or otherwise on terms other than those agreed, the policyholder is entitled to continued insurance with the sum insured that corresponds to the premium and the other terms agreed. A request for continued insurance must be made before the expiry of the notice period. The termination must state the conditions under which a policyholder is entitled to continued insurance, otherwise the termination has no effect. All insurance contracts other than personal insurance contracts in force between If and the policyholder and legal entities closely related to the policyholder may, in the event of fraud or conduct contrary to good faith and honour, be terminated by If with 14 days' notice. Closely related means such legal entities in which the policyholder has a significant decision-making right or ownership interest.

**1.6.3 Premium when the insurance contract ceases**

If the insurance ceases prematurely, If is entitled to the premium that would have been payable had the contract been concluded for the period during which If has been liable. If a higher premium has been paid, If must refund the excess amount. If does not automatically refund amounts below SEK 60, unless the policyholder requests this.

If the insurance contract is invalid, If may nevertheless retain the premium paid for the elapsed period.

#### 2 In the event of a claim

Insurance compensation is paid only for an interest that is lawful.

The insurance covers only property that the insured can show has been acquired by lawful means.

The insurance does not apply for the benefit of an insured person if the insured person has links to a criminal organisation or network.

### 2.1 Causing an insured event

If the insured has caused an insured event
a) intentionally, no compensation is paid.
b) through gross negligence or because the insured must be assumed to have acted or failed to act in the knowledge that this entailed a significant risk of the loss occurring, and it is

- *commercial insurance* no compensation is paid.
- *consumer* or personal insurance, compensation may be withheld or reduced by a special deduction to the extent that is reasonable having regard to the circumstances. Factors that may be of particular significance in the assessment are whether, in connection with the insured event, you use alcohol, other intoxicants or medication in such a way that it affects your conduct.

c) through negligence that is not gross, this may result in a reduction to the extent specifically stated in a product wording.

If the insured has aggravated the consequences of a loss, what is stated in the preceding paragraph applies to the extent that the circumstance has affected the loss. For health insurance and accidental injury affecting a minor, and for suicide in the case of life insurance, special rules apply under Chapter 12, Sections 8 and 9 of the Insurance Contracts Act. Reduction of motor traffic injury compensation is governed by the Motor Traffic Damage Act.

### 2.2 Preventing or mitigating the loss

#### 2.2.1 Duty to avert loss

When an insured event occurs or may be feared to be imminent, i.e. also when an event occurs that can be expected to give rise to a claim for damages, the insured must, to the best of their ability, take measures to prevent or mitigate the loss. The insured must notify If as soon as possible and is obliged to follow the instructions that If may give in connection with the loss event.

#### 2.2.2 Preserving If's right of recourse

If someone who is not a party to the insurance contract is liable to pay compensation, the insured must also take measures to preserve the right If may have against that person.

#### 2.2.3 Admission of liability

The insured may not, without If's approval, pay claims or admit liability that may give rise to claims against If.

#### 2.2.4 In the event of accident or illness

If the insured suffers an accident or is affected by illness, the insured must
- consult a doctor as soon as possible
- follow the doctor's instructions
- follow If's instructions,

#### 2.2.5 Loss-prevention costs

If reimburses reasonable costs for measures to prevent or mitigate loss that is covered or would have been covered by the insurance, provided that If has prescribed the measure or it is justifiable having regard to the circumstances. However, compensation is not paid if the insured is entitled to compensation from another party under law, statute, contract, guarantee or similar undertaking.

However, for commercial insurance that is property insurance and liability insurance, the total compensation for loss and loss-prevention costs is limited to the sum insured. For property insurance without a sum insured, the maximum compensation for loss-prevention costs is 20 % of the loss amount, but not more than SEK 1,000,000.

#### 2.2.6 Consequences of breach of 2.2.1-2.2.3

If the insured has intentionally breached their obligations under 2.2.1-2.2.3 and this has caused loss to If, the compensation may be reduced as regards that person according to what is reasonable having regard to their circumstances and the circumstances in general. The same applies if the insured has breached their obligations under 2.2.1-2.2.3 in the knowledge that this entailed a significant risk of the loss occurring or otherwise through gross negligence. Insurance compensation already paid must be repaid to If to the same extent as the reduction would have been made.

In the case of commercial insurance, the first paragraph also applies if the insured has acted with negligence that is not minor.

Certain product wordings may contain more detailed instructions on when and by what amounts a reduction is to be made. Reduction of motor traffic injury compensation is governed by the Motor Traffic Damage Act.

### 2.3 Notification of claim and request for insurance compensation

#### 2.3.1 The obligation to document the loss and participate in claims settlement

It is incumbent on the insured to document the loss in order to establish its cause and extent.

At If's request, the insured must provide information and supply supporting documents, evidence, medical certificates, death certificates, original receipts and other documents that If needs in order to settle the claim.

Damaged property must be retained and, if If so requests, handed over to If.

The insured is obliged to follow If's instructions on the choice of repairer or method of repair or decontamination.

Anyone requesting insurance compensation is obliged to participate in any inspection that If wishes to carry out in connection with a loss that has occurred.

The obligation to document and participate also applies to the extent required for If's recourse.

The insured's documentation of the loss and participation in the claims settlement, including participation in inspection, must take place without remuneration.

Nor does If pay compensation for the insured's costs for external experts such as economists, lawyers or engineers, unless otherwise agreed.

#### 2.3.2 Notification of claim

A loss event which
• has occurred
• the insured realises or ought to realise will occur, or
• the insured fears or ought to fear will occur must be reported to If without delay.

#### 2.3.3 Request for insurance compensation or other insurance cover

Anyone requesting insurance compensation or other insurance cover must
a) show that an insured event exists
b) submit an itemised claim for compensation in accordance with If's instructions
c) if other insurance applies to the same loss, inform If of this

d) file a police report in the place where the loss occurred and send the report to If in the event of
• theft or other unlawful taking,
• burglary,
• robbery, threats or assault,
• financial crime, or
• where applicable, suspicion of or attempts at such crimes. Claims for insurance compensation or other insurance cover must be reported to If no later than one year from the time when the circumstance which, under the insurance contract, gives entitlement to insurance cover arose. What is stated in this paragraph does not affect an injured party's right to bring a direct claim against If under chapter 9, section 7, first paragraph, point 1 of the Swedish Insurance Contracts Act (2005:104). For motor insurance and consumer insurance, only the limitation rules in 2.8 apply.

#### 2.3.4 Consequences if the notification of claim and request for compensation are incorrect

If the insured has failed to comply with the provisions on the choice of repairer or method of repair or decontamination, documentation, participation, inspection, notification of claim or how claims for compensation are to be submitted to If, the following applies.

If the failure has caused loss to If, the compensation that would otherwise have been paid may be reduced according to what is reasonable having regard to the circumstances. In the case of liability insurance, it also applies that, if If has paid compensation to the injured party, If is entitled to recover from the insured a reasonable proportion of what If has paid.

No reduction is made if the failure has been minor. Reduction of motor traffic injury compensation is governed by the Motor Traffic Damage Act. If the insured has failed to comply with the provision on when claims for compensation must be notified to If, If is free from liability.

#### 2.3.5 Incorrect information in connection with a claim

If the insured or anyone else requesting compensation from If after an insured event has, intentionally or through gross negligence, incorrectly stated, withheld or concealed anything of significance for the assessment of the right to compensation from the insurance, the compensation that would otherwise have been paid to that person may be reduced according to what is reasonable having regard to the circumstances.

### 2.4 If's handling of claims

When If has received the notification of claim, If must take the measures necessary for the claim to be settled without unreasonable delay.

#### 2.4.1 Claims registration

If is entitled to register claims in the insurance industry's joint claims notification register (GSR). The register is used only in connection with claims settlement. The data controller for the joint claims notification register is Skadeanmälningsregistret AB.

#### 2.4.2 Right of recourse

To the same extent that If has paid compensation for a loss, If takes over the insured's right to claim compensation from the party who is liable for the loss or who is responsible for the loss under an undertaking. Recourse in respect of motor traffic injury compensation is governed by the Motor Traffic Damage Act. If If's claims compensation relates to the policyholder's liability to pay compensation to another insured person or the policyholder's undertaking to take out insurance, the loss that If has paid is deemed to have arisen solely with the policyholder. For personal insurance, the provisions of Chapter 16, Section 10 of the Insurance Contracts Act apply instead of what is stated above. If's right to pursue recourse does not entail an obligation for If to bring such a claim.

#### 2.4.3 Settlement of claims between insurance companies

Claims from liability insurers in accordance with the recourse agreement concluded between the insurance companies are settled by If without a notification of claim from the insured being required.

#### 2.4.4 Double insurance

In the case of commercial insurance, where the same interest has been insured against the same risk with several insurers, each insurer is liable to the insured as if that insurer alone had granted insurance. However, the insured is not entitled to higher compensation from the insurers than corresponds in total to the loss. If the sum of the compensation amounts exceeds the loss, liability is apportioned between the insurers in proportion to the compensation amounts.

If what is covered by this insurance is also insured under other insurance which contains a reservation regarding double insurance, the same reservation applies to this insurance. Liability is then apportioned between the insurances in the manner stated in the applicable insurance contracts legislation.

For certain cases of double insurance, apportionment is applied in accordance with a double insurance agreement (DÖ) concluded between the insurance companies.

### 2.5 Value added tax (VAT)

If does not pay VAT when
• the policyholder,
• the insured,
• the injured party, or
• the owner or lessor of the insured property is liable to account for such tax.

The policyholder and the insured must, on request, exercise their right to deduct input VAT and pay to If the VAT that If has paid to the injured party.

### 2.6 Deductible and waiting period

#### 2.6.1 Deductible

For each claim, the deductible stated in the policy schedule is deducted from the compensation. In certain cases the deductible may be higher or lower than stated there and an additional deductible may apply; where this is the case, it is stated in the wording section for the type of insurance.

If compensation for a claim is to be paid under several of the policyholder's commercial insurances with If, only one deductible – the highest – is deducted from the total loss amount.

#### 2.6.2 Percentage deductible

Percentage deductibles are either a percentage of the base amount or a percentage of the loss cost. In the latter case, the deductible is calculated on the part of the loss cost that exceeds the basic deductible. The deductible as a percentage of the base amount is rounded down to the nearest even hundred kronor.

#### 2.6.3 Waiting period

No compensation is paid during the waiting period. The waiting period is calculated from and including the first working day, except for business interruption insurance in respect of the letting of dwellings or premises, where it is calculated from the day after the loss.

## 2.7 Insurance compensation

#### 2.7.1 Time of payment of compensation

If must pay compensation no later than one month after the person entitled to compensation has done what is incumbent on them. If the person requesting compensation is clearly entitled to at least a certain amount, this must be paid out immediately on account of the final compensation. As regards property that is repaired or replaced, If must pay compensation no later than one month after the person entitled to compensation has shown that the property has been repaired or replaced.

If a police investigation or valuation by a valuer is awaited, or if an authority issues a decision or another similar event occurs that affects If's ability to pay compensation, If pays compensation no later than one month after the impediment has ceased.

Annuities are paid successively.

#### 2.7.2 Interest on insurance compensation in the event of late payment

If compensation is paid later than stated in 2.7.1, default interest is paid in accordance with Section 6 of the Interest Act.

During any period in which an impediment to payment exists in the form of a police investigation, valuation by a valuer, decision by an authority or another similar event, interest is paid at the Riksbank's reference rate. In the case of commercial insurance, no interest is paid if it is less than SEK 500.

#### 2.7.3 Force majeure

If is not liable for any loss that may arise if the claims investigation, payment of compensation or restoration of damaged property is delayed due to
• war, warlike event, civil war, revolution, insurrection or riot
• industrial dispute, even if If has taken or is the subject of industrial action
• confiscation or nationalisation
• requisition, destruction of or damage to property by order of a government or public authority.

#### 2.7.4 If's right of set-off

If has the right, but not the obligation, to set off any amount due that If is owed by the insured against any claim that the insured has against If. In the case of personal injury compensation, If's right of set-off may be limited by law.

### 2.8 Limitation

Anyone wishing to claim insurance compensation or other insurance cover loses their right if they do not bring an action against If within ten years from the time when the circumstance which, under the insurance contract, gives entitlement to such cover arose.

In the case of commercial insurance, If may, in order to expedite a final settlement, direct the insured in writing to bring an action against If within one year from the date on which the insured received the direction. What is stated in this paragraph does not affect an injured party's right to bring a direct claim against If under Chapter 9, Section 7, first paragraph, point 1 of the Insurance Contracts Act (2005:104).

If the insured has submitted a claim for compensation to If in time, they always have six months in which to bring an action after If has given its final decision on the question of compensation.

## 2.9 Valuation

### 2.9.1 Time and place of valuation

Valuation must be made on the basis of price levels in Sweden at the time of the loss.

### 2.10 Exclusions

In addition to the exclusions below, there may be further exclusions in the respective product wording.

### 2.10.1 Limitation and exclusion due to sanctions/export control

No (re)insurer shall be obliged to provide cover or pay any compensation or provide any benefit under this contract to the extent that the provision of such cover or benefit or payment of such compensation would expose the (re)insurer to any violation, enforcement action or other adverse measures under any sanction, prohibition or restriction pursuant to United Nations resolutions, trade or economic sanctions or export controls, laws or regulations of the European Union, the United Kingdom or the United States of America (including those applicable to goods, software or technology (re)insured under this contract).

#### 2.10.2 Virus, exclusion in the event of epidemic or pandemic

This exclusion applies to:

| | |
|---|---|
| • *Liability insurance* | (general liability, product liability, professional liability, directors' and officers' liability, etc.) |

• Environmental Cost Insurance
• Patient Insurance
• Treatment Injury Insurance
• Financial Crime Insurance
• Cyber Crime Insurance
• Transport Liability Insurance (carrier's liability, freight forwarder's liability, terminal liability, shipbroker's liability, ship's agent's liability).

The insurance does not apply to loss, damage or claims for damages caused by a pandemic or epidemic, if the WHO (World Health Organisation) or a similar recognised national or international body has officially determined that it is a pandemic or epidemic, and which is attributable to:
• actual, alleged, feared or threatened viruses, including but not limited to diseases arising as a result of any type of virus as well as unknown viruses and all mutations or variants of viruses, and/or
• measures taken or omitted to be taken to control, prevent or suppress the spread of, or which in any way respond to, such actual, alleged, feared or threatened viruses.

**2.10.3 Exclusion regarding specific risks related to Russia**

The insurance does not apply to:
• Transport of goods within, to, from or through the Russian Federation, Belarus, any non-government-controlled areas of Ukraine or the territorial waters of the Russian Federation.
• Losses or claims relating to the transport of goods within, to, from or through the Russian Federation, Belarus, any non-government-controlled areas of Ukraine or the territorial waters of the Russian Federation.
• Property, or damage to property, of whatever kind, which has directly or indirectly been purchased or imported after 31 December 2022 from the Russian Federation.

Unless expressly agreed and stated in the policy schedule, the insurance also does not apply to transports, losses or claims of any kind relating to transport from or within Kazakhstan, Turkmenistan, Kyrgyzstan, Uzbekistan, Tajikistan or Azerbaijan.

**2.10.4 Loss or damage resulting from nuclear, chemical, biological, biochemical or electromagnetic effects**

This exclusion applies to:

• *Liability insurance* (general liability, product liability, professional liability, directors' and officers' liability, etc.)
• Environmental Cost Insurance
• Patient Insurance
• Treatment Injury Insurance
• Financial Crime Insurance
• Cyber Crime Insurance
• Transport Liability Insurance (carrier's liability, freight forwarder's liability, terminal liability, shipbroker's liability, ship's agent's liability)

*• Property Insurance*
*• Business Interruption Insurance following property damage*
*• Contract Works Insurance.*

The insurance does not apply to loss or damage the occurrence or extent of which has directly or indirectly been caused by or is attributable to
• ionising radiation or radioactive contamination from nuclear fuel or nuclear waste from the combustion of nuclear fuel
• radioactive, toxic, explosive or other hazardous properties of an explosive nuclear device or a component thereof
• any weapon or other device employing nuclear fission and/or nuclear fusion, or other similar reactions or radioactive energy or radioactive material
• radioactive, toxic, explosive or other hazardous or contaminating properties of radioactive material, unless it concerns radioactive isotopes, other than nuclear fuel, and where such isotopes are manufactured, transported, stored or used for commercial agricultural, medical or scientific or other similar peaceful purposes
• chemical, biological, biochemical or electromagnetic weapons regardless of whether any other cause or event, before, at the same time or afterwards, has contributed to the loss or damage.

**2.10.5 War, insurrection, revolution, etc.**

This exclusion applies to:

• *Liability insurance* (general liability, product liability, professional liability, directors' and officers' liability, etc.)
• Product Recall Insurance
• Environmental Cost Insurance
• Patient Insurance
• Treatment Injury Insurance
• Financial Crime Insurance
• Cyber Crime Insurance
• Transport Liability Insurance (carrier's liability, freight forwarder's liability, terminal liability, shipbroker's liability, ship's agent's liability)

• *Property Insurance*
• *Business Interruption Insurance following property damage*
• *Contract Works Insurance.*

The insurance does not cover loss or damage the occurrence or extent of which has directly or indirectly been caused by or can be attributed to war or warlike circumstances (whether or not war has been declared), acts of foreign enemies, hostilities, civil war, invasion, insurrection, coup d'état or revolution or attempts thereat, the use of military force or confiscation, nationalisation, compulsory purchase, destruction of or damage to property carried out by a government or other public authorities or on their orders.

Furthermore, this insurance does not apply to loss whose occurrence or extent has directly or indirectly been caused by or is attributable to a cyber attack carried out under the direction or control of a state.

In assessing whether a state is responsible for a cyber attack, the objectively reasonable evidence available to the policyholder and the insurer shall be taken into account. This may include the government of the state in which the computer system affected by the cyber attack is physically located formally or officially attributing responsibility to another state, or to those acting on behalf of or under the control of a state.

State means a sovereign state.

Cyber attack means the use of a computer system by, under the direction of, on behalf of or under the control of, a state in order to
• disrupt, prevent or deny access to or impair the functionality of a computer system, and/or
• copy, remove, manipulate, prevent access to or destroy information in a computer system.

Computer system means any computer, hardware, software, communications system, electronic device (including but not limited to smartphone, laptop, tablet and wearable device), server, cloud infrastructure or microcontroller, including similar systems or configurations of the aforementioned and including any associated input, output, data storage devices, networking equipment or back-up systems. This definition of computer system applies to this provision. If another definition of computer system exists in the insurance contract, that definition applies to the insurance in all other respects.

**2.10.6 Act of terrorism**

This exclusion applies to:

• *Liability insurance* (general liability, product liability, professional liability, directors' and officers' liability, etc.)

• Environmental Cost Insurance
• Patient Insurance
• Treatment Injury Insurance
• Financial Crime Insurance
• Cyber Crime Insurance
• Transport Liability Insurance (carrier's liability, freight forwarder's liability, terminal liability, shipbroker's liability, ship's agent's liability)

• *Property Insurance*
• *Business Interruption Insurance following property damage*
• *Contract Works Insurance.*

Subject to the exceptions stated below, the insurance does not cover loss or damage the occurrence or extent of which has directly or indirectly been caused by or can be attributed to an act of terrorism, referred to in this clause as terrorism loss.

*For commercial insurance that is property insurance, business interruption insurance following property damage or contract works insurance* and which is not liability insurance, the insurance covers terrorism losses occurring within Denmark, Estonia, Latvia, Lithuania, Norway and Sweden, provided that the other terms applicable to the insurance are fulfilled. For terrorism loss, however, If's total liability to pay compensation towards all policyholders and other insured persons in If who are covered by this or any other terrorism loss clause with a corresponding limitation of amount is jointly limited to EUR 50 000 000 (the aggregate loss limit). Where If has reason to assume that several claims for compensation covered by the said aggregate loss limit will be made, compensation for terrorism loss is paid no earlier than 15 months after the time when the circumstance which, under the insurance contract, entitles to insurance cover occurred. If the value of all compensable terrorism losses exceeds the aggregate loss limit, the compensation shall be calculated in proportion to the compensation each insured would have been entitled to had the aggregate loss limit not existed.

In applying the aggregate loss limit, all acts of terrorism committed within a period of 48 hours are regarded as one and the same act of terrorism committed at the time of the first act of terrorism. In calculating the aggregate loss limit, the exchange rates applicable on the day before the act of terrorism was committed are applied.

In this clause, If means jointly the companies If Skadeförsäkring AB (publ) with branches and If P&C Insurance AS with branches.

## 3 General information

### 3.1 Personal data

If Skadeförsäkring AB processes personal data. More detailed information on this is available at https://www.if.se/hantering-av-personuppgifter

### 3.2 If we cannot agree

#### 3.2.1 Dispute concerning the insurance contract

Disputes concerning the interpretation and application of this insurance contract shall be tried by a Swedish court applying Swedish law.

#### 3.2.2 Dispute concerning the value of damaged insured property

In the event of a dispute concerning the value of damage to insured property, a valuer shall, if If and the insured so agree, give an opinion on the value. The valuer shall be authorised by a Swedish chamber of commerce unless the parties have agreed otherwise.

The valuer shall apply the valuation rules of the policy wording. The parties may present their own investigation and submit their own views. In their opinion, the valuer shall state how they have calculated the value of the damage. The valuer shall deliver their opinion within three months of having been appointed.

Of the fee to the valuer, the insured shall pay 50 % of the valuer's fee, however at most SEK 5,000. If, through the valuer's opinion, the damage is valued at a higher amount than that offered by If, If pays the entire cost.

If it is commercial insurance and the cost of the loss is estimated by either party at more than SEK 500,000, any dispute concerning the interpretation and application of the loss valuation rules shall, at the request of a party, be referred for determination by arbitration in accordance with the Arbitration Rules for Insurance Disputes of the Arbitration Institute of the Stockholm Chamber of Commerce.

**3.3 The Insurance Contracts Act (FAL)**

This insurance is governed by the provisions of the Insurance Contracts Act (FAL) and Swedish law in general.

**3.4 Premium tax, premium levy and other similar costs**

The agreed premium does not include taxes, levies and similar costs which the insured is obliged by law to pay in connection with this insurance contract.

**3.5 When If does not invoke limitation of liability**

For personal insurance, the provisions of Chapter 12, Sections 8-11 of the Insurance Contracts Act apply instead of what is stated below.

For Motor Third Party Liability Insurance, the terms of that insurance apply instead of what is stated below.

When If becomes aware of a circumstance which, in the event of an insured event, may give rise to a limitation of If's liability, If shall without unreasonable delay give written notice thereof to the policyholder and to any other person who may claim compensation. Otherwise If loses the right to invoke the circumstance against the person who should have received the notice, unless the policyholder or the insured has acted fraudulently or contrary to good faith.

If does not invoke limitation of liability in the event of breach of the duty of disclosure, failure to notify an increase in risk, causing the insured event, breach of safety regulations and breach of the duty to mitigate loss as a result of
a) slight negligence,
b) the act of a person who was seriously mentally disturbed or who was under twelve years of age, or
c) an act intended to prevent injury to persons or damage to property in such an emergency that the act was justifiable.

Nor does If invoke limitation of liability in the event of breach of the duty of disclosure and failure to notify an increase in risk, if If at the time of the failure realised or ought to have realised that the information provided was incorrect or incomplete. The same applies if the incorrect or incomplete information was of no significance, or has later ceased to be of significance, for the content of the contract.

Nor does If invoke limitation of liability in the event of the causing of an insured event if the insured can show that neither the company management nor the supervisory management had knowledge of or ought to have had knowledge of the risk of loss.

**3.6 Persons treated as equivalent to the insured (identification)**

*If it is commercial insurance*

1. In the event of the causing of an insured event and breach of the duty to mitigate loss, the following are treated as equivalent to the acts of the insured: acts of
a) employees in a managerial position at the company or at the site, and
b) any other person who, with the consent of the insured, has supervision of the insured property.

2. In the event of breach of safety regulations, any other person who was responsible for ensuring that the safety regulation was complied with is treated as equivalent to the insured.

*If it is consumer insurance*

In the event of the causing of the insured event, breach of safety regulations and breach of the duty to mitigate loss, the following are treated as equivalent to the acts of the insured: acts of
a) any person who, with the consent of the insured, has supervision of the insured property, and
b) the insured's spouse, cohabitant and other family member, where the insured property constitutes a shared home or household goods in such a home.

However, this does not apply if there are exceptional reasons against it. If it is personal insurance, the insured is obliged to provide information to the same extent as the policyholder.

#### 3.7 Money laundering

Insurance compensation is not paid if it can reasonably be assumed that a payment would entail a risk of breach of, or deviation from, the anti-money laundering regulations. Nor is If obliged to make a payment if there is reasonable cause to assume that the payment constitutes a risk of breach of, or deviation from, the anti-money laundering regulations.

#### FREEDOM OF SERVICE

The following paragraph applies only to customers who have insurance cover outside Sweden within the EU and the EEA. This is cross-border insurance cover in accordance with the Third Non-Life Insurance Directive within the EU. A policy schedule is issued from Sweden. Invoicing to the policyholder is carried out by If Skadeförsäkring AB (publ), Sweden.

By way of amendment to clause 3.4 of the General Contract Terms, "Premium tax, premium levy and other similar costs", insurance taxes and other mandatory levies are payable in addition to the stated insurance premiums. Insurance taxes and other mandatory levies are added to the invoice. General Contract Terms, clauses 3.2 "If we cannot agree" and 3.3 "The Insurance Contracts Act (FAL)" are applicable under this contract. National insurance arrangements Compensation is not paid for loss or damage which is compensated, or which can be compensated, through:
- a local monopoly insurer
- a state-established compensation scheme
- a natural catastrophe pool or similar insurance arrangement
- insurance pools
- compulsory insurance Premium tax for countries within the EU/EEA is invoiced in Sweden and paid by If via a tax representative in the respective country. In countries without local insurance, the customer has no local service or locally adapted terms. Claims handling takes place in Sweden.

## 4 Safety regulations

#### 4.1 What is meant by safety regulation

Safety regulation means a regulation concerning certain specified
• conduct or devices intended to prevent or limit loss or damage, or
• qualifications of the insured or the insured's employees or other assistants.

The applicable safety regulations are set out in the respective product terms.

#### 4.2 Consequences when a safety regulation has not been complied with

If the insured, or any other person who was responsible for ensuring that the regulation was complied with, has at the time of the insured event failed to comply with a safety regulation set out in the policy wording or in a statute to which the wording refers, the compensation from the insurance may be reduced to the extent that is reasonable having regard to the connection between the circumstance and the loss or damage that occurred, the intent or negligence involved and the circumstances in general. For consumer insurance, a reduction is made only in respect of the insured who has not complied with the safety regulation. The extent to which a reduction is made is set out in the respective product terms.

**1 Who the insurance covers**

Who is insured is stated in the policy schedule. The term 'employee' also includes employed owners, trainees, board members and the managing director when travelling on behalf of the policyholder. Guests invited by the company, where the company pays for the guest's travel, are also included in the insurance.

**2 When the insurance applies**

The insurance covers loss, damage or injury occurring during a business trip while the insurance is in force. A business trip may last for a maximum of one year. The business trip may commence either from the insured's home or from their ordinary fixed place of work. The business trip ends when the insured returns to either of these places. Only journeys in direct connection to/from these places are covered by the insurance. If the insured deviates from the direct connection, the business trip ends.

In the case of a business trip abroad, the insurance also applies where the employee chooses to remain at the business trip destination, or at another location in the same country, on holiday or to work remotely. This applies for a maximum of 60 days in direct connection with the business trip.

**3 Where the insurance applies**

The geographical scope of the insurance is stated in the policy schedule.

**4 What is meant by business trip**

A business trip is a journey/assignment undertaken on behalf of the employer for the purpose of performing tasks in relation to the employment. The journey/assignment must be undertaken outside the insured's ordinary fixed place of work. For persons who have no ordinary fixed place of work, the place where their daily work begins/ends is regarded as their ordinary fixed place of work. Journeys to and from the insured's home and ordinary fixed place of work are not regarded as business trips. A person who permanently resides in one and the same country outside their home country and who during the year makes only a few short visits to the home country is not regarded as being on a business trip. Persons who are out on daily assignments at a customer's premises are regarded as being on a business trip. However, for a maximum of one year at the same customer. Thereafter, the place of work at the customer is regarded as the person's ordinary fixed place of work.

**5 Scope of the insurance**

The scope of the insurance and the sums insured are set out in the policy schedule. Restrictions are set out in the section Limitations, exclusions and restrictions and in what is stated under each respective cover. The assessment of what is considered necessary and reasonable costs is made by If in consultation with a doctor at the contracted emergency assistance centre.

## 5.1 Illness and accident

### 5.1.1 Medical expenses

**What is covered**

If the insured suffers illness or an accident, compensation is paid for necessary and reasonable costs for:

• Medically and scientifically recognised treatment as well as medicines prescribed by a licensed physician for the healing of the illness or injury.
• Travel expenses in connection with care and treatment. If the insured is entitled to medical travel, the insurance covers the patient's own contribution for travel by public transport or private car. If, following an accident, special means of transport must be used in order for the insured to travel to his or her ordinary occupational work, compensation is paid for additional travel expenses between the permanent residence and the workplace. Additional expenses for travel between the permanent residence and the ordinary workplace are covered during the acute healing period, but for a maximum of 14 days. The need must be certified by a physician.
• Aids prescribed by a licensed physician for the healing of the illness or injury during the acute healing phase.
• Repatriation when If, in consultation with a licensed physician, considers it necessary. The return journey of an accompanying insured person is also covered.
• Palliative care for a maximum of 30 days. Palliative care here means health and medical care intended to relieve suffering and promote quality of life for patients with progressive incurable illness or injury, at the end of life.
• Repatriation of the deceased or, alternatively, burial at the travel destination. Compensation is also paid for additional expenses arising from, and in direct connection with, repatriation of the deceased. Maximum compensation for additional expenses SEK 5
000.
• Additional expenses for food, travel and accommodation for a maximum of 60 days from the first medical consultation for the insured when the illness or accident, as assessed by If and certified by the treating physician at the travel destination, has meant that the insured must change the travel time or change the form of accommodation. Compensation for food is paid at a standard amount of SEK 500 per person and day.
• Clothing and normally worn personal belongings damaged in connection with illness or accident. Maximum compensation SEK 40,000.
• Medical evacuation if the treating physician at the travel destination considers it medically necessary to receive care in another location.
• Routine pregnancy check-ups, any complications and premature delivery occurring during a stay outside the home country.
• Additional expenses for telephone calls arising as a result of and in direct connection with illness or accident. Maximum compensation SEK 2,000.

**Compensation period**

In the event of an accident, the compensation period is three years calculated from the accident. If the accident results in permanent impairment but final settlement cannot take place within three years, compensation is nevertheless paid until final settlement takes place. In the event of illness, the compensation period is limited to one year from the first doctor's visit. Several cases of illness with a medical connection are counted as one and the same case of illness. If the illness results in permanent impairment but final settlement cannot take place within one year, compensation is nevertheless paid until final settlement takes place. No compensation is paid after compensation for permanent medical impairment has been paid out from this insurance.

**What is not covered**

No compensation is paid for costs arising when the insured has not followed If's, or the contracted emergency assistance centre's, referral to a specific medical facility. The assessment of what constitutes such costs is made taking into account, among other things, how much the compensation would have been if the insured had followed the instruction.

**5.1.2 Chiropractor, naprapath, physiotherapist or osteopath**

Compensation is paid for treatment for the healing of the illness or injury without any requirement for a referral. The number of treatments is set out in the policy schedule.

**5.1.3 Aids in the home or car**

What is covered Compensation is paid for:
• Aids in the home or in the car which are medically justified for the alleviation of a state of impairment or which can increase mobility.
• One-off alterations to the ordinary residence. Compensation must be approved in advance by If.

**What is not covered**

No compensation is paid for improvements in standard.

**5.1.4 Return journey**

If the insured recovers within three months of the first doctor's visit, compensation may be paid for a return journey for the insured. Compensation is paid for ticket costs for the return journey to the place of work abroad that the insured was forced to leave and for the journey back to the home country if If has paid compensation for repatriation. Compensation is paid only so that the work can be completed.

**5.1.5 Replacement's journey**

Compensation is paid for necessary and reasonable travel costs for a replacement's return journey to the place of work abroad, if the insured is forced to interrupt the trip and return to the home town/home country due to illness or accident. The same applies if the insured dies during the business trip. Compensation is paid only so that the work can be completed.

**5.1.6 Medical escort**

Compensation is paid for necessary and reasonable documented additional expenses for travel, food and accommodation for an escort when the insured suffers illness or an accident and needs to:

• be together with an escort at the destination until the return journey or continuation of the trip is possible according to the treating doctor's instructions.
• have an escort accompany him or her on the journey to the place of treatment or to the insured's home town.

The need for the journey and the additional expenses must be approved in advance by If or the contracted emergency assistance centre. Compensation for food is paid at a standard amount of SEK 500 per person and day.

**5.1.7 Summoning close relatives**

Compensation is paid for necessary and reasonable documented additional expenses for the return journey of three close relatives, including food and accommodation, if the insured is kidnapped or suffers illness or an accident that the treating doctor at the place of work deems to be life-threatening. The same applies in the event of death, when the funeral takes place at the place of work. No compensation is paid after it has been decided that the insured is to be repatriated.

The need for the journey and the additional expenses must be approved in advance by If or the contracted emergency assistance centre. Compensation for food is paid at a standard amount of SEK 500 per person and day.

**5.1.8 Daily compensation for hospitalisation**

Compensation is paid per day for the period during which the insured is admitted to hospital for care abroad due to acute illness or an accident that occurred during the trip, for a maximum of 365 days. The compensation amount per day is set out in the policy schedule.

**5.1.9 Convalescence compensation**

Compensation is paid in the event of at least 30 consecutive days of full sick leave. In such a case, compensation is paid from the first day of sick leave. Compensation is calculated by dividing the monthly amount by 30 and then multiplying by the number of days of full sick leave.

**5.1.10 Coma**

If the insured falls into a coma as a result of an accident, the insurance pays compensation during the comatose phase of SEK 5,000 per week, but no more than SEK 100,000 in total. Payment is made when the insured wakes from the coma as a lump sum for the period the insured was in a coma. If the insured dies before then, no compensation is paid.

**5.2 Dental care**

If must, with the exception of emergency treatment, approve the cost and the treatment before treatment is commenced. In the event of failure to comply with this point, the compensation may be reduced or withheld.

**Dental care following an accident**

**What is covered**

Compensation is paid for necessary and reasonable dental costs in connection with an accident for an injured tooth. The assessment of reasonable cost is made on the basis of the reference prices in the Swedish state dental care subsidy scheme. Damage to a fixed prosthesis is compensated according to the same rules as damage to a natural tooth. This also applies to a removable prosthesis that was in place in the mouth when it was damaged. Compensation is paid for one permanent dental treatment. The compensation period is three years from the time of the injury, provided that treatment is commenced within one year of the time of the injury. For an insured child, the compensation period may be extended until the child has reached adult age, but no later than the age of 25.

**What is not covered**

Injuries resulting from biting or chewing do not constitute an accident under this policy wording. Costs for orthodontic treatment are not covered by the insurance.

**Emergency dental care What is covered**

Compensation is paid up to SEK 10,000 for necessary treatment that relieves acute problems arising during the business trip. Compensation is paid only for necessary treatment carried out at the destination or within 48 hours of returning home.

**What is not covered**

Routine dental care and orthodontic treatment.

## 5.3 Travel disruption

### 5.3.1 Missed departure cover

In the event of delay in reaching a booked departure, compensation is paid for necessary and reasonable additional expenses in order to reach the departure in time or to be able to join the journey at a later stage. The expenses must be capable of being certified in writing by the tour operator or travel company.
The delay must be due to:
• Weather obstruction.
• Technical fault.
• Decision by a public authority.
• Traffic accident or unforeseen traffic obstruction on the direct route to the point of departure. If connection to the departure is not possible due to any of the above-mentioned circumstances, compensation may instead be paid in an amount corresponding to the price of the original journey. The insured must have observed the tour operator's/travel/transport company's rules on the time of check-in at the place of departure. The insured must also have taken into account the weather and traffic conditions prevailing or expected to prevail along the route to the place of departure.

**What is not covered**

The insurance does not apply to delays resulting from bankruptcy, strike, strike-like action, unlawful strike, lockout or other similar action by a trade union, employees or an employer.

### 5.3.2 Unused travel costs Illness and accident

If the insured, due to illness or accident, is forced to curtail a journey and return to their home town/home country, or alternatively is admitted to hospital at the destination, compensation may be paid for unused travel costs. This must be approved in advance by a physician on site, in consultation with the emergency assistance centre.

Compensation is also paid for unused travel costs when a delay of public transport, as defined in the policy wording, has resulted in lost time at the destination.

#### 5.3.3 Curtailment Additional expenses for the return journey home

Compensation is paid for necessary and reasonable additional expenses for the journey home by scheduled means of transport if the insured is forced to interrupt the business trip because:
• An unforeseen event occurs that causes substantial property damage in the insured's residence or at their workplace in the home town, requiring the insured's immediate return home.

• *Close relative* in the home town becomes life-threateningly ill or life-threateningly injured in an accident or dies. Compensation is paid for one return journey per illness/accident. If the illness/accident results in the close relative later dying, compensation is also paid for a return journey to the funeral.
• A business colleague who is on the business trip and is covered by the same insurance is life-threateningly injured in an accident or dies. *life-threateningly ill or*

#### Return journey to the place of work

Compensation is paid for ticket costs for the return journey to the place of work abroad that the insured was forced to leave due to a covered curtailment. The return journey must be for the purpose of completing the work. If the insured cannot return to the place of work, compensation may instead be paid for ticket costs for a replacement's journey.

#### 5.3.4 Delayed public transport

If the public transport on which the insured is travelling is delayed by more than two hours, compensation is paid for additional expenses arising as a result of, and in direct connection with, the delay. The compensation also includes the cost of admission to lounges. See the policy schedule for the maximum compensation amount.

### What is not covered

The insurance does not apply to delays resulting from bankruptcy, strike, strike-like action, unlawful strike, lockout or other similar action by a trade union, employees or an employer.

## 5.4 Baggage

#### 5.4.1 What is covered

Compensation is paid for damage to, or loss of, property carried on the trip belonging to the company or the insured. The cause of the loss/damage must be a sudden, unforeseen external event. The insurance also covers property left behind (not cash and valuable documents and the like). The insured must be able to show it probable when and where the property was left behind. Property that has been lost without reasonable explanation will not be compensated. Cash and valuable documents or the like are compensated only in the event of theft and fire damage.

Personal propertyPersonal property means property that the insured has brought along for his or her own use during the trip. This applies regardless of whether the insured owns, has hired or has borrowed the property.

### Company property

Company property means property that the company owns, has hired or borrowed. The property must be brought along for use during the trip.

### The compensation

If has the right to decide whether damaged property is to be compensated in cash or with equivalent property that is new or used, or whether it is to be repaired. If also has the right to decide where replacement or repair is to take place. If property for which If has already paid cash compensation is recovered, the insured must without delay place the item at If's disposal or, if the insured wishes to keep the item, repay the compensation. If takes over ownership of items that have been compensated unless otherwise agreed. If compensation has been paid for baggage delay, this compensation is deducted when the loss is settled. If compensation has been paid for baggage delay, this compensation is deducted when the loss is settled.

Compensation is paid up to the sum insured, of which:
• Travel cards for public transport and the like up to a value of SEK 16,000.
• Cash and valuable documents up to a value of SEK 5,000.
• For personal property, necessary and reasonable additional expenses arising as a direct consequence of a compensable loss are covered, but up to a maximum of SEK 15,000.
• For personal property, theft-prone property is covered up to half of the sum insured.

#### 5.4.1.1 Valuation table and other property

For certain property, loss is paid according to the following table:

| ITEM | COMPENSATION AS A PERCENTAGE ONCE THE PROPERTY HAS REACHED THE FOLLOWING AGE | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Incl. associated accessories** | **<1** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11<** | **years** |
| **Computers, tablets or similar** | 100 | 60 | 40 | 30 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | % |
| **Mobile phone and other similar digital technology** | 100 | 50 | 30 | 20 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | % |
| **Camera** | 100 | 100 | 65 | 50 | 40 | 30 | 20 | 20 | 10 | 10 | 10 | 10 | % |
| **Suitcase** | 100 | 65 | 55 | 45 | 35 | 25 | 20 | 10 | 10 | 10 | 10 | 10 | % |
| **Spectacles** | 100 | 100 | 100 | 60 | 50 | 45 | 40 | 35 | 30 | 25 | 20 | 20 | % |
| **Sports equipment** | 100 | 100 | 100 | 60 | 50 | 45 | 40 | 35 | 30 | 25 | 20 | 20 | % |
| **Consumables** | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | % |
| **Apparatus for image/sound reproduction, GPS** | 100 | 100 | 65 | 55 | 45 | 35 | 25 | 20 | 10 | 10 | 10 | 10 | % |
| **Clothing** | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | % |

Property specified in the table that was in working order before the loss is compensated on the basis of what it costs in the general retail trade to buy equivalent new property (the new price). Compensation is paid at the percentage of the new price stated in the table.

For property that at the time of the loss was worth the new price, the insured receives compensation corresponding to the new price if the insured replaces the item within six months. If the item is not replaced within this period, the insured receives compensation of two thirds of the new price.

Other property The property is valued and compensated with regard to age, wear and tear, modernity, usability and other circumstances (market value), but without regard to personal feelings for the property (sentimental value). If the value of the property is at least two thirds of the price of new equivalent property – where such exists – compensation may be paid at the new price. In that case the property must be replaced within six months.

#### 5.4.2 What is not covered

• Property that has gone missing without a reasonable explanation being given is not covered.
• Cash and valuable documents that have been left behind are not covered, even if they have subsequently been stolen.
• Motor vehicles, trailers.
• Boats.
• Aircraft, drones or the like.
• Parts or equipment for the above-mentioned vehicles and items.
• Stamps, coins and banknotes of collector's value.
• Animals.
• The value of, and working time for, lost software, programs, licence rights, encryption keys and the like, e.g. content on memory cards.
• Damage to property that does not substantially affect its usability, such as tears, scratches, dents or the like.
• Loss or damage through criminal acts, e.g. vandalism, theft, fraud or embezzlement offences.
• Goods brought along on the journey for the purpose of being displayed or sold.

#### 5.4.3 Baggage delay What is covered

If baggage that has been checked in, or for which equivalent registration has taken place, has been delayed on the outward journey, the insurance covers necessary and reasonable costs for replacing delayed clothing, toiletries and medically necessary medicines. The scope of the insurance and the sums insured are stated in the policy schedule.In the event of baggage delay exceeding 24 hours, further compensation is paid for purchases made after these 24 hours, in the same amount as stated in the policy schedule for the above, for replacing delayed clothing, toiletries and medically necessary medicines. The costs must be necessary and reasonable. If the baggage is not recovered before the journey home, a suitcase is also covered within the same maximum amount. All purchases must be made at the destination in direct connection with the delay and before the baggage has been recovered.

For baggage delay on the return journey, see the sum insured in the policy schedule.

If the delayed baggage is not recovered and the baggage delay becomes a loss of luggage, the part of the compensation paid in respect of the baggage delay exceeding 24 hours is deducted from the compensation for loss of luggage.

Documentation requirementsIt is the responsibility of the insured to submit a P.I.R. report (Property Irregularity Report) as evidence of the baggage delay, together with receipts as evidence of the purchases. If the insured does not submit these documents, the compensation may be reduced or refused entirely.

#### What is not covered

Purchases made online. The insurance does not apply to delay resulting from bankruptcy, strike, strike-like action, unlawful strike, lockout or other similar action by a trade union, employees or employers.

### 5.5 Catastrophe and crime

#### 5.5.1 Assault

What is compensatedCompensation is paid if the insured is assaulted.For the assault cover to apply, the insured must be able to show what has happened, and that the insured is entitled to damages from someone who is unknown or who cannot pay the damages. The scope of the insurance and the sum insured are stated in the policy schedule.

Compensation is paid for the damages for personal injury to which the insured is entitled under Chapter 5 and Chapter 2, Section 3 of the Swedish Tort Liability Act (skadeståndslagen) if the insured has been subjected to intentional violence that is not minor, or the threat of such violence. The act must constitute a criminal offence and involve personal injury and/or such violation of personal integrity as entitles the victim to compensation under the Tort Liability Act. If the act has resulted in death, compensation is also paid under Chapter 5, Section 2 of the Tort Liability Act. The incident must be reported to the police without delay and the insured must cooperate with the police investigation. If the perpetrator is prosecuted, the insured must bring an action for damages if If so requests. Compensation is then paid for the insured's legal costs.

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

**Safety regulations**

The insured must not act in such a way as to expose himself or herself to a high risk of injury. It is particularly important that the insured does not:
• Use violence or threaten violence himself or herself.
• Enter or remain in situations or environments where fights or disturbances have arisen or commonly occur.
• Behave provocatively in words or actions.
• Commit or participate in criminal activity. The risk of ending up in such a situation is further increased if the insured is under the influence of alcohol, drugs or other intoxicants. If these regulations are not complied with, the right to compensation may be affected.

**What is not covered**

Compensation is not paid for any interest that the perpetrator may be liable to pay from the date stated in the judgment.

**5.5.2 Daily compensation in the event of kidnapping**

Compensation is paid per day for the time during which the insured is kidnapped, for a maximum of 90 days. The compensation amount per day is stated in the policy schedule.

**5.5.3 Identity theft What is covered**

The insurance applies when the insured has been the victim of identity theft. Identity theft means situations in which a third party, without the insured's consent, uses the insured's identification documents to commit fraud or another criminal act, e.g. opening a bank account, applying for a credit card or a loan in the insured's name.

Each act or several repeated connected acts arising as a result of an identity theft is to be regarded as one and the same identity event. The following elements are included in the cover:
• Advice to prevent identity theft.
• Assistance in limiting the extent of the loss in the event of identity theft.
• Costs for legal assistance in accordance with the legal expenses cover.

**What is not covered**

• Identity theft carried out by someone who is covered by the insurance.
• Identity theft that has arisen as a result of the insured having committed a criminal act.
• Any losses other than costs for legal assistance.

**5.5.4 Skimming**

If the insured has been the victim of skimming, compensation is paid for the part that has not been refunded by the insured's bank or card issuer. Compensation is not paid if the insured, through gross negligence or particularly reprehensible conduct, has contributed to the loss event. See the sum insured in the policy schedule.

**5.5.5 Evacuation and quarantine**

The insurance covers necessary and reasonable additional travel and accommodation costs for up to 14 days if the insured is forced to relocate, is placed in quarantine or is evacuated home following a recommendation from the Swedish Ministry for Foreign Affairs or the equivalent authority at the destination as a result of:

- Natural disaster,
- serious epidemic,
- war *or*
- political unrest.

The circumstance giving rise to the recommendation must have affected the destination after the insured's arrival at the destination. The insurance does not cover costs of evacuation and quarantine if the insured has not followed the recommendation from the Swedish Ministry for Foreign Affairs or the equivalent local authority at the destination.

#### Property left behind in the event of evacuation

The insurance covers costs of clothing, toiletries and medicines incurred as a result of evacuation with less than 2 hours' notice. The insurance also covers costs of any shipment home of property left behind. The maximum amount is SEK 15,000.

### 5.5.6 Search and rescue

Compensation is paid for necessary and reasonable costs of police, civilian or military search and/or rescue operations if the insured has disappeared or is stranded in an inaccessible place following an accident or acute illness. Compensation is paid for a maximum of one year after the disappearance or the occurrence of the accident/illness.

#### 5.6 Permanent medical impairment

### 5.6.1 Accident

Impairment compensation is paid in the event of an accident that has required medical treatment and that within three years leads to a permanent physical impairment of function. Permanent medical impairment also includes persistent pain, clearly visible scarring and loss of a sensory function or internal organ.

The insurance pays compensation for scarring, amputation or other change in appearance caused by an accident that required treatment by a healthcare provider.

The compensation is based on the sum insured for permanent medical impairment and is adjusted with regard to the injured person's age when the scarring or the change in appearance arose, in accordance with If's age table for businesses.

#### Scarring or other change in appearance

Scarring on the face and neck is compensated from the level "visible". Scarring on the rest of the body is compensated from the level "clearly visible". In determining which scars or changes in appearance are compensable, the definition applied by the Swedish Road Traffic Injuries Commission (Trafikskadenämnden) and If's scar table for companies is used.

Compensation for scarring is paid up to a maximum of 20 % of the sum insured for permanent medical impairment. If the scarring is compensable, the minimum compensation is SEK 1,000.

#### Amputation

In the event of amputation of a body part, compensation is paid in accordance with If's amputation table for companies. The compensation includes the scarring that commonly occurs in connection with the amputation. In the case of scarring more extensive than is commonly occurring, If's scar table is applied in addition to If's amputation table.

#### Determining the degree of impairment

It must be possible to establish the impairment of function objectively. The degree of impairment is determined on the basis of the permanent economic impairment, where such exists, otherwise on the basis of the permanent medical impairment. However, the assessment shall be made on the basis of the permanent medical impairment if this leads to a higher degree of impairment.

The right to permanent medical impairment compensation arises at the earliest one year after the accident. If the degree of permanent medical impairment cannot be determined after one year, the right to permanent medical impairment compensation arises only at the time when the permanent medical impairment compensation can be determined. If the treatment has been fully completed and the degree of permanent medical impairment can be definitively determined before one year has elapsed, the right to compensation arises at that time. The definitive degree of impairment shall, where possible, be determined within three years of the accident, but may be deferred for as long as this is necessary according to medical experience.

If the insured dies after the right to permanent medical impairment compensation has arisen, but before final payment has been made, the amount corresponding to the established permanent medical impairment that existed before the death is paid to the estate. The degree of permanent medical impairment is determined in accordance with the latest edition of the medical tables for permanent medical impairment in the event of injury published by Insurance Sweden (Svensk Försäkring). If the same accident has caused injuries to several parts of the body, compensation is paid at most according to a degree of impairment corresponding to full compensation. If functional capacity was already reduced previously, the earlier degree of permanent medical impairment is deducted. The degree of permanent medical impairment is determined irrespective of the extent to which the insured's working capacity has been reduced. If the insured is simultaneously entitled to compensation for permanent economic impairment, only the higher of the two amounts of compensation is paid. If the insured dies before the right to permanent medical impairment compensation has arisen, no impairment compensation is paid.

#### 5.6.1.1 Serious event

Compensation is paid in the event of:
• Serious fracture,
• serious burn
• Achilles tendon rupture, or
• amputation

The compensation is paid if the injury has required surgery or the insured has been admitted to hospital for care for more than 24 hours. The insurance pays SEK 5,000 once per accidental injury. If the injured person suffers several fractures in the same loss event, only one lump-sum compensation is paid.

#### 5.6.1.2 What is not covered

The insurance does not pay impairment compensation for
• consequences of an accident which have been aggravated by illness, pathological change or functional impairment which the insured had when the accident occurred or which has arisen subsequently.
• more than 100% impairment for one and the same accident.
• reduction in working capacity arising later than three years after the accident.

#### 5.6.2 Retraining and work rehabilitation

If the permanent medical impairment is at least 15 % and results in the insured no longer being able to perform their ordinary work duties, the insurance compensates the insured for necessary and reasonable costs of retraining or work rehabilitation. In the case of retraining, compensation is not paid for costs arising from education that raises the level of qualification. The compensation must be approved in advance by If. The maximum compensation amount is 1 price base amount (pbb).

### 5.7 Permanent economic impairment

#### 5.7.1 Accident

The insurance applies in the event of an accident that leads to permanent economic impairment. Permanent economic impairment means a permanent future reduction of the insured's working capacity by at least 50% as a result of the accident. It must be possible to establish the reduction objectively, and the Swedish Social Insurance Agency (Försäkringskassan) or the equivalent body abroad must have granted sickness compensation until further notice of at least 50% as a result of the accident. In addition, the accident must, before the permanent economic impairment arose and within three years of the date of injury, have resulted in permanent medical impairment.

The right to draw the compensation arises at the earliest from the date on which sickness compensation until further notice is paid. If sickness compensation until further notice is granted from the age of 60 or later, compensation for permanent economic impairment is paid only if the degree of permanent medical impairment resulting from the accident is 50% or higher. The same also applies if the insured was first granted less than full sickness compensation until further notice and, after the age of 60, receives full sickness compensation until further notice.

If, at the time of the accident, the insured was receiving partial activity compensation or partial sickness compensation until further notice, the insured may receive at most such permanent economic impairment compensation as corresponds to the loss of the remaining working capacity. If, at the time of the accident, the insured was receiving full activity compensation or full sickness compensation until further notice, the insured is not entitled to compensation for permanent economic impairment. If the insured is simultaneously entitled to compensation for permanent medical impairment, only the higher of the two amounts of compensation is paid. If the insured dies before the right to draw permanent economic impairment compensation has arisen, no compensation for permanent economic impairment is paid.

#### 5.8 Death

For the death benefit, If Livförsäkring AB is the insurer. The beneficiary in the event of death is the surviving spouse/cohabiting partner/registered partner or, if there is none, the insured's heirs according to the statutory order of succession. If the insured wishes to name a different beneficiary, this must be notified on a special form provided by If.

#### 5.8.1 Accident, including disappearance

Compensation is paid if the insured dies as a result of the accident within three years of the date of injury. The death benefit is also paid to the beneficiary if the insured has disappeared after being affected by a natural disaster or extreme weather, and it is highly probable that the insured has died as a result of an accident. Compensation is paid when a reasonable period of time has elapsed since the disappearance, and provided that the policyholder certifies in writing that the compensation will be repaid if it later transpires that the insured did not die as a result of the event.

#### 5.9 Limitations, exclusions and restrictions

The restrictions and exclusions can be summarised as follows:
• As stated below in this section
• As stated under the respective cover.

#### 5.9.1 Limitations

Costs that are compensated or could be compensated from another source, under statute, agreement, regulation, insurance or convention, are not compensated. If a compensable loss is covered by both Business Travel Insurance and Expatriate Insurance taken out with If, compensation is paid from only one of the policies. EU/Nordic citizens who are resident or stationed within the EU/Nordic countries must be registered with one of the local public insurance schemes within the EU/Nordic countries; otherwise only those costs are compensated that would have been compensated if the insured had been registered with a local public insurance scheme within the EU/Nordic countries.

The insurance covers both private and public healthcare; however, public healthcare must be used in the first instance, provided that it is available and of a medically acceptable standard. All private healthcare must be approved in advance by If or by the designated emergency assistance centre.

#### 5.9.2 Exclusions

The insurance does not apply to:

• Medical, travel or other expenses caused by a need for care which exists or is already known when the journey commences. The insurance does, however, apply if the state of health deteriorates acutely during the journey and this was not foreseeable or expected.
• Costs for treatment through or stays at health or rehabilitation homes and associated travel.
• Costs for preventive healthcare (the exclusion does not apply if the supplementary cover for preventive healthcare has been purchased).
• Costs for sterilisation, fertility examination or treatment for involuntary childlessness.
• Costs for cosmetic surgery or treatment. Nor does the insurance apply to surgery, treatment, impairment or other consequences of cosmetic surgery or treatment.
• Surgical procedures for obesity.
• Treatment and medical costs in connection with overweight if the overweight is below BMI 35.
• The part of the cost of care away from home which corresponds to saved living expenses.
• Deviation losses, i.e. costs caused by, for example, a ship or aircraft having to change its route due to the insured's illness or injury.
• Costs in connection with an accident befalling the insured in an aviation accident when the insured is the pilot or has another function on board during military flying, aerobatic flying, professional test flying or during utility, training or private flying. The above does not, however, apply if the insured event arose in a situation that may be considered justifiable for the purpose of avoiding injury to persons or damage to property.
• Costs for care and treatment outside the home country when If, or the contracted emergency assistance centre, has decided on repatriation of the insured to the insured's home country for continued care and treatment.

For children under 6 years of age, the insurance does not apply to the following illnesses and conditions, nor to the consequences thereof:
• Dyslexia, dyscalculia and non-specific learning and speech difficulties.
• ADHD.
• Autism, Asperger's syndrome, Tourette's syndrome and autism-like conditions.
• Psychomotor developmental delay.
• General intellectual disability.

### 5.9.3 Restrictions

#### 5.9.3.1 Validity in war zones and other dangerous areas

The insurance covers do not apply during a stay in a country/area which the Swedish Ministry for Foreign Affairs or the corresponding authority at the travel destination:
• Advises against travel to all travel to, or
• urges Swedes to leave, if the loss is connected with the reason for the advice. The restriction is not applied within the first 30 days, with the exception of evacuation and quarantine where special rules apply, from the time the Swedish Ministry for Foreign Affairs, or the corresponding authority at the travel destination, issued the advice/urging, if the insured had commenced his or her journey, or if the insured was already in the country/area when the Swedish Ministry for Foreign Affairs, or the corresponding authority at the travel destination, issued the advice/urging. The restriction may be contracted out, in which case this must be specifically stated in the policy schedule. For the current list of countries/areas to which the Swedish Ministry for Foreign Affairs advises against all travel, urges Swedes to leave, or for the definitions of the advisory levels, see the website of the Swedish Ministry for Foreign Affairs.

#### 5.9.3.2 Validity in the event of a nuclear process

The insurance does not cover loss or damage directly or indirectly caused by a nuclear process.

#### 5.9.3.3 Participation in sport at elite level

The insurance does not cover injury or damage occurring during participation in a sports competition or athletic competition or training at a level that cannot be regarded as exercise or recreational activity of normal extent and intensity.

Examples of sports and athletics not covered by the insurance:
• participation in sports and athletics if you receive remuneration or sponsorship in an amount exceeding SEK 45,000 per year
• practice of elite sport (championship level, national or international) and the training activities required for this. Championship level means division two or higher
• participation in training or competition at a sports upper secondary school, folk high school, university college or equivalent.

#### 5.9.3.4 Hazardous activities

The insurance does not cover injury or damage occurring during the performance of hazardous activities carried out without the supervision of an authorised guide. For scuba diving there is no requirement for a guide; however, the person diving must hold the requisite valid diving certificate.

#### 5.9.3.5 Validity in the event of violent activities

The insurance does not cover injury or damage caused by your carrying out or participating in terrorist activity, riots, gang fights, hooliganism or similar violent activity.

### 6 Sums insured

The sums insured are stated in the policy schedule.

### 7 Deductible

Any deductibles are stated in the policy schedule.

### 8 Safety regulations

• Compensation may be reduced if the insured has commenced a business trip despite an ongoing state of illness which may worsen
• The insured must follow the recommendations of the tour operator/airline and the treating healthcare staff regarding travel and state of health and illness. E.g. during pregnancy or after surgery.  This applies to both the outward and return journey
• The insured must, if If so requires, return to his or her home country in the event of incapacity for work due to illness or accident
• The insured must exercise due care and caution. The property must be handled and stored so that loss or damage is prevented as far as possible. Of significance is, among other things, whether the property is theft-prone, particularly valuable or of such a nature that it appears natural in the context to pay it special attention. An example of special attention is that theft-prone property must never be checked in, but must be handled as hand luggage. Nor must theft-prone property be left in a motor vehicle unattended

If the safety regulations are not complied with, compensation may be reduced or refused entirely.

#### 9 The insured person's obligations in the event of a claim

The insured person is obliged to specify his or her claim for compensation and, on request, to provide a list of insured property - damaged/lost property - stating its value before and after the loss. In the event of loss of an insured item, the insured person must be able to prove both ownership of the lost item and its value. The requirement for such proof is greater the higher the value of the item.

# Definitions

**Acute illness during travel**
An illness that requires medical care, or where the first clear symptoms arise during travel, or which, based on general medical experience, must be considered to have arisen during travel. An illness that the insured person had before the trip started is not a travel illness under this policy wording.

**Emergency dental treatment**

Acute complaints where the customer needs immediate treatment to relieve pain and cannot wait to book a planned treatment. The treatment focuses solely on the tooth or area concerned and must be obtained in direct connection with the onset of the acute complaint.

**Serious burn**
Serious burn means at least a second-degree burn (deep partial-thickness burn) that has required surgery or the insured person being admitted to hospital for care for more than 24 hours.

**Serious fracture**
Serious fracture means that the injury has required surgery or the insured person being admitted to hospital for care for more than 24 hours.

**Liability insurance**
Insurance covering the insured person's liability to pay damages.

**Cancellation costs**
Travel and accommodation costs not refunded by the tour operator to the insured person upon cancellation.

**Computer**
Computer (including server) here means equipment for data processing which, according to a pre-determined program, can perform extensive calculations, with associated input and output units, e.g. monitor, keyboard, mouse, printer, CD reader, scanner, modem, data video projector (PC projector) and tablets. Digital telephone exchanges, digital intercom systems, photo-typesetting and image-processing equipment and computers for control and regulation purposes are not counted as computers

**Property insurance**
Collective term for such insurance cover within commercial insurance as relates to property.

**Compensation period**

**For personal insurance, this means:**
The longest period during which compensation can be paid for one and the same claim event.

**Hazardous activities**
Sports and activities with a clearly elevated risk of serious bodily injury or death and whose purpose is in part to challenge or master the risk, e.g. climbing, sport diving, parachuting, paragliding, freeriding (off-piste), whitewater paddling, motorsport, martial arts or similar.

**Vehicle insurance / Motor insurance**
Insurance cover specified for a vehicle, e.g. relating to
• damage or injury that the vehicle may cause to persons and to property other than the vehicle
• damage to and loss of the vehicle
• transport of the vehicle, the driver and passengers as well as additional expenses for passenger transport in the event of damage, other breakdown and personal accident etc.
• part of the additional expense, loss of income or inconvenience due to the vehicle not being usable after damage etc.
• costs of disputes arising from the ownership or use of the vehicle
• other costs and inconveniences connected with the use of the vehicle.

If a scope of cover is stated for vehicle insurance that is not generally regarded as such, this is nevertheless counted as part of the motor vehicle insurance, e.g. robbery of the cash float in a taxi.

# Definitions

**Commercial insurance**
Individual non-life insurance relating to business activities or public-sector activities and other individual non-life insurance that is not consumer insurance.

**Corporate identity hijacking**
Corporate identity hijacking means that someone, on false grounds, obtains the right to represent the company.

**Financial crime loss**
Insurance covering the insured person's loss in the event of a financial crime loss.

**Insured person**
See General Contract Terms 1.1.3.

**Policyholder**
See General Contract Terms 1.1.2.

**Home country**
The country of which the insured person is a citizen and the country in which the insured person is resident and registered as resident at the time the trip commences. The country of residence takes precedence.

**Proof of identity**
Identification intended to identify the insured person, e.g. passport, ID card, bank card, driving licence, personal identity number, account number, digital signature, PIN code and the like.

**Burglary**
In personal insurance and marine insurance, this means that someone has unlawfully broken into premises by force or gained entry to premises using a lock pick.

**Commercial buildings**
Commercial building means office, retail building, petrol station, kiosk building, hotel, restaurant, fast-food outlet, café, sports hall, medical facility, school building, multi-storey car park and similar buildings. Production and industrial buildings, warehouse buildings, residential buildings and assembly halls are examples of buildings not counted as commercial buildings.

**Consumer insurance**
Individual non-life insurance taken out by a natural person or an estate of a deceased person mainly for purposes falling outside business activities.

**Life-threatening illness or injury**
Illness or injury which the treating physician assesses may lead to death within 14 days.

**Market value**
The probable price of the property that can be obtained in a normal sale on the open market. If this value cannot be established, the market value is the replacement value less a deduction for depreciation due to age, wear and tear, obsolescence, reduced usefulness due to new products and new technology or other circumstances.

**Accompanying persons**
The insured person's spouse/registered partner or cohabiting partner and children under 21 years of age if they are covered by the insurance.

**Property carried**
Property is considered to be carried even when the insured person, for example, temporarily leaves it in the car during a meal break while travelling. Property is not considered to be carried if the insured person, before departure from the home or the workplace or upon return there, leaves it in a car, boat, caravan or other trailer for longer than is normally required for immediate loading or unloading. Nor is property considered to be carried if the insured person, when continuing a journey, leaves it behind at, for example, an airport, railway station or harbour.

# Definitions

**Close relative**

• Spouse, cohabiting partner or registered partner.
• Children, stepchildren and grandchildren.
• Parents, step-parents and grandparents.
• Siblings, step-siblings, siblings of a spouse, cohabiting partner or registered partner, or a parent's siblings.
• Parents of a spouse, cohabiting partner or registered partner, a child's spouse, cohabiting partner or registered partner.

**Accidental injury**

In personal insurance, this means a bodily injury that the insured person involuntarily suffers through a sudden, external event, i.e. through a single instance of external force against the body. Bodily injury arising through frostbite, heatstroke or sunstroke is equated with accidental injury and is deemed to have occurred on the day the injury becomes apparent. Twisting injury to the knee and rupture of the Achilles tendon are also regarded as accidents. Infectious disease or the consequences thereof are not considered to be an accident under these terms, regardless of how the infection was transmitted.

**Money, valuable documents and vouchers**

• Cash, lottery tickets and valid postage stamps,
• valuable documents such as bonds, coupons, bills of exchange, cheques or sales notes, and
• other evidence of debt and value, e.g. telephone and parking cards, travel and admission tickets as well as monthly and annual passes. Bank or credit cards are not regarded as evidence of value.

**Personal insurance**

Life, health and accident insurance.

**Private individual**

If it is stated that the insurance applies to the insured person as a private individual, this means that the insurance does not cover anything connected with the insured person's professional activities or duties of employment or other gainful activity.

**Travel costs**

Travel costs means the actual costs paid for travel and accommodation.

**Checked-in luggage**

Luggage that has been handed over to a transport company against a receipt for transport by air, boat, train or bus.

**Robbery**

Violence against a person or the use of threats involving imminent danger, including lesser violence, provided that the violence and the theft were immediately perceived by the person subjected to the violence, that this person did what could reasonably be required to prevent or reduce the loss, and that the event can be substantiated by reliable investigation.

**Legal expenses insurance**

Insurance that compensates the insured person's costs for legal representation in a dispute.

**Cohabiting partner**

Two persons who permanently live together in a couple relationship and have a joint household.

**Skimming**

Illegal copying of a bank card's data. Stolen bank cards used for criminal purposes to order services or goods are not to be equated with skimming.

**Theft-prone property (used in personal insurance)**

Theft-prone property during travel and overseas posting means:

• objects wholly, or partly, of precious metal, genuine pearls and precious stones
• watches and clocks
• cash
• antiques, works of art and genuine rugs
• cameras and camera lenses
• apparatus/equipment for sound or image reproduction
• mobile phones
• computers and monitors
• memory cards and USB flash drives
• musical instruments
• furs and fur goods
• wine, spirits and tobacco
• weapons

**Act of terrorism**

Act of terrorism means an act, including the threat of an act, carried out by a person or a group of persons, whether acting alone or on behalf of or in connection with any organisation or government, committed for political, religious, ideological or ethnic purposes or reasons in order to influence a government or to put the public in fear.

**Motor third-party liability insurance**

Personal injury and property damage arising from the use of the vehicle in traffic under the Swedish Motor Traffic Damage Act (Trafikskadelagen). This means, among other things, that personal injury and property damage arising from the vehicle being used as a work tool are not covered, nor are the insured vehicle or anything transported by it or a coupled trailer. What has been said about Motor third-party liability insurance also applies to the scope of Vehicle liability insurance if this is included in the scope of insurance for the vehicle.

**Commonly occurring scarring**

Commonly occurring scarring means scarring defined as prominent according to the reference material applied by the Swedish Road Traffic Injuries Commission (Trafikskadenämnden).

**Assault**

Injury through violence against a person without theft occurring at the same time.