Extrasure Insurance Terms and Conditions, valid as of 1 January 2016

Insurance no longer sold

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Personal Insurance

These insurance terms and conditions apply to medical treatment expenses, medical expenses, medical treatment, accident, life and disability insurance policies as well as the accident insurance policies included in the Easy insurance package which took effect before 6 May 2013. These insurance terms and conditions also apply to the New Life insurance policies which took effect before 22 March 2014.

The insurance cover selected for each insured person is stated in the policy. The terms and conditions of traveller’s insurance can be found in the Travel insurance section.

If your insurance contract includes personal insurance which took effect on or after 6 May 2013, the insurance terms and conditions of said policies will be applied (excluding policies which form part of the Easy insurance package and the New Life insurance which took effect prior to 22 March 2014).

Common provisions (excluding traveller’s insurance)

1 Insured person
Those insured are the persons named in the insurance policy.

2 Beneficiary
The policyholder may name a beneficiary to whom any compensation is paid. Such a beneficiary clause and relevant alterations to or cancellations of it must be submitted to the insurance company in writing.

3 Validity of insurance

3.1 Territorial limits
The insurance cover is valid throughout the world. Medical expenses indemnity on the basis of illness, however, only covers medical examinations performed or treatment given in Finland.

3.2 Validity in sports and certain other activities
In motor sports, motor liability insurance is the primary source of compensation, as against the medical treatment expenses insurance and the medical expenses indemnity under accident insurance.

3.2.1 Medical expenses indemnity, daily benefit and disability benefit do not cover illness or injury sustained in sport games or matches arranged by a sports association or sports club, nor do they cover illness or injury sustained in training arranged according to a training programme or in training typical of the sports.

3.2.2 Medical expenses indemnity and daily benefit do not cover illness or injury sustained in the following types of sports or activities:
- combat, contact or self-defence sports, such as judo, wrestling, boxing or karate
- Strength sports
- Weightlifting movements
- Powerlifting movements
- Bodybuilding
- airborne sports, such as parachuting, gliding, hot air ballooning, hang-gliding or flight in ultralight, experimental or home-built aeroplanes
- bungee jumping
- Climbing sports, such as mountain, rock, ice or wall climbing
- scuba diving or free diving
- freestyle skiing, speed and downhill skiing, or skiing on unprepared slopes or outside marked slopes
- Wingsurfing or kitesurfing

3.2.3 The insurance cover can also be extended to cover the sports and activities mentioned above in section 3.2.2 (sports extension) under a supplementary agreement at an additional premium. The extension does not apply to competitions or matches arranged by a sports association or sports club, nor does it apply to training arranged according to a training programme or to training typical of the sports.

3.3 Effect of the insured person’s age on validity
A specific insurance or type of compensation ceases to be valid or changes at the end of the insurance period during which the insured reaches the age stated in the conditions for the insurance in question.

3.4 Effect of stay abroad on validity
For the medical expenses cover to be valid, the insured person must be resident in Finland for over six months a year.

If the insured does not fulfil the this requirement for two years in a row, the medical expenses cover will expire one year after the end of the insurance period during which the insured for the first time travelled abroad in order to stay there for a period of over six months.

4 Accident and exclusions

4.1 Accident, exertion and movement

4.1.1 Accident
An accident is a sudden, external occurrence which is beyond the control of the insured person and which causes bodily injury. The following are also considered to be accidents: unintentional drowning, heatstroke, sunstroke, frostbite, injury caused by a considerable variation in atmospheric pressure, gas poisoning sustained by the insured person, and poisoning caused by a substance taken inadvertently.

4.1.2 Exertion and movement
In addition to accidental injuries, the insurance covers strain injuries in muscles and ligaments directly caused by a sudden, particular and singular exertion and movement, for which medical treatment was given within 14 days of the occurrence of the injury. Indemnity is paid for a maximum of six weeks from the occurrence of the strain injury. A maximum of one MRI examination can be compensated as medical treatment expenses. Surgery will not be indemnified following a strain injury caused by sudden exertion and movement.

4.2 The following are not compensated as accidents:

The concept ‘accident’ does not include injury caused
- an insurance event arising from an illness, defect or injury of the insured
- by operation, treatment or other medical procedure, unless the procedure is undertaken for the treatment of an injury coverable under the same insurance.
- by poisoning due to medicine, alcohol or other intoxicant used by the insured or due to a substance taken as food
- Injury to a tooth or dentures caused by biting, even if an external factor has contributed to the damage
- suicide or attempted suicide.

The following are not coverable as accidents:
- hernia of the intervertebral disk, abdominal or inguinal hernia, a rupture of an Achilles tendon, long head of biceps tendon or rotator cuff, or recurrent dislocation unless the injury was caused by an accident that would also cause injury to healthy tissues.
- infectious diseases caused by a bite or sting.

4.3 Effect of illness, injury, defect or degeneration not related to the accident
The insurance does not cover illness, injury, defect or degeneration of the musculoskeletal system which are not related to an accident, even if they were symptomless before the accident. If these factors not related to the accident have materially contributed to the emergence of the injury or its delayed recovery after the accident, medical expenses indemnity, daily benefit and handicap benefit are only paid insofar as the treatment expenses, disability or permanent handicap are deemed to have been caused by the accident.

5 Nuclear accident, war and aviation accident
The insurance does not cover illness, injury or death caused
- by nuclear accident as described in the Nuclear Liability Act, or caused by material, equipment or weapons based on nuclear reaction or ionising radiation, regardless of where the nuclear accident occurred
- war or armed conflict. This exclusion will not apply during the 10 days from the beginning of armed operations, unless a major war is concerned or the insured person participated in said operations.

Moreover, in the event of illness, injury or death occurring in connection with an aviation accident, medical treatment expenses insurance and accident insurance do not, neither in hobby nor in professional aviation, cover pilots or any other persons who are members of the flight crew or persons carrying out other flight duties.
1 Content of insurance
The insurance covers treatment expenses arising from an illness which begins or as a result of an accident which occurs during the validity of the insurance. The type of compensation paid from the insurance is medical expenses indemnity.

2 Commencement of insurance cover from childbirth
Insurance cover commences from childbirth provided that:
- a written application for the reservation of the insurance cover has been submitted no later than three months before the child's expected delivery date.
- the insurance company has given a written approval of the reservation and
- the reservation premium has been paid in full no later than on the due date indicated in the invoice.

The child’s name and personal identity number must be reported to the insurance company no later than three months from the child’s birth. If this information is not reported or it is reported after the due date, medical treatment expenses insurance will not enter into force. In that case, the reservation premium will not be refunded.

If the reservation of the insurance cover has been applied for one child and the insurer has approved the reservation but two or more children are born at the same time, medical treatment expenses cover applies to the first child born.

3 Effect of the insured person’s age on validity
The insurance cover expires at the end of the insurance period during which the insured reaches 65 years of age. At the same time, accident insurance which includes medical expenses cover becomes valid, unless the same insurance contract already includes medical expenses cover valid for the insured.

4 Medical expenses indemnity
4.1 Right to medical expenses indemnity
The right to compensation for medical expenses arises when treatment expenses are incurred from an illness which began or an accident which occurred during the validity of the insurance.

Treatment expenses are covered insofar as they do not give or would not have given entitlement to reimbursement under the Health Insurance Act or under some other legislation.

During the validity of insurance, treatment expenses are covered up to the sum insured indicated in the insurance policy. The sum insured is reduced by the treatment expenses covered on the basis of the insurance. The insurance terminates when the treatment expenses covered equal the sum insured. The deductible recorded in the insurance policy is subtracted from coverable treatment expenses. The deductible is determined on the basis of the date on which compensation is claimed for.

Medical expenses indemnity paid on the basis of illness only covers medical examinations performed or treatment given in Finland.

Medical expenses indemnity paid on the basis of an accident also covers medical examinations performed or treatment given abroad.

Medical expenses indemnity paid on the basis of illness only covers expenses incurred during the validity of the insurance. Medical expenses indemnity paid on the basis of an accident also covers expenses incurred after termination of the insurance.

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

These coverable treatment expenses include:
- fees for examination and treatment procedures carried out by physicians or healthcare professionals
- costs for medicinal products and wound dressings sold in pharmacies
- daily hospital charges
- costs of examination and treatment for dental injuries caused by an accident
- costs for coverable travel expenses to a local physician, dentist or nursing institution due to an accident
- necessary extra costs of travel to and from school by an insured of under 20 years of age using a vehicle that entails extra cost and which is used on a physician’s order because of an accident
- necessary costs of repairing or replacing spectacles, a hearing aid, dentures or a safety helmet in use and broken when the accident occurred, provided that the accident called for medical treatment
- costs for necessary physiotherapy prescribed by a doctor following surgery or a hospital stay of a minimum of 10 treatment sessions, costs of acquiring an orthopaedic brace if it was the first orthopaedic brace that was acquired after a coverable operation or accident. In cases like this, these expenses are only covered up to EUR 500 per operation or accident.

4.3 Expenses which are not covered
4.3.1 Medical expenses indemnity paid on the basis of illness does not include:
- examination or treatment provided by a physiotherapist, foot therapist, chiropractor, osteopath, naprapathy practitioner, masseur or equivalent health care professional
- expenses arising from pregnancy, childbirth, termination of pregnancy or examination or treatment of infertility or from complications caused by these events or conditions
- expenses arising from the abuse of medicine or the use of alcohol or other intoxicant
- expenses incurred from rehabilitation, psychotherapy, neuropsychotherapy, occupational therapy, speech therapy or other similar examination or therapy
- surgical operations to correct refractive errors
- expenses arising from a cataract operation
- costs of acquiring micronutrient, mineral, nutritive or vitamin preparations, basic creams or lotions or equivalent, or anthroposophic or homeopathic products
- expenses arising from an examination or treatment related to outward appearance or looks
- expenses arising from examinations or treatments related to breast reduction or enlargement, skin peeling or dermabrasion or the lifting or rejuvenation of eyelids, peaks around the eyes or other facial feature
- expenses arising from dental treatment of obesity, liposuction, gastric bypass or sleeve operation or other weight-loss surgery or other obesity examination and treatment
- expenses arising from examination or treatment of transsexuality
- expenses arising from a treatment whose primary reason is to improve the person’s quality of life; this includes medication that enhances sexual performance. This restriction is not applied, however, in case of medicinal products that have been compensated under the Health Insurance Act
- expenses arising from examination or treatment of an addiction to drugs, alcohol, medicine, nicotine or other similar substance, or from treatment of other types of addiction
- expenses arising from examination or treatment of teeth, teeth supporting tissue, mastocytosis muscles or jaw joints
- medical equipment, other aids or artificial limbs
- treatment for smoking, unless it is a question of sleep apnea verified by means of sleep registration
- costs of the acquisition of an orthopaedic brace, unless it is the first orthopaedic brace that was acquired after a coverable operation or accident. In cases like this, too, these expenses are only covered up to EUR 500 per operation or accident.
- indirect expenses, such as travel and accommodation expenses.

4.3.2 Medical expenses indemnity paid on the basis of an accident does not include:
- examination or treatment provided by a physiotherapist, foot therapist, chiropractor, osteopath, naprapathy practitioner, masseur or equivalent health care professional, with the exception of the situation specified in section 2.2.2.2.2.1
- expenses incurred from spending time or staying at a place providing rehabilitation services or any actual services used
- costs of acquiring micronutrient, mineral, nutritive or vitamin preparations, basic creams or lotions or equivalent, or anthroposophic or homeopathic products
- medical equipment, other aids or artificial limbs
- costs of the acquisition of an orthopaedic brace, unless it is the first orthopaedic brace that was acquired after a coverable operation or accident. In cases like this, too, these expenses are only covered up to EUR 500 per operation or accident.

4.4 Reasonableness of expenses
If it becomes evident that the expenses for which indemnity is claimed clearly exceed the generally accepted and reasonable level, the insurance company has the right to lower the amount of indemnity but not, however, below the reasonable level. Compensation for a house call by a doctor or other health care professional or treatment other than in the insured person’s home is only made in excess of a reasonable cost to equivalent treatment in a hospital or clinic.

Costs incurred by the insured person using his/her own car are covered as reasonable or necessary expenses to the maximum amount of motor vehicle travel costs specified under the decree issued by the Ministry of Social Affairs and Health on the basis of the Health Insurance Act.

5 How to make a claim
5.1 Notification of illness or accident
The claimant shall submit to the insurance company a written clarification of illnesses and accidents. The same form can be used for claiming compensa-
tion for several different illnesses or accidents. By filling in the insurance company’s claims form accompanied by receipts and documents submitted to the insurance company.

5.2 Receipts
The claimant must pay the medical treatment expenses him/herself before claiming for compensation from the insurance company. Original payment re-
ceipts must be submitted upon request to the insurance company.
Medical Treatment Insurance and Medical Expenses Insurance

The valid medical treatment insurance and medical expenses insurance policies are subject to the medical treatment expenses insurance terms and conditions with the exceptions of the following two sections. The exceptions concern the deductible and the sum insured in medical expenses insurance.

1 Deductible in medical expenses indemnity
The deductible amount per one illness or accident has been entered in the insurance policy in euros.

2 Sum insured in medical expenses insurance
Treatment expenses are covered for the same illness or accident up to the sum insured valid at the time the treatment of an illness started or the accident occurred.

3.1 Medical expenses indemnity

1 Content of insurance
The insurance covers accidents sustained by the insured during the validity of the insurance.

The following types of compensation may be selected for the insurance
- medical expenses indemnity
- daily benefit
- handicap benefit
- death benefit.

The types of compensation selected for each insured person are stated in the policy.

2 Effect of the insured person's age on validity
The insurance cover expires at the end of the insurance period during which the insured reaches 80 years of age. Daily benefit cover, however, will expire at the end of the insurance period during which the insured reaches 60 years of age.

3 Types of compensation

3.1 Medical expenses indemnity

3.1.1 Right to medical expenses indemnity
The right to medical expenses indemnity arises when treatment expenses are incurred from an accident sustained by the insured during the validity of medical expenses cover.

Treatment expenses are only covered inssofar as they are not or would not have been coverable under the Health Insurance Act or under some other legislation.

Treatment expenses for a single accident are covered up to the sum insured valid at the time when the accident occurred.

In each insurance event, the deductible recorded in the policy is subtracted per any one accident.

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

These coverable treatment expenses include:
- fees for examination and treatment procedures carried out by physicians or healthcare professionals
- costs for medicinal products and wound dressings sold in pharmacies
- daily hospital charges
- costs of dental injury examinations and treatments
- reasonable travel expenses to a local physician, dentist or nursing institution, or to a medical institution designated by the insurance company on the basis of section 3.1.5.
- necessary extra costs of travel to and from school by an insured of under 20 years of age using a vehicle that entails extra cost and which is used on a physicians order because of an accident
- necessary costs of repairing or replacing spectacles, a hearing aid, or of buying an orthopaedic brace that was acquired after a coverable operation or accident.
- costs of necessary orthopaedic braces prescribed by a doctor following surgery or plaster treatment, a maximum of 10 treatments per accident.
- costs of the acquisition of an orthopaedic brace if it was the first orthopaedic brace that was acquired after a coverable operation or accident.

In cases like this, these expenses are only covered up to EUR 500 per operation or accident.

3.1.3 Expenses which are not covered
Medical expenses indemnity does not cover:
- examination or treatment provided by a physiotherapist, foot therapist, chiropractor, osteopath, naprapathy practitioner, masseur or equivalent health care professional, with the exception of the situation specified in the last but one item of section 3.1.2 above
- expenses incurred from spending time or staying at a place providing rehabilitation services or any actual services used
- costs of acquiring medicinal products, dietary, nutritive or vitamin preparations, basic creams or lotions or equivalent, or anthroposophic or homeopathic products
- medical equipment, other aids or artificial limbs
- costs of the acquisition of an orthopaedic brace, unless it is the first orthopaedic brace that was acquired after a coverable operation or accident.
- costs arising from the psychic consequences of an accident. However, coverable treatment expenses include expenses incurred from psychotherapy given by a psychiatrist, or by a psychologist prescribed by a physician, up to ten treatment sessions per accident. Such expenses are covered provided the insured has sought medical care within three months of the insurance event and inssofar as they are incurred from therapy given within six months of the occurrence of the accident.

3.1.4 Extended treatment expenses
If the insured did not sustain bodily injury, mental injury sustained by the insured is, in terms of medical expenses indemnity, deemed to be caused by an accident if it was caused by any of the following insurance events which occurred during the validity of the medical expenses cover:
- a violent crime committed or attempted against the insured
- a burglary, fire or natural catastrophe in the home of the insured

Under treatment expenses, the insurance covers expenses incurred from psychotherapy given by a psychiatrist, or by a psychologist prescribed by a physician, up to ten treatment sessions per insurance event. Such expenses are covered provided the insured has sought medical care within three months of the occurrence of the accident, or if the insured is, in terms of medical expenses indemnity, deemed to be caused by an accident if it was caused by any of the following insurance events which occurred during the validity of the medical expenses cover:
- a violent crime committed or attempted against the insured
- a burglary, fire or natural catastrophe in the home of the insured

Indemnity is not paid if the tort-feasor in the committed or attempted violent crime, burglary or fire is the spouse or common-law spouse, child, sibling or parent of the insured, or a person residing in the same household as the insured. The crime or attempted crime must be notified to the police.

3.1.5 Choice of medical care provider
The insurance company can choose the medical centre, hospital or nursing institution in which examinations and treatment measures shall be undertaken, unless this is unreasonably inconvenient for the insured.

3.1.6 Reasonableness of expenses
If it becomes evident that the expenses for which indemnity is claimed clearly exceed the generally accepted and reasonable level, the insurance company has the right to lower the amount of indemnity but not, however, below the reasonable level.

Costs incurred by the insured person using his/her own car are covered as reasonable or necessary expenses to the maximum amount of motor vehicle travel costs specified under the decree issued by the Ministry of Social Affairs and Health on the basis of the Health Insurance Act.

3.2 Daily benefit
The right to daily benefit during a period of disability arises when the insured becomes incapacitated for work due to an accident which occurred during the validity of daily benefit cover.

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

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

The benefit is paid for as many days as the disability continues in excess off the qualifying period mentioned in the policy. The qualifying period begins on the first day of the disability as stated by a physician.

Benefit for any single accident is paid up to the maximum period mentioned in the policy.

No benefit is paid for the psychic consequences of an accident.
3.3 Handicap benefit

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

Permanent handicap refers to a medically assessed general handicap which the insured has incurred through an injury and which, according to medical prognosis, is unlikely to be healed. In determining the handicap, only the nature of the injury is taken into account. The individual circumstances of the injured person, such as his/her profession or leisure-time pursuits, do not affect the determination of the handicap.

The degree of handicap is determined in accordance with the handicap classification decision made by the Ministry of Social Affairs and Health on the basis of the Workers’ Compensation Insurance Act and valid when the accident occurred. Injuries are divided into handicap classes 1–20, with class 20 corresponding to full handicap and class 1 to the smallest coverable handicap.

The benefit for full, permanent handicap according to class 20 is paid as a lump sum equal to the sum insured valid at the time the accident occurred. For partial, permanent handicap, the benefit is paid as a lump sum equal to as many twenty-fifths of the sum insured as indicated by the handicap class.

Permanent handicap is determined within three years of the accident, at the latest.

If the degree of handicap changes by at least two handicap classes before three years have elapsed since the payment of the benefit, the amount of benefit must be revised correspondingly. However, no benefit already paid will be recovered.

No benefit is paid for the psychic consequences of an accident.

3.4 Death benefit

The right to death benefit arises if the insured dies owing to an accident which occurred during the validity of the death benefit cover.

The benefit paid is the sum insured stated in the policy. The sum insured is paid if the insured dies during the validity of the insurance. The age or state of mind of the insured has no bearing on the application of this restriction.

No benefit is paid if the insured has committed suicide within a period of one year from the beginning of the insurance. No benefit is paid if the insured dies after three years have elapsed since the accident occurred. Nor is any benefit paid for the psychic consequences of the accident.

4 How to make a claim

4.1 Notification of an accident

The claimant must notify the insurance company of the accident in writing. This can be done by filling in a bodily injury notice form issued by the insurance company.

4.2 Medical expenses indemnity

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

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

4.3 Death benefit

For the payment of death benefit, the claimant must provide the insurance company with a death certificate for the insured and official extracts from the population register, or equivalent, on beneficiaries.

Life insurance

1 Content of insurance

The sum insured is paid if the insured dies during the validity of the insurance. The type of compensation paid under the insurance is death benefit.

2 Effect of the insured person’s age and the insurance event on validity

Single-person insurance cover expires at the end of the insurance period during which the insured reaches 70 years of age.

Joint life insurance expires if either one of those insured dies or at the end of the insurance period during which either one of those insured reaches 70 years of age. The insurance continues for the survivor or under 70-year-old insured as single cover with the same sum insured.

Disability insurance

1 Content of insurance

The insurance covers permanent loss of working capacity suffered by the insured during the validity of the insurance. The type of compensation paid under the insurance is disability benefit.

2 Effect of the insured person’s age and the insurance event on validity

The insurance expires when the right to disability benefit arises or at the end of the insurance period during which the insured reaches 60 years of age.

3 Disability benefit

3.1 Right to disability benefit

The right to disability benefit arises if the insured suffers permanent loss of working capacity due to illness or injury during the validity of the insurance and the permanent disability has continued for three months while the insurance is still valid.

The insured is considered to suffer permanent loss of working capacity if he/she, owing to an illness or injury, is unable to carry out the duties of his/her previous job or a job which, taking into account his/her age and professional skills, may be considered suitable for the insured and to provide a reasonable income.

The insured is not considered to suffer permanent loss of working capacity solely on the grounds that he/she is entitled to early disability pension or some other pension paid on the basis of reduced working capacity.

The benefit paid is the sum insured stated in the policy. The sum insured is determined according to the date on which the right to benefit arises.

3.2 Restrictions

No benefit is paid if the disability is caused by:
- abuse of alcohol or medicine or use of an intoxicant
- attempted suicide within a period of one year from the beginning of the insurance. The age or state of mind of the insured has no bearing on the application of this restriction.

4 How to make a claim

For payment of disability benefit, the claimant must provide the insurance company with a medical certificate on permanent disability and an address for payment of the benefit.
Non-life insurance

The insurance cover selected for each type of property and the types of liability and legal expenses insurance are indicated in the insurance policy. The terms and conditions of luggage insurance, travel liability insurance and legal expenses travel insurance are stated in the travel insurance section.

Common provisions concerning extended home insurance, home insurance and fire insurance

Extended Home Insurance. Home Insurance and Fire Insurance policies have not been sold since 1 January 2011. Terms and conditions concerning these policies are only applied if the policies were taken out before the above date or in case of an Extended Home Insurance that is part of an Easy insurance package.

1 Those insured
Those insured are the policyholder and the persons residing permanently in the same household as the policyholder.

2 Validity at the place of insurance
The insurance of a building is valid at the location of the building in the place of insurance specified in the insurance policy.

Insurance for home or holiday-home contents is valid in the residence and the storage space related to the use of the residence, which constitute the place of insurance for the contents, at the place of insurance specified in the policy.

Restriction:
In the case of loss or damage to moveable property, the insurance company is liable to indemnify up to 10% of the sum insured or of the maximum amount of indemnity for home and holiday-home contents at any one place of insurance if, at the time of loss, such moveable property was kept:
- in an attic, cellar or other storage space related to the use of a rented or owner-occupied residence but located outside the residence or in a common storage space for sports and recreational equipment, or
- in a storage place separate from the residential building at the place of insurance.

3 Validity outside the place of insurance
3.1 The insurance is also valid elsewhere in Finland or in the other Nordic countries up to EUR 3,400 for moveable property transferred from the place of insurance temporarily for a maximum of one year.

3.2 When the insured moves from one permanent residence to another, the insurance for home or holiday-home contents is effective outside the place of insurance in Finland for a maximum of two months up to the maximum amount of indemnity for home or holiday-home contents or the sum insured entered in the insurance policy.

Restrictions:
3.3 Theft of moveable property kept in a motor vehicle, trailer, boat, an outside boot of a vehicle or a trailer, a vehicle panner or tent is indemnified up to EUR 1,000 per insurance event. This restriction does not apply when such property is moved from one permanent residence to another or when the insured property is more than a straight-line distance of 50 kilometres from the residence, place of work, place of study and holiday home of the insured. In these circumstances the maximum indemnity is determined in accordance with section 3.1 or 3.2.

3.4 The upper limits of indemnity referred to in section 3.1 apply even if the property is included in several insurance policies providing the same benefit.

4 Insured property
The object of insurance is the property stated in the insurance policy.

4.1 Building
Where the object of insurance is a building, the cover includes fixed machinery and equipment related to use of the building and the following related items serving the building and located in the building or on the same property as the building:
- heating fuel up to an amount corresponding to one year’s consumption, hand tools and machinery externally steered on foot
- electric cables owned by the policyholder
- ordinary fixed structures, wells including their equipment and buildings, storage space, shelters or similar light structures covering an area up to 4 m²
- oil tanks
- electrical and other cables, conductors and pipes extending as far as the connection with the municipal or other public mains.

The insurance for a home or holiday home also covers the soil in the grounds of the building and the garden.

Exclusions:
Damage caused to fixed ordinary structures, wells including their equipment and to buildings covering an area up to 4 m², is indemnified up to EUR 3,400. Fixed ordinary structures do not include jetties, beach constructions and structures, swimming pools, bathing tubs, free-standing pools, fountains and the like outside buildings.

The insurance does not cover the subsoil pipes of the property nor the foundations of the building below the ground slab with the exception of the pad foundations and footings.

4.2 Construction and renovation
The insurance covers the buildings specified in the insurance policy also when they are under construction or renovation.

When a private person insures a building which is being constructed for his/her use or ownership and is being constructed or renovated mainly by him/herself, the following shall apply:
- Building materials which are being transferred to the place of insurance are covered by the insurance during the period of construction from the moment the liability for them under the terms of the sales contract passes to the policyholder. The materials must be transferred to the place of insurance within one week from the transfer of liability.
- Building materials temporarily removed from the place of insurance for a continuous period of more than six months are objects of insurance without separate agreement.
- Site equipment, i.e. the clothing and tools of outside workers performing the construction or renovation, any temporary site buildings and hired and borrowed machines and equipment, are included in the insurance up to a total of EUR 3,400. Loss of or damage to site equipment is indemnified only for insurance events described in sections 3 (Fire) and 5 (Burglary) of the home insurance.

4.3 Home contents
The term home contents refers to household effects in a residence and the related storage space.

The following items of property are included in the insured home contents without separate mention:
- cash, other payment instruments and securities of each of those insured up to a maximum of EUR 500
- pets usually kept inside the home up to EUR 1,200
- boats manufactured for use as rowing boats, up to EUR 1,200
- outboard motors of a maximum of 3.7 kW (5 hp) up to a maximum total of EUR 1,200
- tools, up to a total of EUR 3,400, owned by those insured and used by them in the capacity of private individuals in gainful employment or in a private firm.
- property maintenance machinery externally steered on foot up to a maximum total of EUR 3,400
- floor, wall and ceiling coverings, balcony glazing, parts of real-estate for the maintenance of which, under the Finnish Housing Companies Act, the owner (shareholder) of a flat is responsible as well as special fixed interior decoration in an individual rented or owner-occupied dwelling up to EUR 3,400
- the following equipment installed in an individual dwelling rented or owned by the policyholder: electric or gas stove, hob extractor fan, cold room compressor, mechanism of a central vacuum-cleaning system, and electric sauna stove.

Home contents also include leased or borrowed property for household use which, if owned by the insured, would be included in their insured home contents.

Exclusions:
Tools used in gainful employment do not include sales stock, raw materials, product samples or advertising material.
Damage to floor, wall or ceiling coverings, parts of real estate for the maintenance of which the owner (shareholder) of a flat is responsible or special fixtures in an individual rented or owner-occupied apartment is indemnified only if the owner of the property is not obliged to repair the damage. Any extensions of the maintenance liability laid down in the Articles of Association or decided by the Shareholders’ Meeting do not affect the content of the insurance.

The insurance does not cover boilers, air heat pumps, swimming pools or whirlpool baths and related equipment, powered roof ventilators or underfloor heating installed in an individual rented or owner-occupied dwelling.

Rented residential buildings are not considered rented dwellings.

Indemnity for damage caused to leased or borrowed moveable property is paid only if the damage is not indemnified by other insurance.

4.4 Holiday-home contents
The term holiday-home contents refers to household effects in the holiday home of the insured and in the related storage space.

The following items of property are included in the insured holiday-home contents without separate mention:
- boats manufactured for use as rowing boats, up to EUR 1,200
outboard motors of a maximum of 3.7 kW (5 hp) up to a maximum total of EUR 1,200.
- property maintenance machinery externally steered on foot up to a maxi-
mum total of EUR 3,400.

Holidays-home contents include leased or borrowed property for household
use which, if owned by the insured, would be included in his/her holiday-
home contents.

Exclusion:
Indemnity for damage caused to leased or borrowed moveable property is
paid only if the damage is not indemnified by other insurance.

4.5 Supplementary insurance pertaining to moveable
property
Under a supplementary agreement and at an additional premium, the follow-
ing may be insured:
- floor, wall and ceiling coverings, balcony glazing and special fixed interior
decoration in excess of EUR 3,400.
- tools used in gainful employment in excess of EUR 3,400. The supple-
mentary insurance for tools used in gainful employment is valid only at
the place of insurance indicated in the insurance policy.

4.6 Motor-driven equipment
Under a supplementary agreement and at an additional premium, the follow-
ing may be insured:
- garden tractors and equivalent garden maintenance equipment controlled
by a seated user and attaining a maximum design speed of 15 km per
hour.
- small vehicles with electric motor or combustion engine intended for use
by children or youngsters.

1  Coverable insurance events
The insurance indemnifies for any direct material damage caused by some
sudden and unforeseeable occurrence during the validity of the insurance.
The condition for compensation to be paid is that not only has a loss been
caused by freshwater or saltwater flooding or a consequent moving of ice but
that the rise in water level has been exceptional. In case of freshwater or salt-
water flooding, the insurance only covers loss or damage caused to the build-
ing itself and its moveable property.

By freshwater flooding we here refer to an exceptional water level rise in a
river, lake, ditch or brook caused by gale-force winds, exceptionally heavy rain,
melting snow, or ice and slush dams.

By saltwater flooding, on the other hand, we refer to an exceptionally high rise
of the sea level caused by gale-force winds, changes in air pressure or flow in
the Danish straits.

By an exceptionally high rise of freshwater or saltwater levels we mean such
a rise caused by gale-force winds or water level that is likely to occur only
once every 50 years or less frequently. A flood caused by a permanent rise in
mean water level, normal variation of water level or waves is not considered
exceptional.

2  Exclusions
The insurance for moveable property and buildings does not cover:
- loss or damage to the object itself caused by wear and tear, rusting,
corrosion, smell, spoiling, moulding, rotting, the spread of fungus, material
fatigue or other equivalent gradual phenomenon. Neither does the insurance
cover damage or loss caused by rising damp.
- loss or damage caused by frost heaving, subsidence or land movement.
- damage caused to a building or its contents caused by freshwater or salt-
water flooding or a consequent moving of ice if the building was constructed
without permission specified by law or contrary to permission that was issued.

Moreover, the insurance does not cover loss or damage caused by the weight
or movement of ice or snow. The last-mentioned exclusion does not apply to
movement of ice due to freshwater or saltwater flooding.

- loss of or damage to horticultural, agricultural or forestry products or gar-
den plants caused by natural conditions.
- loss or damage caused by insects, rats, mice, moles, squirrels, hares or rabbits.
- loss or damage caused by a pet through chewing, tearing or scratching, or
loss or damage caused by a pet’s secrets.
- costs arising from the loss of liquid in the event of leakage.
- costs arising from repair or maintenance.
- loss or damage caused by commercial blasting, quarrying or piling.
- loss caused by theft, the exact time, circumstances and place of which
cannot be determined.
- loss of or damage to the insured property caused wilfully or through
gross negligence by the insured person’s tenant or a person residing perma-
nently in the same household as the tenant.
- loss or damage indemnified under guarantee, legislation or other agree-
ment, or from public funds.

4.7 Property not covered by the insurance
Property not covered by the insurance includes:
- tools used in gainful employment which are used or owned by a partner-
ship, a limited partnership, a limited-liability company, an association or
other organisation, or tools otherwise in the possession of the insured if
the possession is based on a public or private employment relationship or
assignment.
- manuscripts, dissertations, theses and the like.
- data, files or software on the computer hardware.
- equipment which does not conform to safety regulations and regulations
issued by the authorities, and other property the possession or use of which
violates existing legislation.
- motorised vehicles, caravans or other trailers, watercraft or aircraft,
or any parts or accessories thereof.
- electric current and water.

5  Safety and indemnification regulations
If a loss or damage is coverable under the insurance terms and conditions, the
insurer is subject to the safety regulations described herein.

The indemnity is calculated in accordance with the indemnification rules de-
scribed herein.

6  Nuclear accident and war
Cover is not provided for any loss or damage caused
- by nuclear accident as described in the Nuclear Liability Act, or caused
by material, equipment or weapons based on nuclear reaction or ionising
radiation, regardless of where the nuclear accident occurred.
- war or armed conflict.

Extended Home Insurance

1.23 loss or damage caused by condensation water.
1.24 loss caused by liquid leaking through the structure or through the joints or
connections such as between a floor gully and a raising piece, or loss caused by liquid if the loss is caused by an unap-
proved connection.
1.25 loss or damage caused by roof leakage, unless the leakage is due to a storm
wind damaging the roof or some other sudden and unforeseeable ex-
ternal cause.

In addition to sections 2.1–2.15, insurance for moveable property does not cover:
- loss of or damage to an object caused by breakage resulting from a de-
fect in the object or from the incorrect use of the object.
- loss or damage caused by property disappearing or being left behind even
if the property is later found broken or it is established that the property
has been lost.
- loss of or injury to an insured pet with the exception of its accidental
death or necessary destruction due to an accident.
- loss or damage caused by breakage of sports equipment or sports gear,
radio-controlled equipment, or electrically or combustion-engine driven hobby
vehicles while being used for their intended purpose, except where the loss or
damage is caused by negligence of a third party.
- loss or damage caused to computer hardware, when the loss or damage
is due to malfunction, faultiness or non-performance of data or software.
- loss caused by theft of moveable property kept out of doors other than a
bicycle, pram, boat or a motor locked to a boat.
- theft of money, other payment instruments, securities or valuables kept
in a motor vehicle, trailer, the outer boot of a motor vehicle or trailer, the
pannier of a vehicle or in a tent. Valuables include jewellery, precious metal
objects, furs, valuable collections and works of art.
- theft of optical instruments, electronic equipment and electronic tools kept
in a trailer, the outer boot of a motor vehicle or trailer, the pannier of a vehicle
or in a tent. However, this restriction does not apply to theft of optical instru-
m ents, electronic equipment and electrical tools from caravans.

In addition to sections 2.1–2.15, insurance for buildings does not cover:
- defective design, foundation, installation, construction or any damage
caus ed to the building by such defective design, foundation, installation or
construction.

3  Restriction alternatives of the scope of cover
The following can be excluded from the cover of the insurance by so indicating
in the insurance policy:
- damage caused by liquid leaking from pipes in the building or from pipes
serving the building or from operating equipment connected to them.
- under insurance for buildings, breakage of HPAC equipment and breakage
caused by a strike of lightning or other electrical phenomenon. The restriction
applies to the following:
- fixed refrigeration, air-conditioning, plumbing and central heating equip-
ment, the equivalent fixed electric heating equipment, both direct and of
the storage type, heat recovery equipment and related compressor units,
electric motors and storage tanks.
- heating cables and pipes.
Home insurance

The insurance indemnifies for any direct material damage if it has been caused by the following sudden and unforeseeable insurance events during the validity of the insurance.

1  Fire
The insurance covers loss or damage caused by an outbreak of fire or by a sudden and unforeseeable rising of soot from a fireplace or heating unit.
Exclusion:
The insurance does not cover damage caused to an object by catching fire or being subjected to heat.

2  Lightning or other electrical phenomenon
The insurance covers loss or damage brought about by mechanical destruction of property caused by a direct strike of lightning.
The insurance covers damage caused by a sudden and unforeseeable electrical phenomenon to electrical devices or appliances which form a part of the insured building or moveable property.

3  Explosion
The insurance covers loss or damage caused by an explosion.
Exclusion:
The insurance does not cover loss or damage caused by professional blasting or quarrying.

4  Theft
The insurance covers loss or damage caused by theft of moveable property if:
- the space where the property is kept is broken into by damaging the structures or locks of the storage space or by using other means of force;
- the space where the property is kept is entered with a key obtained through burglary or robbery.
In addition, the insurance covers loss caused by theft of property taken by the insured on a journey in Finland or other Nordic countries.
Exclusions:
The insurance does not cover loss caused by theft of moveable property kept out of doors other than a bicycle, pram, boat or a motor locked to a boat.
The insurance does not cover loss caused by theft if the exact time, circumstances and place of the theft cannot be determined.
The insurance does not cover loss or damage caused by property disappearing or being left behind, even if the property is later found broken or it is established that the property has been lost.
The insurance does not cover theft of cash, other payment instruments, securities and valuables kept in a motor vehicle, trailer, boat, outside boot of a vehicle or trailer, pannier of a vehicle or a tent. Valuables include jewellery, precious metal objects, furs, valuable collections and works of art.
The insurance does not cover theft of optical instruments, electronic equipment and electric tools kept in a trailer, outside boot of a vehicle or trailer, pannier of a vehicle or a tent. However, this restriction does not apply to theft of optical instruments, electronic equipment and electrical tools from caravans.

5  Burglary
The insurance covers damage to the building and loss of or damage to moveable property if:
- the space where the property is kept is broken into by damaging the structures or locks of the storage space or by using other means of force;
- the space where the property is kept is entered with a key obtained through burglary or robbery.

6  Robbery
The insurance covers loss or damage to property which is stolen or damaged in connection with theft using violence against the person or by threatening with violence.

7  Malicious damage to buildings
The insurance covers loss or damage arising from malicious damage caused to a building or fixed structures in the grounds of the building.
Exclusion:
The insurance does not cover loss of or damage to the insured property caused wilfully or through gross negligence by the insured person’s tenant or by a person residing permanently in the same household as the tenant.

8  Leakage
The insurance covers loss or damage caused by a sudden and unforeseeable escape of liquid, vapour or gas direct from:
- the buildings own fixed water pipes, sewer or heating system or steam, gas or oil pipes;
- rainwater pipes inside the building;
- fixed operating equipment in common spaces of the building;
- a washing machine equipped with an approved hose connection and cut-off valve connected to the water mains and operated in normal household use;
- a swimming pool or related equipment.
In addition, the insurance covers the costs arising from locating the fault, opening and closing structures, and excavation and filling when repairing the leak, if the liquid that escaped from the pipes has damaged the insured building.
Exclusions:
The insurance does not cover:
- loss caused by rainwater or melt water from roof gutters, downpipes outside the building, storm drains or elsewhere;
- loss caused by flooding of a manhole or sewer pipe during heavy rain, thaw or flood;
- loss caused by damage or blockage in a municipal or other public water or sewer line;
- loss or damage caused by liquid leaking through the water insulation in the structures or through the joint of pipes and structures, such as between a floor gully and a raising piece, when the loss is caused by an unapproved connection;
- loss caused by rotting, fungal growth, mould or odour due to moisture;
- loss or damage caused by frost heaving, subsidence or land movement;
- costs arising from repairing or renewing pipes or operating equipment;
- loss of liquid, vapour or gas;
- loss or damage caused by condensation on water.

Limited cover alternative
Damage from the above occurrences of leakage can be excluded from cover by so indicating in the insurance policy.

9  Breakage of fixed equipment and pipes
The insurance covers loss from sudden and unforeseeable damage to:
- fixed refrigeration, air-conditioning, water and central heating systems of the building, equivalent fixed storage and direct electric heating systems, heat recovery systems and related compressor units, electric motors, and storage tanks;
- heating cables and pipes.
In addition, the insurance covers the costs of opening and closing structures, and excavation and filling arising from locating and repairing the fault in the damaged machine, equipment or electric cable.
Exclusions:
The insurance does not cover:
- loss or damage which has occurred before the pipes and cables of a building under construction or renovation have been duly approved for use;
- costs incurred through maintenance repair;
- loss or damage caused by wear and tear, encrustation, accumulation of deposits, flood, pack ice or landslide;
- damage to water pipe fittings;
- damage to drain pipe fittings;
- loss or damage caused by frost heaving, subsidence or land movement;
- loss or damage for which the manufacturer or some other party has contractual liability. However, the loss is indemnified if the policyholder shows that the liable party is unable to meet his/her obligation to indemnify.

Limited cover alternative
Damage to fixed equipment and pipes of the building, caused by any of the abovementioned breakages or by breakage resulting from a strike of lightning or other electrical phenomenon as indicated in section 2, can be excluded from cover by so indicating in the insurance policy.

10 Storm
The insurance covers damage caused to the building, ordinary structures of the real estate or moveable property in the building by a storm.
The insurance covers damage caused by a rise in water level to the building and moveable property in the building if the rise is due to a storm wind at the place of loss.
‘Storm’ refers to wind with a current speed of at least 20 metres per second.
Exclusions:
The insurance does not cover loss or damage caused by flood or rise in water level other than that caused by a storm wind at the place of loss. The insurance does not cover loss or damage caused by heavy seas or the weight or movement of ice or snow.

11 Damage caused by wild animals
The insurance covers damage to the building or moveable property in the building caused by entry of a wild animal into the dwelling. Uninsulated attics, cellars or other storage spaces are not considered part of the dwelling.
Exclusion:
The insurance does not cover loss or damage caused by insects, rats, mice, moles, squirrels, hares or rabbits.
12 Fall of an aircraft or an object falling from an aircraft
The insurance covers loss or damage caused by the fall of an aircraft or spacecraft or by an object falling from an aircraft or spacecraft.

13 Traffic accident and running aground
The insurance covers loss of or damage to moveable property caused in a traffic accident which involves a motor vehicle or caused by running aground. Exclusion: Loss or damage is not, however, covered insofar as it is covered under motor liability insurance.

14 Subsequent loss caused by certain insurance events
The insurance indemnifies for any direct material damage due to the insured person’s property being stolen, disappearing or being damaged in conjunction with fire, explosion or the falling of an aircraft.

The insurance indemnifies for any direct material damage to the object due to cold, heat, precipitation or other similar reason if the damage was a direct and unavoidable consequence of fire, explosion, fall of an aircraft, theft, robbery, burglary, malicious damage, leakage, storm, wild animals, traffic accident or running aground.

Fire insurance

1 Fire insurance
The insurance covers loss or damage caused by the insurance events described in sections 1 (Fire), 2 (Lightning and electrical phenomenon), 3 (Explosion) and 10 (Storm) of the home insurance.

The insurance covers subsequent losses associated with insurance events as described below in the section Subsequent loss.

Limited cover alternative
Loss or damage caused by storm mentioned above can be excluded from cover by so indicating in the insurance policy.

Safety regulations

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

2 Fire safety
2.1 Electrical appliances, heating equipment and warning devices
The safety of fireplaces, flues and fire walls must be continuously monitored. They must not be taken into use before approval by the fire or building authorities. Defective fireplaces, flues or fire walls must not be used before they have been inspected and approved for continued use by the fire or building authorities.

Chimney sweeping must be performed in such a way that flues and fireplaces functioning with fixed or more than one fuel are swept once a year, irrespectively of the fuel used. The flues and flues of holiday homes that are not in use all year round must be swept once every three years. The chimney sweeper must have a chimney-sweeper’s vocational qualification.

The safety distances prescribed for sauna stoves must be taken into account when choosing their position. Clothes or other combustible material may not be placed above a sauna stove or its immediate vicinity.

The electric current in domestic appliances must be switched off after use. When the building is left unoccupied, the electric current, especially that of a cooker, iron or other domestic appliance posing a fire hazard, must be switched off.

In locating temporary heating appliances, the safety distances required for individual appliances must be taken into account. Heaters with glowing surfaces or unprotected electric heaters with a filament resistor must not be placed in dusty spaces or used contrary to their purpose. Heating devices must not be covered.

Alongside standard fittings, only devices approved for motor vehicle use may be used for heating motors, power transmitters, the interior and other parts of a vehicle. Approved devices are:
- CE approved devices operated by mains current and specifically meant for use in vehicles. Internal heaters for motor vehicles have protected fila-
ments and usually bear the text “Internal vehicle heater”. Adequate circu-
tation of air must be ensured for interior heaters.
- other CE approved devices meant for vehicle use, which have been ap-
proved by the Insurance Companies’ Committee for Automobile Repairs.

Placing a cover in the space between the bonnet and the engine is not permitted.

The surface temperature of heating equipment used for heating a motor vehicle shelter may not exceed +125 degrees centigrade. The use of oil, gas or paraffin oil heating equipment or stoves in a motor vehicle shelter is forbidden.

All dwellings, residential buildings and holiday homes must be equipped with operable smoke detectors in accordance with the directions of the authori-
ties. Each storey in a dwelling place, including any basement levels and attics connected to it, must be equipped with at least one smoke detector/alarm. A house or a flat must have one smoke detector/alarm for each 60m² or part thereof.

2.2 Smoking and open fires
Smoking is forbidden in dusty places, places containing flammable materi-
als and in places where flammable liquids, gases or explosives are stored or handled.

Smoking in bed is forbidden.

Making an open fire without the necessary permit is forbidden. Open fires must be continuously supervised and extinguished with special care. Open fire or a hot-air blower may not be used to thaw out piping.

Materials that could be used to start a fire must be kept out of children’s reach. Owing to the risk of smouldering, ashes must be handled with special care. In a building and its vicinity, ashes removed from a fireplace must be kept in a non-combustible lidded container until they have fully cooled.

Burning candles and outdoor candles must be supervised. They must be placed on a non-flammable base so that flammable material cannot be ignited by a flame or heat.

2.3 Hot work
Persons engaged in work involving risk of fire must take special care and ob-
serve the following instructions where applicable:
- Before work involving risk of fire is started, clean and protect the work site and surrounding area. Remove any inflammable material. Protect any nearby flammable structures.
- Make sure that a welding blanket, sufficient initial extinguishing equip-
ment and a pressure hose are at hand.
- Water down the surrounding area if necessary.
- Make sure that a sufficient fire watch is kept while the work is under way and for a minimum of two hours after the work has been completed.

Work involving risk of fire refers to work which produces sparks or where a gas flame, other naked flame or a hot-air blower is used. Such work includes welding, flame and disk cutting, metal grinding, soldering, heating, water-proofing and roof work.

Repair work using a naked flame or open fire or glowing or spark-producing equipment may not be carried out in a motor vehicle shelter or a shelter for moveable property.

2.4 Flammable liquids and gases, highly flammable substances and explosives
Flammable liquids and gases, highly flammable substances and explosives shall be stored according to regulations given by the fire authorities, and smoking or use of naked flames is not permitted when handling these sub-
stances. Moreover, spark producing equipment must not be kept in the vicinity of these substances. Valves and couplings of liquefied gas devices shall be checked for any leaks regularly and at least once a year. Equipment used for handling highly inflammable liquids must be stored in such a way after use that they cannot cause a fire even if they self-ignite.

3 Protective measures against theft and burglary
3.1 Property in a building, in the home, in accommodation facilities and in related storage space and stored property
The doors, windows, hatches and other entrances to storage spaces for move-
able property must be closed in a manner providing protection against theft and burglary. The closing must be effected in such a way that the storage space cannot be entered without damaging the structures or locks of the stor-
age space. When property is stored, valuables must be placed or covered in such a way that they cannot be seen by an outsider, unless he/she breaks into the storage space. Valuables include jewellery, precious metal objects, furs, valuable collections and works of art.

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

When property is kept in a hotel room, passenger cabin or similar accommodation space any valuables or objects or equipment worth more than EUR 800 must be kept in a fixed and separately locked space. Valuables include jewellery, precious metal objects, furs, valuable collections and works of art.

3.2 Property outside the home, accommodation facilities and related storage spaces

Property accompanying the insured must be continuously supervised. The insured person must not leave his/her accompanying property or luggage unprotected in public places such as streets, bus and railway stations, market-places, restaurants, shops, lobbies of hotels or other accommodation establishments, beaches, sports fields, public conveyances, popular tourist sites and public assemblies.

Any accompanying property left unsupervised must be stored in a locked, fixed storage space which cannot be entered without damaging the structures or locks of the storage space.

When storing movable property in a motor vehicle, trailer, boat, outside boot of a vehicle or trailer or pannier of a vehicle, these must be locked. The property must also be placed or covered in such a way that it cannot be seen by an outsider, unless he/she breaks into the storage space. The boot or pannier must be locked or fastened to the vehicle or trailer in such a way that it cannot be unfastened without tools. A trailer used for storing property must be locked with a device which prevents it from being coupled to a drawing vehicle or locked in such a way that it is clearly difficult to move.

Garden tractors and motorised hobby vehicles must be stored in a manner which provides protection against theft in a closed, locked storage space, or covered in such a way that they are not visible to an outsider, unless he/she breaks into storage space. Valuables include jewellery, precious metal objects, furs, valuable collections and works of art.

In public conveyances, valuables must be carried as hand luggage. Valuables include jewellery, precious metal objects, furs, valuable collections and works of art.

Cash, other payment instruments and securities must not be left in a hotel room, passenger cabin or similar accommodation, and they must be carried as hand luggage in public conveyances.

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

3.3 Further regulations concerning sports and leisure equipment

Bicycles must be protected against theft by a properly functioning lock. If skis, snowboards or other sports equipment covered by luggage insurance have to be left unsupervised out of doors or in public areas, they must be locked to a stand intended for this purpose, or to other suitable fixtures.

3.4 Boats, their motors and accessories

A boat must be stored in a manner which provides protection against theft in a closed, locked storage space or locked to a fixed mooring using a chain and padlock with a steel shackle.

When storing a boat outdoor, the outboard motor and any fittings belonging to the boat must be locked to the boat, which in turn must be locked in the manner as described above.

A motor removed from a boat must be stored in a locked storage space.

4 4 Protection of property from loss due to leakage

In order to prevent frost and leakage damage to water pipes and HEPAC equipment, the building must be heated sufficiently. If a building is left without supervision during the cold season for more than a week, the main valve must be closed or the water pump turned off. If a building is not heated at all during the cold season, all the water must be run out of the pipes and any heating, water supply and air conditioning equipment, in addition to ensuring that the main valve outside the building is closed or the water pump turned off.

Oil tanks and related oil pipelines of a building must for the first time be checked in their tenth year of use, and after this steel tanks must be checked every five years and other tanks every ten years. Heating oil must be removed from tanks which are no longer in use, the equipment must be neutralised and the feed connection must be removed before the beginning of the subsequent heating period.

Washing machines shall always be connected to the water mains by an individual cut-off valve and an approved pressureproof filling hose. The outlet hose shall be connected tightly to the waste water system or the operation of the washing machine shall otherwise be supervised. The cut-off valve for a pressurised water feed pipe to a washing machine must be closed when the wash programme has finished. You must see to that the hose connections are in good repair and that the hoses have no kinks.

When installing a dish washer, a suitable safe tray must be installed under it. While using a shower, the user must keep a constant watch to ensure that the water flows into the floor gully and there are no sewer blockages.

Any goods stored in a cellar which are liable to suffer from humidity or moisture shall be kept at a minimum of 10 cm from the floor surface.

5 Protection of property from loss due to a natural phenomenon

Rainwater and melting snow, that is, urban runoff, must be prevented from entering buildings by means of water insulation and other drainage methods, such as using landscaping to divert water away from buildings, and ditches, French drains, rainwater pipes and sewage systems.

The lot must be connected to a municipal urban runoff network if such is available.

The ditches and French drains must be kept operational and checked annually. The seawage system must be kept operational and the sewer pumps maintained.

Ditches in stores situated below the ground level, making them susceptible to humidity or moisture, must be kept at a minimum of 10 cm from the floor surface.

The safety regulations specified in the insurance policy or otherwise referred to in the insurance contract must be followed.

6 Other instructions

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

Fragile objects must be carried in hand luggage in public conveyances.

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

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

Buildings and machinery shall be maintained in a condition which complies with the Building Act, building regulations and occupational safety regulations.

Indemnification regulations

1 1 How to make a claim

1.1 Notification of an insurance event

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

The claimant must provide the insurance company with documents and information necessary for the assessment of the insurance company’s liability. These include documents and information that confirm the occurrence of loss, the extent of the loss, and the recipient of compensation. Examples of such documents are a police investigation report or report of an offence, a receipt for the acquisition of the damaged object, an abstract of title or account of mortgage holders. All crimes must be reported to the local police without delay.

1.2 Documents and the cost of obtaining them

The police investigation report must be supplied to the insurance company upon request. The company indemnifies for the fees arising from the police investigation reports and other official documents which are required for handling the claim and which the company has requested.

When the insured claims indemnity for a loss due to theft of a bicycle, the loss report submitted to the insurance company must be accompanied by the police official’s copy of the crime report filed.

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

1.3 Investigation of loss or damage and obligation not to dispose of damaged objects

The insurance company must reserve the right to inspect the loss before any repair work is started. Any assessment of loss or damage by the insurance company does not imply that the insurance will indemnify for the loss or damage.

A damaged object must not be disposed of without special reason.
2 Upper limits of indemnity
The upper limit of the insurance company's liability to indemnify is the re-
placement value or current value of the property.
If the sum insured is agreed when the property is insured, the maximum in-
demnity payable is the sum insured as recorded in the policy.
If the maximum indemnity is agreed when the property is insured, the maxi-
num indemnity payable is the maximum indemnity recorded in the policy.

3 Indemnification alternatives
Primarily, damaged property is indemnified by having the damaged object re-
paired or, with respect to mobile devices, by providing an equivalent replace-
ment device. However, if the repair or replacement costs exceed the value of
the property determined in accordance with these indemnification regulations,
the indemnity will not exceed the value of the property. The expenses for re-
store the damaged property to the condition preceding the loss are indem-
nified as repair costs.
Expenses for renovation or other improvements made in connection with the
repair are not indemnified.
The insurance company is entitled to acquire equivalent property or repair
the damaged property instead of paying the indemnity in cash. The insurance
company also has the right to decide which builder or repairer is to be used
for rebuilding or repairing the damaged property, or to decide from which
source of supply similar property is to be acquired. If, however, the indemnity
is paid in cash, the maximum amount of indemnity is determined on the basis
of the amount which the insurer would have paid the seller for the object
or the repairer for the repair costs. When assessing the amount of indemnity,
all cash, wholesale, special and other discounts to which the company would
have been entitled if it had acquired similar property or had the property re-
paired are taken into account.
The company is entitled to redeem the damaged property or part of it at a
delay determined using the same criteria as before the insurance event.
If part of the lost property is recovered after payment of the indemnity, the
policyholder must immediately surrender that part to the insurance company
or return the indemnity given in respect of it.

4 Deductible
In all insurance events, the insured is responsible for a certain amount of the
loss, i.e. the deductible, which is specified in the insurance policy.
The deductible is not subtracted
- in loss due to fire, if a smoke detector has restricted the extent of the loss
  by switching off the electricity, or if a separate fuse for a stove has
  restricted the extent of the loss by switching off the electricity from the
  stove
- in loss due to fire if the automatic fire alarm system restricted the extent
  of the loss
- in loss due to theft if the dwelling or building was broken into through a
doors secured with a safety lock
- in loss due to theft if a burglar alarm was set off appropriately
- in loss due to leakage, if the leakage alarm equipment at the place of
  insurance has, through its operation, restricted the extent of the loss
- from the acquisition costs of a new excess-voltage preventer, if the
  excess-voltage preventer protecting the electrical equipment was broken
due to a lightning strike or other excess voltage.

5 Costs indemnified in addition to material
damage
5.1 Costs arising from limiting the loss and from orders and
regulations issued by the authorities
Regardless of the amount of the sum insured, the insurance indemnifies for
the following, in addition to direct material damage:
- reasonable costs incurred by the insured in taking action to limit or pre-
  vent loss that has occurred or is imminent and that is coverable under
  this insurance
- reasonable additional costs due to mandatory orders and regulations is-
  sued by the authorities concerning the building, up to 10% of the amount
  of damage to the building.
5.2 Additional housing costs arising from a coverable loss
Regardless of the amount of the sum insured and in addition to direct mate-
rrial damage, the insurance indemnifies for the reasonable additional costs
approved in advance by the insurance company and incurred by the insured
because the permanent dwelling or a part of it could not be used due to an
insurance event covered by this insurance policy. The indemnity is paid from
the insurance for moveable property covering the damaged dwelling.
Exclusions:
The maximum amount of indemnity for additional housing costs is 10% of
the amount of the indemnity recorded in the insurance policy.
In the case of fire damage, additional costs are indemnified for a maximum of
12 months, and in the case of other damage for a maximum of six months. Meal
expenses are not covered as additional costs.

6 Indemnity for damage to moveable property
6.1 Replacement, current and residual values
In the event of loss of or damage to moveable property, the amount of in-
demnity is based on the replacement value, which refers to the cost of acquir-
ing new identical or equivalent property. However, any cash compensation
will be adjusted as referred to under clause 3. If the value of the property has
declined by more than 50% of its replacement value as a result of age, use,
decrease in utility or similar cause, the amount of the indemnity is based on
the current value of the property. The current value of the property is the value
of the property before the loss occurred. The value of the property subject to age
reduction is, however, determined on the basis of the age of property items as
indicated in section 6.2.
Indemnity based on replacement value requires that, within two years of the
insurance event, the damaged property be either repaired or replaced by new
property of the same type or property intended for the same purpose.
Indemnity based on replacement value is paid in two instalments. Indemnity
based on the current value is paid first. An additional indemnity, which is the
difference between the indemnities based on replacement value and current
value, is paid when the insurance company has received a report on the ac-
quisition of a new object.
Should the property still have some value after the loss, this is taken into ac-
count as a deduction in calculating the indemnity. The residual value is deter-
mined using the same criteria as for the pre-loss value.
6.2 Age reduction for damage to moveable property
The following annual reductions are made from the replacement value, begin-
nning with the second year of use:

<table>
<thead>
<tr>
<th>Assets</th>
<th>Age reduction %/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>household appliances</td>
<td></td>
</tr>
<tr>
<td>digital cameras</td>
<td></td>
</tr>
<tr>
<td>other electronic appliances and optical instruments</td>
<td>10</td>
</tr>
<tr>
<td>bicycles, engine-driven tools and machinery and outboard motors</td>
<td>10</td>
</tr>
<tr>
<td>IT equipment, such as computers, mobile and smartphones and their peripherals</td>
<td>25</td>
</tr>
<tr>
<td>spectacles, clothes, accessories, footwear, sports equipment and sports gear</td>
<td>25</td>
</tr>
</tbody>
</table>

The reduction is computed by multiplying the percentage figure by the num-
ber of full calendar years following the year the equipment was first used.
However, with respect to mobile and smartphones, the reduction is computed
by calculating the percentage figure by the number of each commenced
year following the year the equipment was first used. The age reduction is,
however, no more than 70%. In addition to the age reductions, the deductible
specified in the insurance policy will also be subtracted.
The age reduction is not applied to the costs stated in the repair bill for the
object. The indemnity for repair costs must not, however, exceed the value of
the property as specified in this section. Age reductions also apply when in-
demnifying for home contents covered by the insurance for a building.

7 Indemnity for damage to a building
7.1 Replacement, current and residual values
In the event of damage to buildings, the amount of indemnity is based on the
replacement value of the property, which refers to the cost of acquiring new
identical or equivalent property. If the value of the property has declined by
more than 50% of its replacement value as a result of age, use, decrease in
utility or similar cause, the amount of the indemnity is based on the current
value of the property. Assessment of the value of the loss includes consid-
eration of the residual value of the building, which refers to the value of the
property immediately after the insurance event, assessed using the same
criteria as immediately before the insurance event. The value of machines,
equipment and pipes of a building subject to age reduction is, however, deter-
mind on the basis of the age of property as indicated in section 7.5, exclud-
ing fire loss.

7.2 Payment of replacement value indemnity
Indemnity based on replacement value requires that within two years of the
insurance event the damaged property be either repaired or that a new, simi-
lar building intended for the same purpose be built on the same site. If the
construction is delayed due to the action of an authority, the delay period is
added to the time mentioned above.
Indemnity based on replacement value is paid in two instalments. Indemnity
based on the current value is paid first. An additional indemnity, which is the
difference between the indemnities based on replacement value and current
value, is paid when the company has received a report on the replacement
measures mentioned above.
7.3 Payment of replacement value indemnity

In payment of indemnity based on current value, the amount of indemnity is calculated according to the current value of the property concerned. If the property is repaired, the repair costs are indemnified up to a maximum of the current value of the building. If the property is not repaired, the amount of indemnity must not exceed the portion of current value corresponding to the degree of damage.

In payment of indemnity based on current value from an insurance based on the sum insured, the indemnity for a total loss is calculated to correspond to the current value of the property, and the indemnity for a partial loss is calculated to correspond to the ratio of the current value of the property to its replacement value.

If the insured and the company have agreed that the sum insured is based on first loss, and the property is repaired, the sum insured is the upper limit of indemnity. If the property is not repaired, the upper limit of the indemnity that part of the sum insured which corresponds to the degree of the damage.

7.4 Reduction of the residual value

If the parts of the building remaining after the loss cannot, on the basis of provisions in the Building Act or Road Act or because of a current building ban or restriction, be used in restoring the building to its former condition, the resulting reduction in the residual value is added to the indemnity.

The reduction in value is calculated by subtracting from the residual value the price obtainable from the remaining parts of the building when they are sold to be taken away. The policyholder shall demonstrate that there is a ban or restriction on the building and, if the company so requests, apply for a special permit to restore the building to its former condition and, if such a permit is not granted, appeal the decision. If the insurance company so requests, the policyholder shall authorise the company to represent him/her in acquiring the special permit.

7.5 Age reduction in case of loss or damage to machines, equipment and pipes of a building

The following annual age reductions are made, beginning with the second year of use, on the replacement and repair costs of the machinery, equipment and pipes of the building, excluding fire loss:

<table>
<thead>
<tr>
<th>Machinery, equipment and pipework of a building</th>
<th>Age reduction %</th>
</tr>
</thead>
<tbody>
<tr>
<td>tanks, waste water, rainwater, service and heating pipes of the building, other than those located in the ground slab</td>
<td>3</td>
</tr>
<tr>
<td>copper and plastic pipes in the ground slab and underground</td>
<td>3</td>
</tr>
<tr>
<td>other pipes in the ground slab and underground</td>
<td>6</td>
</tr>
<tr>
<td>swimming pool equipment, burglar alarm equipment, frameworks and operation mechanisms of external awnings</td>
<td>10</td>
</tr>
<tr>
<td>Stoves, range hoods, refrigerators, dishwashers and sauna stoves</td>
<td>10</td>
</tr>
<tr>
<td>central-heating equipmentcentral-heating equipment, heat exchangers and conveyors, boilers with tanks, tanks underground or in the ground slab, adjustment and control equipment, heating cables, electric radiators, air-conditioning and refrigeration equipment, and electric motors and other equipment, heat exchangers</td>
<td>6</td>
</tr>
</tbody>
</table>

The above mentioned age reductions are also made on the costs of opening and closing the structures of the building and the costs of excavating and filling.

The age reduction is computed by multiplying the percentage by the number of full calendar years following the year the equipment was first brought into use. The deductible specified in the insurance policy is not subtracted following this reduction. However, the age reduction is at least equal to the deductible amount. Stoves, range hoods, refrigerators, dishwashers and sauna stoves are, however, covered under clause 6.2 in the insurance terms and conditions. No reduction for age is made on costs arising from locating the fault or on electric cables.

Reductions also apply when indemnifying for equipment and pipes covered by a contents insurance.

7.6 Leakage reductions for leakage losses caused to residential buildings by breakage of pipes in the ground slab, applied to Extended Home Insurance and Home Insurance

In leakage losses caused by breakage of pipes installed in the ground slab of a residential building, the following leakage reductions are made on the repair and replacement costs of the building based on the age of the pipes.

<table>
<thead>
<tr>
<th>Age of pipes/years</th>
<th>Leakage reduction, percentage of loss amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10–20</td>
<td>15</td>
</tr>
<tr>
<td>over 20</td>
<td>25</td>
</tr>
</tbody>
</table>

The leakage reduction is calculated on the basis of the amount of loss caused to a building which is coversable under the insurance. The maximum amount of reduction is EUR 3,000 per loss event.

Under a separate agreement and at an additional premium, the leakage reduction may be removed from the insurance.

The deductible specified in the insurance policy is not subtracted following this reduction. However, the reduction is at least equal to the deductible.

However, age reductions on repair and replacement costs for a building’s machinery, equipment and pipes are always made as specified in section 7.5.

8 False information and under- and over-insurance

8.1 Effect of false information

If the policyholder has submitted false information about the object to be insured and too small a premium has, therefore, been collected, the indemnity is paid only for that part of the loss amount, reduced by the deductible, which corresponds to the ratio of the premium collected for the object of insurance to the premium determined on the basis of correct data.

8.2 Sum insured and underinsurance

In insurance based on the sum insured, the sum for which moveable property is insured shall correspond to its replacement value or, upon separate agreement, its current value.

In insurance based on the sum insured, the sum for which a building or building under construction or renovation is insured shall correspond to the replacement value of a completed building or, upon separate agreement, the current value. The sum insured shall be deemed to also include the costs arising from demolition, protection and clearance.

If the sum insured is considerably below the replacement value, the property is underinsured. In the case of an insurance event concerning the under-insured property, the insurance company indemnifies only for that part of the loss amount, calculated according to the replacement value and reduced by the deductible, which corresponds to the ratio of the sum insured to the replacement value.

If it has been agreed separately that the property is insured at the current value and the sum insured is considerably lower than the current value, the property is underinsured. In the case of an insurance event concerning the under-insured property, the insurance company indemnifies only for that part of the loss amount, calculated according to the current value and reduced by the deductible, which corresponds to the ratio of the sum insured to the current value.

When the loss occurred on a building under construction or renovation is determined, the degree of completion of the building and the actual building costs incurred by the time of loss shall be taken into account.

8.3 Sum insured and over-insurance

The property is over-insured if the sum insured is considerably higher than the replacement value of the insured property or the separately agreed current value.

In the case of an insurance event concerning the over-insured property, the insurance company does not indemnify for more than the amount necessary to cover the loss, reduced by the deductible. The amount of loss is calculated according to the current value if the property has been insured for its current value.

If, however, the sum insured is essentially based on an estimate given by the insurance company or its representative, the amount of the indemnity is the same as the amount of loss, reduced by the deductible, but not, however, exceeding the sum insured. The amount of loss is calculated according to the current value if the property has been insured for its current value.

If, however, the sum insured is essentially based on an estimate given by the insurance company or its representative and the insured object is completely destroyed, the indemnity is paid from the overinsurance according to the sum insured, unless the appraisal has been affected by false or insufficient information.

9 Indemnity for damage to soil and garden

Damage to soil and garden is indemnified on the basis of restoration costs. A garden also includes the trees and bushes of a tended garden. Trees and bushes in a wild garden are not included in what is defined as a garden.

The indemnity for garden trees amounts to their forestry value. The indemnity for shrubbery and trees with no forestry value is three times the price of the smallest new seedlings available from commercial nurseries. The indemnity for seedlings no taller than 130 cm is the same as the price of a new seedling of equal size. Reasonable costs of transporting and planting the seedlings are also indemnified.

Should the destroyed varieties not normally be available at commercial nurseries in Finland, the loss is indemnified in accordance with the value of the most comparable seedling available.

10 Indemnity for an animal

The indemnity for loss due to the accidental death of an animal is the current value of the animal, but not exceeding, however, the amount specified for pets in the Home contents section of the common provisions of non-life insurance. Expenses for attending to an animal are not indemnified.
11 Depreciation and sentimental value
Depreciation is not indemnified. Depreciation means that the current value of the damaged property has declined, even though the property has been restored after the loss to the condition preceding the loss. Differences in the shade of colour are not taken into account when the amount of indemnity is assessed, nor are sentimental or other such values.

12 Reduction of the sum insured as a result of indemnity
As a result of loss or damage, the sum insured may be reduced by the amount of indemnity paid if the indemnity is at least 10% of the sum for which the property is insured.

13 Indemnity for mortgaged property
If indemnity is paid on property for which a real estate mortgage has been secured, the owner of the property is entitled to receive the indemnity (Land Act, chapter 17, section 8) provided that:
- he/she has provided assurance that the indemnity will be used to renovate or repair the damaged property.

These insurance terms and conditions apply to travel insurance policies which took effect before 6 May 2013. These terms and conditions also apply to Easy travel insurance policies.

If your insurance contract includes travel insurance which took effect on or after 6 May 2013, the insurance terms and conditions of said policies will be applied (excluding policies which form part of the Easy insurance package).

The insurance cover selected for each insured person is stated in the policy.

Common provisions
1 Territorial limits
The policies are valid throughout the world for travels abroad and in Finland.

A journey abroad refers to a journey outside Finland. It begins when the insured person leaves his home, workplace, study place or holiday home in Finland and ends when he returns to any of the aforementioned places. However, the insurance policies are not valid in the aforementioned places, nor on journeys between them. A travel in Finland connected with a travel abroad forms part of the travel abroad in case the travel continues without interruption from the aforementioned places abroad or from abroad back.

A travel in Finland refers to journeys made to places which are more than a straight-line distance of 50 kilometres from the insured person’s home, place of work or study, and holiday home. It begins when the insured person leaves his home, workplace, study place or holiday home in Finland and ends when he returns to any of the aforementioned places. However, the insurance policies are not valid in the aforementioned places, nor on journeys between them.

After the end of the insurance period when the insured person reached 76, traveller’s insurance is still valid throughout the world but only on trips abroad.

2 Validity
Traveller’s insurance is valid for no more than three months of the beginning of the journey. Traveller’s insurance for the journey that has begun will cease to be effective no later than three months of the date when the journey began even if the journey continues.

After the end of the insurance period when the insured person reached 76, traveller’s insurance is valid for no more than 45 days from the beginning of the journey. Traveller’s insurance for the journey that has begun will cease to be effective no later than 45 days of the date when the journey began even if the journey continues.

A travel abroad that has begun is not considered to end, i.e. a journey or stay abroad is not considered to have been interrupted, through a visit to Finland of less than 30 days, if the journey from which the insured person has returned has continued uninterruptedly for more than three months and the insured person intends to return to the same destination. Illnesses diagnosed or bodily injuries sustained during the visit in Finland are not coverable as travel illness or injury.

The validity of traveller’s insurance can be extended through a supplementary contract and an additional premium.

- the amount of indemnity is small compared to the value of the property.
- it is evident that drawing the indemnity does not weaken the creditors’ chance of being paid back the debt.

14 Value added tax
Legal provisions on value added tax will be taken into account in calculations of the amount of loss.

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

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

The length of time for a journey does not affect the validity of luggage, travel liability and legal expenses travel insurance.

3 Effect of residence on insurance validity
An insured person must have a factual and permanent home municipality and residence in Finland, under the Municipality of Residence Act and the Population Information System, at the time of the occurrence of the insured event in order to be entitled to compensation on the basis of the travel insurance.

However, if it has been separately agreed that travel insurance will be extended for a fixed period, the above requirement will not be applied during the extension. If the same insured person has taken out luggage, travel liability and legal expenses travel insurance, the above requirement will not be applied to the above policies either during such an extension to the travel policy.

4 High-risk areas, nuclear accident and aviation accident
Traveller’s insurance is not valid in a country or area to which the Ministry for Foreign Affairs of Finland recommends avoiding travelling or which the Ministry for Foreign Affairs of Finland recommends leaving.

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

Through a supplementary contract and an additional premium, the medical expenses cover under traveller’s insurance is also valid in a country or a part of the country to which the Ministry for Foreign Affairs of Finland recommends avoiding travelling or which the Ministry for Foreign Affairs of Finland recommends leaving even if the insured person’s travel illness or injury is due to the reason why the Ministry issued its recommendation. Extending the cover to include a higher-risk area does not, however, extend the cover for a major war or situations in which the insured person participated in the war or an armed conflict. Despite the extension, the cover is not valid either if the insured person has participated in peace-keeping operations organised by the United Nations, the European Union or another community or organisation, or some other military operation.

The insurance does not cover damage or loss caused by a nuclear accident as described in the Nuclear Liability Act, or by damage caused by material equipment or weapons based on nuclear reaction or ionising radiation, regardless of where the nuclear accident occurred. In the event of illness, injury or death occurring in connection with an aviation accident, Eurooppalainen Traveller’s Insurance does not, neither in hobby nor in professional aviation, cover pilots or any other persons who are members of the flight crew or persons carrying out other duties related to the flight.

In the event of illness, injury or death occurring in connection with an aviation accident, the traveller’s insurance does not, neither in hobby nor in professional aviation, cover pilots or any other persons who are members of the flight crew or persons carrying out other duties related to the flight.

Travel insurances


1 Content of insurance

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

The following types of compensation may be selected for the insurance:

- medical expenses indemnity for travel illness or travel accident
- daily benefit for travel accident
- handicap benefit for travel accident
- death benefit for travel accident.

Medical expenses indemnity includes not only an expenses indemnity for travel illness or travel accident but also an indemnity for cancellation or interruption of a journey, missed departure or delay, bodily injury due to an assault, offence and repatriation of the deceased in the event of death.

The types of compensation selected for each insured person are stated in the policy.

2 Insured person

Those insured are the persons named in the insurance policy.

Those insured also include family members and grandchildren under 15 years of age travelling with the insured, but only under one traveller’s insurance at a time. The types of compensation valid for these persons under 15 years of age are the same as those chosen for the insured persons recorded in the insurance policy, excluding, however, the daily benefit.

3 Beneficiary

The policyholder may name a beneficiary to whom any compensation is paid. Such a beneficiary clause and relevant alterations to or cancellations of it must be submitted to the insurance company in writing.

4 Effect of the insured person’s age on validity

Traveler’s insurance cover expires at the end of the insurance period during which the insured reaches 70 years of age. If the contract includes a valid home contents cover under extended home insurance, a home insurance or a MyHome insurance, the policy will expire at the end of the insurance period during which the insured reaches 80 years of age.

Daily benefit cover, however, will expire at the end of the insurance period during which the insured reaches 60 years of age.

5 Validity in sports and certain other activities

In motor sports, motor liability insurance is the primary source of compensation for losses covered under motor liability insurance, as against the medical expenses indemnity under traveller’s insurance.

5.1 The insurance does not cover illness, injury or death sustained in competitions or matches arranged by a sports association or sports club, nor does it cover illness, injury or death sustained in training arranged according to a training programme or in training typical of the sports.

5.2 The insurance does not cover illness, injury or death sustained in the following types of sports or activities:

- combat, contact or self-defence sports, such as judo, wrestling, boxing or karate
- Strength sports
- Weightlifting movements
- Powerlifting movements
- Body building
- Airborne sports, such as parachuting, gliding, hot air ballooning, hang-gliding or flight in ultralight, experimental or home-built aeroplanes
- bungee jumping
- Climbing sports, such as mountain, rock, ice or wall climbing
- scuba diving or free diving
- Freestyle skiing, speed and downhill skiing, or skiing on unprepared slopes or outside marked slopes
- wingsurfing or kite surfing
- Ocean yachting
- Research expeditions or treks to mountains, jungle, deserts or wilds, or other uninhabited areas abroad.

5.3 The insurance cover can also be extended to cover the sports and activities mentioned above in sections 5.1 and 5.2 (sports extension) under a supplementary agreement at an additional premium.

6 Travel illness

6.1 Travel illness

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

6.2 The concept ‘travel illness’ does not include

- Mountain sickness
- Illness caused by abuse of medicine or use of alcohol or other intoxicant
- Pregnancy, child birth or termination of pregnancy or related illnesses or complications, unless it is a sudden change in the pregnancy that requires immediate care during the journey and if the change according to general medical experience was not likely or predictable
- Infertility examination or treatment and related complications.

7 Travel accident and restrictions

7.1 Travel accident, exertion and movement

A travel accident is a sudden, external occurrence which is beyond the control of the insured and which causes bodily injury.

The following are also considered to be travel-time accidents: unintentional drowning, heatstroke, sunstroke, hypothermia, injury caused by considerable variation in atmospheric pressure, gas poisoning sustained by the insured, and poisoning caused by a substance taken inadvertently.

7.2 Exertion and movement

In addition to travel injuries, the insurance also covers strain injuries of muscles and ligaments immediately caused during the journey by a sudden, particular and singular exertion and movement, for which medical treatment was given within 14 days of the occurrence of the injury. Indemnity is paid for a maximum of six weeks from the occurrence of the strain injury. Neither MRI scans nor surgery will be indemnified following a strain injury caused by sudden exertion and movement.

7.3 Effect of illness, defect, injury or degeneration not related to travel accident

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

8 Types of compensation

8.1 Medical expenses indemnity

8.1.1 Right to medical expenses indemnity

The right to medical expenses indemnity arises when treatment expenses are incurred due to a travel illness or travel accident sustained by the insured person.

Treatment expenses incurred from a travel illness are covered for a maximum of 120 days from the outset of treatment. Treatment expenses incurred due to a travel accident are covered for a maximum of three years after the accident.

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

Treatment expenses are only covered insofar as they are not or would not have been coverable under the Health Insurance Act or under some other legislation.

In any single insurance event, the deductible stated in the insurance policy is subtracted for any single illness or accident.

8.1.2 Coverable treatment expenses

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

These coverable treatment expenses include:

- reasonable fees for examination and treatment procedures carried out by physicians or healthcare professionals.
- costs for medical products and wound dressings sold in pharmacies daily hospital charges.
- reasonable expenses for travelling to a local physician or hospital/clinic
- necessary costs of repairing or replacing spectacles, a hearing aid, dentures or a safety helmet in use and broken when the travel accident occurred, provided that the accident called for medical treatment
- costs for physiotherapy prescribed by a doctor if such therapy is necessary after surgical operations or plaster treatments following a travel accident or travel illness, a maximum of 10 treatments per insurance event
- costs of the acquisition of an orthopaedic brace if it was the first orthopaedic brace that was acquired after a coverable operation or accident. In cases like this, these expenses are only covered up to EUR 500 per operation or accident.

The following are also covered as treatment expenses:
- necessary telephone charges incurred during the journey up to EUR 170
- necessary expenses for purchase of essential commodities related to the medical treatment up to EUR 170, provided that such commodities are not, according to local practice, included in the hospital treatment.

The insurance company may demand that the insured be transported, at the insured company’s expense, back to Finland for treatment if local treatment would otherwise cause substantially higher expenses as compared to similar treatment in Finland. If the insured does not accept the suggested arrangement, the insurance company undertakes to indemnify for expenses incurred from treatment given abroad up to an amount corresponding to expenses incurred from repatriation of the insured to Finland and treatment given in Finland.

If it becomes evident that the expenses for which indemnity is claimed is clearly exceeded by the generally accepted and reasonable level, the insurance company has the right to lower the amount of indemnity but not, however, below the reasonable level.

Costs incurred by the insured person using his/her own car are considered as reasonable or necessary expenses up to the maximum amount of motor vehicle travel costs specified under the decree issued by the Ministry of Social Affairs and Health on the basis of the Health Insurance Act.

Subject to the insurance company’s advance approval, coverable treatment expenses for dental injury or travel accident also include:
- expenses for repatriation of the insured patient and travel and accommodation expenses for an escort where necessary
- travel expenses for close relative to the insured and return home, plus accommodation, but only if the insured is fatally ill or injured according to the physician in charge
- expenses other than the above, provided that the measures taken by the insured have minimised further coverable loss or reduced coverable expenses.

8.1.3 Expenses which are not covered

Medical expenses indemnity does not cover:
- examination or treatment provided by a phytotherapist, foot therapist, chiropractor, osteopath, naprapathy practitioner, masseur or equivalent health care professional, with the exception of the situation specified in the last but one item of section 8.1.2 above
- expenses incurred from spending time or staying at a place providing re-habilitation services or any actual services used
- costs of acquiring micronutrient, mineral, nutritive or vitamin preparations, blood or crystal lotions or equivalent, or anthroposophic or homeopathic products
- medical equipment, other aids or artificial limbs
- expenses arising from treatment of an addiction to drugs, alcohol, medicine, nicotine or other similar substance, or from treatment of other types of addiction
- costs of the acquisition of an orthopaedic brace, unless it is the first orthopaedic brace that was acquired after a coverable operation or accident. In cases like this, too, these expenses are only covered up to EUR 500 per operation or accident.

8.1.4 Treatment expenses incurred from dental injury and acute toothache

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

Expenses incurred from treatment of injury caused by biting on a tooth or dentures, including reasonable local travel expenses, are covered up to a maximum total of EUR 120.

Expenses incurred from necessary treatment of sudden toothache, including reasonable local travel expenses, are covered up to a maximum total of EUR 120, provided that the toothache began and treatment was given during the journey.

8.2 Other indemnities included in medical expenses cover

8.2.1 Indemnity for cancellation of a journey

The insurance covers cancellation of a journey, i.e. prevention of the insured person’s departure from Finland due to a compelling reason, such as sudden illness, accident or death suffered by the insured. The compelling nature of the reason is assessed on medical grounds.

Furthermore, the insured is entitled to compensation if the cancellation of a journey is caused by compelling reasons such as a serious, unexpected and sudden illness, serious accident or death suffered by the insured person’s:
- spouse
- child of spouse or common-law spouse
- parent
- parents-in-law, adoptive parents or grandparents
- siblings
- siblings of spouse
- daughter- or son-in-law
- single companion with whom the insured has jointly in Finland reserved a journey that departs from Finland.

The compelling nature of the reason is assessed on medical grounds.

In the event of cancellation, the insurance covers any costs paid in advance for which the insured is liable in view of the tour operator’s conditions, as follows:
- In package tours arranged in compliance with the Package Travel Act, office expenses as per the general terms and conditions of package tours.
- In case of cancellation of tours arranged in compliance with the special terms and conditions referred to in the general terms and conditions for package tours, reasonable expenses are indemnified for, but not more than 75% on the tour price.

For cancellation of other travel services, contractual expenses paid in advance are indemnified up to a maximum total of EUR 1,000 per journey and per insured person.

Cancellation of a journey is not covered if:
- the insurance contract has been concluded later than three days prior to the beginning of the journey
- the reason for the cancellation became apparent before entering into the insurance contract
- the reason for the cancellation became apparent before the reservation or payment of the journey
- the sudden illness was caused by abuse of medicine or use of alcohol or intoxicant
- the reason for the cancellation was the insured’s fear for contagious diseases or his/her other phobia.

8.2.2 Indemnity for interruption of a journey

Interruption of a journey is an alteration in a journey already begun, if the alteration is due to a compelling reason, such as an illness or an accident suffered by the insured during the journey. The compelling nature of the reason is assessed on medical grounds.

Substantial loss of or material damage to the insured’s property in Finland or abroad.

The insured person’s untimely return from the journey will only be covered if the travel illness or travel accident is of such a nature that on medical grounds the treatment requires the insured to return to Finland.

Furthermore, the insured is entitled to indemnity if the untimely or delayed return to Finland is caused by a compelling reason such as a serious, unexpected and sudden illness, serious accident or death suffered by the insured person’s:
- spouse
- co-resident common-law spouse
- child, adopted or foster child
- child of spouse or common-law spouse
- grandchild
- parents
- parents-in-law, adoptive parents or grandparents
- siblings
- siblings of spouse
- daughter- or son-in-law
- a single companion with whom the insured has jointly in Finland reserved a journey that departs from Finland.

The compelling nature of the reason is assessed on medical grounds.

Where a journey is interrupted, the insurance covers:
- unavoidable additional travel and accommodation expenses incurred by the insured during the journey
- reasonable travel expenses approved by the insurance company for a new journey to the same destination if such a journey takes place during the validity of the insurance and is necessary because of work or continuing studies in an educational institution
- unused services, excursions and travel at the destination for which the insured has paid separately in advance, up to a maximum total of EUR 1,700
- EUR 43 per day for travel days lost if a journey is interrupted due to hospital treatment or untimely return of the insured. Indemnity for days lost on account of hospital treatment is only paid to the insured who is hospitalised. If the insured who is hospitalised is under 15 years of age and the treatment of the travel illness or injury requires, on the order of a physician, the guardian’s assistance, the guardian is correspondingly indemnified for travel days lost.

For any one period, indemnity is paid only for hospitalisation or for untimely return, not both. Indemnity is paid for a maximum of 45 days, but not exceeding the price of the journey paid in advance. Indemnity is not paid if the journey has lasted over 90 days at the time the loss occurs.

The number of travel days is calculated in full 24-hour periods as of the moment the journey begins. The lost travel days are calculated correspondingly, as of the commencement of hospital treatment or of interruption of the journey until hospital treatment ceased, but not beyond the date the journey was scheduled to end. If the last full period calculated in this manner is exceeded by 12 hours, the remainder is also considered a full day.

If an insured who has been on a package tour lasting no more than 90 days is entitled to a per diem indemnity for lost travel days and he/she has lost over half of his/her travel days, he/she can be given a new tour instead of the per diem indemnity if he/she so wishes.
A new tour will also be given to a spouse or common-law spouse who accom-
panied the insured on the journey and lost more than half of his/her travel
days due to untimely return as a result of his/her spouse's travel illness or
accident, provided that he/she held a valid traveller's insurance with Euroop-
palainen. When a child under 15 years of age is entitled to a new package
tour, one or other parent who accompanied him/her on the interrupted tour
will also be entitled to a new tour, provided that the said parent also held a
traveler's insurance with Eurooppalainen.

A replacement tour is a journey arranged by the same tour operator, the price
of which must not exceed the total price for the interrupted journey or the
journey lost due to hospitalisation. The maximum amount of indemnity for a
new journey is EUR 2,550 per person entitled to a replacement tour. A re-
placement tour may also be a tour organised by some other operator, should
the original operator not be able to provide a new tour.

The new journey must begin within one year of the first day of the interrupted
journey. The new journey is personal and cannot be transferred to another
person. A package tour is defined here as a journey which is subject to the general
terms and conditions of package tours or corresponding foreign terms and conditions.

8.2.3 Indemnity for missed departure
The insured is indemnified for missed departure if he/she fails to arrive at the
departure point for a flight or a boat, train or bus journey to a foreign desti-
nation or the departure point for a connecting flight to a foreign destination because
- a public conveyance on which the insured intended to travel or on which he/she was scheduled to travel, the departure point of which is delayed due to
weather, natural catastrophe, technical malfunction, criminal act or action
by an authority, or
- the vehicle used by the insured is involved in a road accident or develops
a technical malfunction.

If the insured is late, the insurance covers the necessary and reasonable travel
and accommodation expenses required to make sure the insured will be able to
depart for the foreign destination as scheduled. These expenses are, however,
only covered up to EUR 2,000.

If the insured is too late to take part in a journey to a foreign destination, the
price of the journey that was cancelled because of the delay will be covered or,
in the event the journey is only partly cancelled, the part of the price for
the entire journey that corresponds to the cancelled part of the journey. This
compensation, however, will not exceed EUR 2,000.

Indemnity will not be paid to the extent that the insured is paid compensation
for the same reason by the tour operator, transport service contractor, hotel or
corresponding party.

8.2.4 Indemnity for delay
Indemnity is paid to the insured if he/she is delayed more than six hours at the
departure or return location of a journey to a foreign destination owing to the
insured being unable to use the intended public conveyance for reasons mentioned
under section 8.2.3. Expenses compensation up to EUR 34 is paid for each six-hour period or part thereof exceeding the qualifying period. Such
compensation is paid up to 340 euros per insured.

8.2.5 Indemnity for bodily injury due to an accident offence
If the insured has suffered bodily injury abroad as a result of assault or some
other intentional act of violence, he/she is indemnified for pain and suffering
and loss of earnings only to the extent that the tort-feasor is, or would be, in-
able to pay in accordance with Finnish legislation. The maximum indemnity is EUR 42,500.

Indemnity is paid only where the tort-feasor is unknown or found unable to
pay damages.

If the tort-feasor is summoned before a court, the insured must claim dam-
ages for the same reason by the tour operator, transport service contractor, hotel or
or corresponding party.

8.2.6 Indemnity for repatriation of the deceased
If the insured dies during the journey, the insurance will cover reasonable expenses of repatriation to Finland or reasonable funerary expenses abroad.
These expenses will be paid regardless of the cause of death.

8.3 Daily benefit
The right to daily benefit for a period of disability arises when the insured suf-
fers loss of working capacity due to a travel accident which occurred during the
validity of the daily benefit cover.

The compensation paid for total disability is the daily benefit valid at the time
the accident occurred, and the compensation paid for partial disability is the
proportion of the daily benefit corresponding to the loss of working capacity.
Disability is total if the insured is wholly unable to carry out his/her normal
activities at work, and partial if the insured is partially unable to carry out these activities.

The benefit is paid for as many days as the disability continues in excess off
the qualifying period mentioned in the policy. The qualifying period begins on the
first day of the disability as stated by a physician.

Benefit for any single accident is paid up to the maximum period mentioned in the policy.

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

Permanent handicap refers to a medically assessed general handicap which
the insured has incurred through an injury and which, according to medi-
cal prognosis, is unlikely to be healed. In determining the handicap, only the
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proportion of the daily benefit corresponding to the loss of working capacity.
Disability is total if the insured is wholly unable to carry out his/her normal
activities at work, and partial if the insured is partially unable to carry out these activities.

The benefit is paid for as many days as the disability continues in excess off
the qualifying period mentioned in the policy. The qualifying period begins on the
first day of the disability as stated by a physician.

Benefit for any single accident is paid up to the maximum period mentioned in the policy.

8.4 Handicap benefit
The right to handicap benefit arises if the insured suffers permanent handicap
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9.5 Death
For payment of death benefit, the claimant must submit to the insurance company the death certificate for the insured, a record of any police investigation and extracts from the population register, or equivalent, on the beneficiaries. For payment of indemnity for repatriation or funeral expenses abroad, the claimant must submit to the insurance company the original invoices or receipts for such expenses.

9.6 Loss investigation costs
Under loss inquiry costs, the insurance covers the fee for a police investigation and the estimate of repair costs required by the insurance company, and the cost for emergency or claims service approved by the insurance company in advance.

Luggage insurance

1 Content of insurance
The insurance covers the insured luggage against material damage during the validity of the insurance.

2 Those insured
Those insured are the policyholder and persons residing permanently in the same household as the policyholder, unless otherwise stipulated in the insurance policy.

3 Insured property
Luggage means property of the insured taken along on or acquired during a journey. The insurance covers luggage up to the maximum total of the sum insured stated in the insurance policy.

Instruments of payment and securities are considered luggage up to a total of EUR 100 when carried by the insured, and up to a total of EUR 500 if kept in a locked safe deposit box.

Exclusions:
The following are not considered to be luggage:
- motorised vehicles, caravans or trailers, watercraft or aircraft or parts and accessories to the above, except for the keys to a motorised vehicle
- sailboards or sails thereof
- merchandise, samples of goods, advertising material, photographs and drawings
- professional equipment or files and software included in IT storage devices
- manuscripts, collections and their parts
- removal goods or separate consignments
- animals or plants.

4 Coverable insurance events
4.1 The insurance indemnifies for any direct material damage caused by sudden and unforeseeable occurrence during the validity of the insurance.

4.2 Irrespective of the sum insured, the insurance covers:
- any reasonable expenses incurred in searching for lost luggage, provided the luggage had been entrusted to a hotel, haulage or transport company, four or operator or similar
- any reasonable costs incurred by the insured in taking action to limit or prevent loss that has occurred or is imminent and that is coverable under this insurance policy
- expenses caused by acquiring necessities when luggage handed in for transportation is delayed at least two hours after the insured person has arrived at the airport and the insurance company has notified the insured of the delay.

The indemnity is calculated according to the insurance coverage of the luggage. Otherwise the indemnity is calculated according to the insurance coverage of the luggage.

Travel liability insurance

1 Those insured
Those insured are the policyholder and persons residing permanently in the same household as the policyholder, unless otherwise stipulated in the insurance policy.

Legal Expenses Travel Insurance

1 Purpose of insurance
The insurance applies to the insured in his/her capacity as traveller in matters related to his/her private life in insurance events set out in the legal expenses insurance and occurring within the territorial scope and during the validity of the insurance in question.

2 Those insured
Those insured are the policyholder and persons residing permanently in the same household as the policyholder, unless otherwise stipulated in the insurance policy.
General terms of contract

The General Terms of Contract apply to all the types of insurance included in the insurance contract. They apply to both insurance of the person and non-life insurance, unless the heading or text of an individual section indicates that it applies only to insurance of the person or non-life insurance.

The General Terms of Contract contain the relevant provisions of the Insurance Contracts Act (§24). The symbol § in brackets refers to the relevant sections of the Insurance Contracts Act in which the matters in question are dealt with. The insurance contract is also subject to certain provisions of the Insurance Contracts Act not appearing from these General Terms of Contract.

1 Key concepts (§§2, 6, 16, 17, 31 and 31)

Insurance of the person, or personal insurance, is insurance by which a natural person is covered. Such insurance include medical treatment expenses insurance, medical treatment insurance, medical expenses insurance, accident insurance, life insurance, disability insurance or travellers insurance.

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

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

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

The insurer in terms of life insurance is OP Life Assurance Company Ltd. For travel insurance (travelers, luggage, travel liability and legal expenses travel insurance), the insurer is Eurooppilainen Insurance Company Ltd. For other insurance, the insurer is OP Insurance Ltd.

In these terms and conditions, the insurer is referred to as ‘the insurance company’.

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

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

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

An insurance event is an event for which compensation is paid under the insurance.

Safety regulation is the obligation to observe regulations on a device, procedure or other arrangement recorded in the non-life insurance policy or insurance terms and conditions, or otherwise in written form, aimed at preventing or restricting the occurrence of a loss.

2 Disclosure of information prior to concluding an insurance contract

2.1 Insurance company’s obligation to disclose information (§§5 and 9)

Prior to concluding an insurance contract, the insurance company will provide the insurance applicant with essential information on such matters as the insurance company’s own types of insurance, premiums and insurance terms and conditions, so that the applicant can evaluate his/her insurance needs and choose the most suitable insurance cover. The insurance company will also bring to the applicants attention the most important restrictions on the insurance cover.

In distance selling of insurance products, the insurance company shall also provide consumers with the advance information referred to in paragraph 6 a of the Consumer Protection Act. Distance selling refers to selling insurance policies for example over the telephone or on the internet.

If the insurance company or its representative has failed to provide the policyholder with the necessary information when marketing the insurance or has provided him/her with erroneous or misleading information, the insurance contract will be considered valid in the form that the policyholder has had reason to understand it in the light of the information he/she received.

2.2 Policyholders and insured party’s obligation to disclose information (§§22, 23 and 24)

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

If the policyholder or the insured person has acted fraudulently with regard to the abovementioned obligation, the insurance contract is not binding on the insurance company. The insurance company has the right to withhold all premiums paid, even if the insurance is an agreement valid in both person and non-life insurance.

2.3 Failure to disclose information

2.3.1 Insurance of the person (§24)

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

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

2.3.2 Non-life insurance (§§23 and 34)

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

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

3 Beginning of insurance company’s liability and validity of insurance contract

3.1 Commencement of the insurance company’s liability (§11)

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

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

- always in the case of a fixed-period travel insurance
- when the insurance company has set the payment of the premium for the first insurance period as a precondition before continuous travel insurance can enter into force; or
- if there are special reasons, for instance, because of the policyholders earlier default of payment.

The insurance bill contains a mention to this effect.

In the case of medical treatment expenses insurance reserved to take effect at childbirth, the insurance company’s liability will not commence until the reservation premium has been paid in full by the due date indicated in the bill. The mention of this precondition appears from the cover letter of the bill.

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

An insurance application or an affirmative reply which the policyholder has submitted or sent to the insurance company’s representative is considered to have been submitted or sent to the insurance company. If there is no indication of the time of day when the reply or application was submitted or sent, it is considered to have taken place at 12.00 midnight.

3.2 Grounds for granting insurance

The insurance premium and other terms of contract are determined according to the policy anniversary. If another insurance is added to the contract, the premium and other contract terms are determined in accordance with the starting date of the added insurance.

Under insurance of the person, the insured persons state of health is assessed and his/her age calculated on the basis of his/her state of health and age at the time he/she gave or submitted the insurance application. The insurance company will not reject an application for personal insurance on the grounds that an insurance event has occurred or that the state of health of the person for whom the application is made deteriorated after the application documents were submitted or sent to the insurance company.
The insurance company may transfer outstanding amounts for collection by a charges incurred due to legal proceedings. It is also entitled to being recompensed for the statutory fees and the insurance company has to collect an unpaid insurance premium through penalty interest must be paid for the period of delay in accordance with the insurance contract will, however, expire three months from the end of the notice period, expire until 14 days after the obstacle in question has ceased to exist. The result from illness, unemployment or other special reason primarily beyond the policyholder has specifically ordered otherwise in writing in connection with the premium need not be paid before said liability commences. The premiums of the individual insurance policies included in the same insurance contract are combined into a single premium to be invoiced in one or several instalments as agreed. If a premium arising from a change in the insurance contract is not combined with the earlier agreed instalments, this premium will be invoiced separately. The insurance premium paid for the insurance contract is divided amongst all cover types included in the contract in proportion to the relationship between the payment and the invoice, so that all continuous insurance types are valid until the same date.

If a payment by the policyholder is not sufficient to cover all the insurance company's insurance premium receivables, the policyholder has the right to decide which of the outstanding premiums the money is to be used for. However, the policyholder's payment will primarily apply to the insurance contract in accordance with the reference data based on the paid bill unless the policyholder has specifically ordered otherwise in writing in connection with the payment.

Delay in payment of premium (§39)
If the policyholder has neglected to pay the premium in part or in full by the due date as referred to under section 4.1, the insurance company has the right to terminate the entire insurance contract 14 days after sending a notice of termination. Such termination may also be carried out by one insurance company referred to in clause 1 on behalf of another. However, if the policyholder pays the outstanding premium in full before the end of the notice period, the insurance contract will not be terminated at the end of the notice period. The insurance company will state this option in its notice of termination.

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

If the premium is not paid by the due date referred to under section 4.1 above, the policyholders liability, nor the subsequent premiums, need not be paid before said liability commences.

Security (§40)
The security is entitled to compensation for costs incurred due to collection of insurance premiums under the Act on the Collection of Debts. If the insurance company has to collect an unpaid insurance premium through legal action, it is also entitled to being recompensed for the statutory fees and charges incurred due to legal proceedings. The insurance company may transfer outstanding amounts for collection by a third party.

Reinstatement of terminated insurance of the person (§43)
If a contract of insurance of the person has terminated as a result of non-payment of other than the initial premium, the insurance regains its validity if the policyholder pays the outstanding premium within six months of termination of the insurance. The insurance company will state this option in its notice of termination.

If the insurance regains its validity, the insurance company's liability will commence on the day following payment.

Payment of a delayed non-life insurance premium (§42)
If the policyholder pays a non-life insurance premium in full after the insurance has terminated, the insurance company's liability will commence on the day following payment. In such a case, the insurance is valid from the date of its reinstatement until the end of the insurance period originally agreed. However, if the insurance company does not wish to reinstate the insurance, the insurance company will, within 14 days of payment of the premium, notify the policyholder that it will not accept the payment.

Returning of premium at the termination of a contract (§45)
If the insurance terminates before the date agreed, the Insurance Company is entitled only to the premium for the period during which it was liable. The rest of the premium paid is returned to the policyholder.

Setoff against premiums to be refunded
Any one of the insurance companies may, on behalf of all of the insurance companies that may be acting as insurers in the Extrasure insurance cover, deduct any outstanding premiums overdue and other outstanding amounts from the premium to be returned.

Premium reduction (no-claims bonus)
If it is entered in the policy that the insurance includes a bonus scheme, a reduction on the premium is given in accordance with the principles notified by the insurance company. The bonus decreases if a claim has been paid out of the insurance, as separately stipulated in said principles. Written information on the bonus principles is available from the insurance company.

Disclosure of information during validity of contract
The insurance company's obligation to disclose information (§§6, 7 and 9)
Upon entering into an insurance contract, the insurance company issues the policyholder with an insurance policy and the insurance terms and conditions, if these terms and conditions have not already been given to the policyholder. In distance selling of insurance products to consumers, however, the provisions of paragraph 6a, section 11 of the Consumer Protection Act will apply. During the validity of the insurance, the insurance company will annually notify the policyholder of the sum insured and any other insurance-related matters of obvious relevance to the policyholder (annual bulletin).

If, during the validity period of the insurance, the insurance company or its representative has provided insufficient, incorrect or misleading information on the insurance, the insurance contract will be considered valid in the form that the policyholder has had reason to understand it in the light of the information he/she was given, provided that such insufficient, incorrect or misleading information can be regarded as having influenced the policyholders decision. However, this does not apply to information provided by the insurance company or its representative on future compensation payable after an insurance event has occurred.

Policyholder's obligation to disclose information about any increase in risk
Insurance of the person (§27)
The policyholder must notify the insurance company of any changes in factors increasing risk that were reported when the insurance contract was concluded and that are relevant in terms of assessment of the insurance company's liability, such as changes in profession/occupation, leisure time activities or place of residence, or the termination of any other insurance cover. A change resulting in increased risk may be, for instance, residence abroad of the in-
sured person for over a year on a continuous basis. The policyholder must notify the insurance company of any such changes no later than one month of receipt of the annual bulletin following such a change. Notifying the insurance company reminds policyholders in the annual bulletin of their disclosure obligation (§§31 and 32).

If, in the case of insurance of the person, the policyholder has wilfully or through negligence which cannot be deemed minor failed to notify the insurance company of increased risk as mentioned above, and the insurance company was not aware of the changed circumstances as of the date of the change, and at the earliest as of the beginning of the current insurance period.

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

6.1 Obligation to observe safety regulations (§§31 and 34)

The insured must observe the safety regulations recorded in the policy, in the insurance terms and conditions or otherwise provided in writing. If the insured has wilfully or through negligence which cannot be deemed minor failed to observe the safety regulations, the insurance company may reduce or disallow any compensation payable to him/her. The effect of the failure to observe the safety regulations on the occurrence of the loss or damage is taken into account when considering whether to reduce or disallow the compensation. The policyholder or another party entitled to compensation, may be reduced or disallowed.

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

6.2 Obligation to prevent and mitigate loss or damage (duty of salvage) (§§32, 34 and 61)

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

The insurance company may reduce or disallow the compensation payable to him/her. The effect of the failure to observe the duty of salvage on the occurrence of the loss or damage is taken into account when considering whether to reduce or disallow the compensation. The insured’s intent or the type of negligence and any other circumstances will also be taken into account.

6.3 Failure to observe the safety regulations and the salvage obligation in liability insurance (§§31 and 32)

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

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

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

7 Causing an insurance event

7.1 Insurance of the person

7.1.1 Occurrence of the insurance event (§28)

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

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

7.1.2 Insurance event caused by a person entitled to compensation or benefit (§29)

If a person entitled to compensation or benefit other than the insured person has wilfully caused the insurance event, the insurance company is released from liability to such party. If such a person has caused the insurance event through gross negligence or he/she was at an age or in a state of mind which meant that he/she could not be sentenced for a crime, the compensation or part of the compensation may be paid to him/her, but only when this is deemed reasonable considering the circumstances in which the insurance event was caused.

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

7.2 Non-life insurance (§§30 and 34)

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

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

8 Identification with another person under non-life insurance (§33)

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

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

The provisions set out above concerning the insured person with regard to observing the safety regulations also apply to a person who, on the basis of his/her employment or service with the policyholder, is responsible for supervising the observance of such safety regulations.

When a company which is not comparable to a consumer under Section 3 of the Insurance Contracts Act is recorded as the policyholder, the following will be comparable to the policyholder:
1) a partner in a general partnership;
2) a general partner (active partner) in a limited partnership
3) a shareholder in a limited liability company who holds over half of the company shares
4) the policyholders employee who has the insured property in his/her use.

9. Claims settlement procedure

9.1 Duties of claimant (§§69 and 72)
The claimant must observe the regulations on making a claim entered in the terms and conditions of insurance of the person or non-life insurance and submit the amounts mentioned therein to the insurance company. Claimants must acquire said documentation and information and submit them to the insurance company at their own expense, unless otherwise specified in the terms and conditions or otherwise specified.
The claimant is required to obtain the documentation which he/she is reasonably able to obtain, although taking into account that the insurance company may also acquire such documentation.

All crimes must be reported to the local police without delay.
The insurance company is not required to pay compensation before it has received the above documentation.

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

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

9.2 Limitation on right to obtain compensation (§73)
A claim for compensation must be presented to the insurance company within 12 months of the date when the claimant became aware of the insurance event and was informed of the insurance event and the damaging consequences of that event. A claim for compensation may in any case be presented within 12 years of the date when the insurance event occurred or, in the case of insurance taken out against bodily injury or liability for damages, the damaging consequences were caused. Reporting an insurance event is comparable to presenting a claim. If the claim is not presented within the said period, the claimant loses his/her right to obtain compensation.

9.3 The insurance company's obligations (§§7, 8, 9, 67, 68 and 70)
After the occurrence of an insurance event, the insurance company is under an obligation to provide the claimant (e.g., the insured person, the beneficiary and, in circumstances listed in clause 15.4 in liability insurance, the person who has suffered injury, loss or damage) with information on the contents of the insurance and the claim procedure. No advance information given to the claimant on the compensation, its amount or method of payment will affect the payment obligation stated in the insurance contract.

The insurance company will pay the compensation resulting from the insurance event in accordance with the insurance contract or notify the claimant of non-payment of compensation without delay and, at the latest, in one month's time of the date on which it received the documentation and information necessary for the assessment of its liability. If the amount of compensation is disputed, the insurance company will nonetheless pay any undisputed part of the compensation within the above-mentioned period.

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

If the total amount of compensation payable to a legally incompetent person of such compensation.
The insurance company will pay penalty interest on any delayed payment of compensation in accordance with the Interest Act.

9.4 Setoff against compensation
Any one of the insurance companies may, on behalf of all of the insurance companies that may be acting as insurers under the Extrassurance cover, deduct any outstanding premiums overdue and other outstanding overdue amounts from compensation.

10 Over- and under-insurance in non-life insurance
Provisions governing over-insurance (§57) and underinsurance (§58) can be found in the indemnification regulations.

11 Lodging an appeal against a decision taken by the insurance company (§§8, 68 and 74)
The policyholder or claimant has several ways of appealing against a decision taken by the insurance company. If the matter remains unsettled after he/she has contacted the insurance company, he/she can ask for advice and counsel from the Finnish Financial Ombudsman Bureau (FINE) or request a decision recommendation from the relevant board. A policyholder or claimant who is dissatisfied with the insurance company's decision may also bring action against the insurance company in court.

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

11.2 FINE and the Consumer Disputes Board
The Finnish Financial Ombudsman Bureau (www.fine.fi) offers free and independent advice and assistance. The Finnish Financial Ombudsman Bureau and the Finnish Insurance Complaints Board also give settlement recommendations in civil action cases. The Consumer Disputes Board or a court of justice or processed by the Consumer Disputes Board or a court of justice.

A decision made by an insurance company may also be submitted to the Consumer Disputes Board (www.kuluttajajurvet.fi). Before submitting a matter to the Consumer Disputes Board, consumers should first consult the Local Register Office's Consumer Advice services (www.kuluttajajurvet.fi). The Consumer Disputes Board will not process any disputes that are pending or already processed at the Finnish Insurance Complaints Board or a court of law.

11.3 District court
If the policyholder or claimant is dissatisfied with the insurance company's decision, he/she may bring action against the insurance company in the district court of his/her domicile in Finland, of the insurance company's domicile or of the place of loss in Finland, unless otherwise provided by Finland's international agreements.

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

Handling of a case by a board will interrupt the limitation period for the right to bring action.

12 The Insurance Company's right of recovery (§75)

12.1 Insurance company's right of recovery vis-à-vis a third party
The insured person's right to claim damages from a third party which is held liable transfers to the insurance company up to the amount of compensation paid by the insurance company.

If the loss or damage was caused by a third party as a private person or as an employee, a civil servant or any other person comparable to these as referred to in Chapter 3, Section 1 of the Tort Liability Act, the right of recovery will be transferred to the Insurance Company only if the person in question caused the insurance event wilfully or through gross negligence or is held liable regardless of the nature of his/her negligence.

In the case of compensation paid under insurance of the person, the insurance company has the right of recovery vis-à-vis a third party only in the case of compensation paid for loss of property or costs incurred due to illness or accident.

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

13 Altering an insurance contract

13.1 Altering the terms of contract during the insurance period

13.1.1 Insurance of the person (§20)
The insurance company has the right to alter the insurance premiums or other terms of contract during the insurance period to correspond with the changed circumstances if

1) the policyholder or the insured person has wilfully or through negligence which cannot be deemed minor failed to observe his/her obligation to disclose information as referred to in clause 2.2 above, and if the insurance company, had it been given the correct and full information, had granted the insurance only against a higher premium or on otherwise other terms other than those agreed; or
2) the policyholder or the insured person has acted fraudulently in observing his/her obligation to disclose information as referred to in clause 2.2 above and, regardless of this, the insurance is binding on the insurance company on the basis of this clause due to the adjustment of the consequences of the failure to disclose information; or
3) during the insurance period, a change as referred to in clause 5.2 above has occurred in the civil action cases. FINE does not handle a dispute pending in the insured person to the insurance company at the time of concluding the contract, and the insurance company would have granted the insurance only against a higher premium or on otherwise other terms in the event that the circumstance related to the insured person would already have corresponded to the change when the insurance company granted the insurance.
After being informed of the said change, the insurance company will notify the policyholder, in writing and without undue delay, of any change in the premium or other terms. The notification shall state that the policyholder has the right to cancel the insurance.

13.3.12 Non-life insurance (§18)
The insurance company has the right to alter the insurance premiums or other terms of contract during the insurance period to correspond to the changed circumstances if:
1) the policyholder or the insured person has neglected his/her obligation to disclose information as referred to in clause 2.2 above; or
2) during the insurance period, a change as referred to in clause 5.2 above has occurred in the circumstances recorded in the insurance policy or reported by the policyholder or the insured person to the insurance company at the time the contract was concluded.

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

13.2 Altering the terms of contract of a continuous policy at the end of an insurance period (§§19 and 20a)
Reporting procedure
The insurance company has the right to alter the insurance terms and conditions and:
- premiums and other terms of contract at the end of the insurance period;
- on the basis of:
  - new or amended legislation or a regulation issued by the authorities;
  - change in legal practice;
  - an unforeseeable change in circumstances (eg an international crisis, exceptional natural event and catastrophe);
  - change in claims expenditure and cost levels;
  - change in a factor or circumstance which, in the view of the insurance company, influences the amount of the insurance premium.
  Such may include the age or domicile of the policyholder or person insured, the age, location, properties or place of insurance of the object of insurance or part thereof.
Under life insurance, the insurance company has the right to alter the insurance terms and conditions, premiums and other terms of contract at the end of the premium period for the following special reasons:
- general incidence of loss or
- change in interest rates provided that the content of the insurance contract, including the change, is substantially compared with the original contract.
The insurance company also has the right to make minor changes to the insurance terms and conditions and other terms of contract provided that the changes do not affect the primary content of the insurance contract.
If the Insurance Company alters the insurance contract as outlined above, it will, when sending an insurance bill, notify the policyholder of the changes in the insurance premium and other terms of contract. The notification shall state that the policyholder has the right to cancel the insurance.
In the case of insurance of the person, the change will take effect from the beginning of the next premium period or, if no premium period has been agreed, from the beginning of the next calendar year following one month from the date the notification was sent. In the case of non-life insurance, the change will take effect from the beginning of the next insurance period following one month from the date the notification was sent.
The insurance contract may also change in accordance with clause 13.3 below concerning index regulations.
In addition to the above, the insurance company has the right to make changes as a result of otherwise valid customer loyalty and other similar reasons. The amount of the insurance premium is also affected by any customer bonuses or discounts, the amounts of which, the grounds of and durations and periods of validity may vary.
Changes requiring termination of insurance
If the insurance company alters the insurance terms and conditions, premiums or other terms of contract in cases other than those listed above or discontinues an actively marketed benefit, the insurance company must give written notice of termination of the insurance as of the end of the insurance period. The notice will be sent one month before the end of the insurance period at the latest. However, changes to the terms and conditions are not possible in the case of life and disability insurance.
13.3 Effect of the index
In the case of life insurance, disability insurance and travellers insurance, the sums insured recorded in the insurance policy are linked to the consumer price index. The sums insured under medical treatment expenses insurance and accident insurance are linked to the consumer index subgroup related to the development of products and services in the medical and healthcare sectors. If, however, the sum insured decreases with age or is not expressed in euros owing to the type of compensation, the insurance premium is linked to the consumer price index.
In the case of medical treatment expenses insurance, medical treatment insurance, medical expenses insurance and accident insurance, the deductible expressed in euros and the premium are linked to the consumer price index subgroup linked to the development of products and services in the medical and healthcare sectors.
In the case of non-life insurance, the sums insured recorded in the policies for moveable property, luggage, liability and legal expenses insurance are linked to the consumer price index. The sum insured recorded in the property insurance policy for buildings is linked to the construction cost index. In the case of full-value property insurance, the insurance premium is linked to the consumer price index as regards moveable property and to the construction cost index as regards buildings. The maximum compensation recorded in the insurance policy for moveable property is linked to the consumer price index.
The deductible specified in the insurance policy is also linked to the consumer price index.
Insurance which has no reference to any index in the insurance policy is not index-linked.

13.3.1 Index clause for the sum insured
The adjustment index used is the calendar month index four months before the first day of the insurance period. The sum insured recorded in the insurance policy is adjusted at the beginning of every insurance period by the same percentage as the adjustment index deviates from the adjustment index most recently used.
As of the beginning of the insurance period, the insurance premium is altered to match the adjusted sum insured.
The sum insured is rounded off to the nearest full euro.
In the case of non-life insurance, the ratio of the sum insured at the moment of loss or damage to the sum insured recorded in the insurance policy will be identical to the ratio of the calendar month index four months before the loss date to the adjustment index most recently used. In such a case, however, the sum insured at the moment of loss will be a maximum of 15% above the sum insured recorded in the insurance policy or the sum insured adjusted at the beginning of the previous insurance period.

13.3.2 Index clause for the insurance premium
The adjustment index used is the index for September of the calendar year preceding the first day of the insurance period. The insurance premium for each insurance period is changed by the same percentage as the adjustment index deviates from the adjustment index most recently used. In insurance policies based on sums insured, the sum insured for the insurance period changes to match the adjusted insurance premium.

13.3.3 Index clause for maximum compensation under non-life insurance
The adjustment index used is the index for September of the calendar year preceding the first day of the insurance period. The deductible recorded in the insurance policy is adjusted at the beginning of every insurance period by the same percentage as the adjustment index deviates from the adjustment index most recently used.
The maximum compensation is rounded off to the nearest full ten euros.

13.3.4 Index clause for the deductible
The adjustment index used is the index for September of the calendar year preceding the first day of the insurance period. The deductible recorded in the insurance policy is adjusted at the beginning of every insurance period by the same percentage as the adjustment index deviates from the adjustment index most recently used.
The deductible is rounded off to the nearest full euro.

14 Termination of insurance contract
14.1 Policyholder's right to terminate the insurance (§12)
The policyholder has the right, at any time, to terminate the insurance contract by giving the insurance company a termination notice. Notice of termination must be given in writing. Notice of termination given in any other manner shall be null and void. If the policyholder has not specified a later termination date for the insurance, the insurance will terminate on the date the notice was submitted or sent to the insurance company.
Notice given to one of the insurance companies is also valid for the other insurers.

14.2 Insurance company's right to terminate insurance during the insurance period
14.2.1 Insurance of the person (§17)
The insurance company has the right to give notice of termination of the insurance during the insurance period if:
1) the policyholder or the insured person has willfully or through negligence which cannot be deemed minor neglected his/her obligation to disclose information as referred to in clause 2.2 above, and the insurance company, had it been given correct and complete information, had refused to grant the insurance altogether;
2) the policyholder or the insured person has acted fraudulently in observing his/her obligation to disclose information as referred to in clause 2.2 above and, regardless of this, the insurance contract is binding on the insurance company on the basis of that clause;
3) during the insurance period, a change as referred to in clause 5.2 above has occurred in the circumstances recorded in the insurance policy, which cannot be deemed minor and
4) the insured person has willfully caused the insurance event; or
5) the insured person has, after the insurance event, fraudulently provided the insurance company with incorrect or insufficient information relevant to the assessment of the insurance company's liability.

14.2.2 Non-life insurance (§15)
The insurance company has the right to give notice of termination of the insurance during the insurance period if
1) the policyholder or the insured person has, before the insurance was granted, provided incorrect or insufficient information and the insurance company, had it known the circumstances, would have refused to grant the insurance;
2) during the insurance period, a change which has substantially increased the risk of loss or damage has occurred in the circumstances recorded in the insurance policy or reported by the policyholder or the insured person to the insurance company at the time of concluding the contract, and which the insurance company cannot be deemed to have taken into account when concluding the contract;
3) the insured has wilfully or through gross negligence failed to observe the safety regulations
4) the insured has wilfully or through gross negligence caused the insurance event, or
5) the insured person has, after the insurance event, fraudulently provided the insurance company with incorrect or insufficient information relevant to the assessment of the Insurance Company's liability.

14.2.3 Procedure
Having been informed of the grounds for permitting termination, the insurance company will give written notice of termination without undue delay. The notice of termination will have a mention of the grounds for termination. The insurance contract will terminate one month from the time the notice was sent.

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

14.3 The insurance company's right to terminate the insurance at the end of the insurance period
14.3.1 Insurance of the person (§17a)
The insurance company has the right to terminate a contract of insurance of the person effective as of the end of the premium period. If the premium period is less than one year or its length has not been agreed, the insurance company has the right to terminate the insurance effective as of the end of the calendar year. The notice of termination will be sent one month before the end of the premium period at the latest or, if the premium period has not been agreed, one month before the end of the calendar year at the latest. Notice of termination has a mention of the grounds for termination. Notice of termination of the insurance cannot, however, be given if the grounds are that the state of health of the insured has deteriorated since the time the policy was taken out, or that an insurance event has occurred.

However, in the case of life insurance and disability insurance, the insurance company does not have the right to give notice.

14.3.2 Non-life insurance (§16)
The insurance company has the right to terminate a non-life insurance contract effective as of the end of the insurance period. The notice of termination will have a mention of the grounds for termination. The notice will be sent one month before the end of the insurance period at the latest.

14.4 Notice of termination of life insurance (§21)
If the life insurance has been valid for more than a year, the insurance company will send the policyholder a reminder one month before the termination of the validity period at the latest, and three months at the earliest.

If the insurance company fails to send this reminder, the life insurance remains valid. However, the period of validity terminates in one month's time from the date on which the delayed reminder was sent to the policyholder and at the latest in six months time from the end of the validity period of the insurance.

14.5 Change of owner in non-life insurance (§63)
If the insured property is transferred to a new owner other than the policyholder him/herself or his/her estate, the insurance on this property will terminate. If an insurance event takes place within 14 days of the transfer of ownership, the new owner will, however, be entitled to compensation unless he/she has taken out insurance on the property.

15 Rights of a third party in non-life insurance
15.1 Other insured parties who benefit from property insurance (§62)
In addition to what is otherwise prescribed in these insurance terms and conditions concerning the insured, a property insurance contract is valid for the benefit of the policy holder or the person who has purchased the property under a provision regarding reservation of title, the holder of a right of lien and a right of retention, or some other party who bears the risk pertaining to the property.