



# Health Insurance

Terms and conditions – 19.09.19



# Information concerning terms and conditions

## Terms document health

1	Who the insurance covers	4
2	When the cover applies	4
3	Where the cover applies	4
4	What is insured	4
5	The insurance coverage	5
6	Sums insured	7
7	Deductibles	7
8	Safety regulations	7
9	Duties of the Insured in the event of damage	7
10	Claims assessment and rules for paying benefits	8

## General conditions

1	The insurance contract	9
2	In the event of loss	10
3	Consequences of fraud	10
4	General Provisions	11

# Terms document health

This is a translation from Norwegian of Helseforsikring. In case of discrepancy, the Norwegian wording prevails.

## 1 Who the insurance covers

### 1.1 The insurer

If skadeforsikring NUF (If) is the insurer for this insurance.

Through the agreement with If Vertikal Helse is given the right to convey and administer health insurances and to ensure the medical follow-up of all claims. Vertikal Helse is a medical competence company and not an insurance company.

### 1.2 The policyholder

The insurance contract applies to If and the policyholder named in the insurance certificate. The policyholder is the person or persons who, according to the insurance certificate, have entered into the insurance contract.

### 1.3 The insured

The insured means the person, or persons, eligible for treatment under this insurance contract.

The insurance covers the person, or persons, named in the insurance certificate (the insured) and who is eligible for treatment via the Norwegian publicly funded health care service.

### Employees

Employees must be fully able to work to be included in the insurance scheme.

Employees who are able to work while receiving graded disability benefits will be included in the insurance scheme, but expenses for consultations, treatment and/or surgery for the illness or disease causing the disability benefit will not be covered.

## 2 When the cover applies

The insurance is valid for the period specified in the insurance certificate. The insurance expires for one year at a time and is automatically renewed if the policyholder or If has not notified that the insurance will not be renewed.

The insurance's liability for an approved treatment requirement is unlimited, provided that the treatment need raised during the insurance period and up to the agreed insurance sum.

### 2.1 Cessation of cover

The policyholder's rights automatically cease from the date the insurance contract ends.

The insurance cover also ceases from the date the insured:

- is no longer eligible for treatment via the publicly funded health service.
- is no longer an employee of the company.

The insured may still be covered after the employment relationship between the policyholder and the insured ceases, if there is a separately agreement on this.

## 3 Where the cover applies

The insurance covers consultation, investigation and treatment in Norway or another country in Europe.

## 4 What is insured

### 4.1 What is covered

The insurance covers reasonable and necessary expenses for consultations, examinations and treatments in the specialist health service when:

- the insured is issued a new referral to consultation, examinations or treatment during the insurance period and
- the waiting period in the public health service exceeds the warranty period specified in the insurance certificate

### 4.2 The insurance event

By insurance event means when a new referral issued during the insurance period by a doctor or other persons with referral access.

The referral:

- he referral must indicate medical need for examination and treatment.
- The referral must be issued within the last 12 months before it is received by Vertikal Helse
- Referral to specialist consultation must be issued by a doctor or other persons with referral access.
- Referral to treatment or operations must be issued by a specialist doctor qualified according to the criteria set by the Directorate of Health.

Referral to consultations, examinations and treatments initiated before the insurance came into force will not qualify as an insurance event.

All consultations, examinations and treatments must be approved in advance by Vertikal Helse.

### 4.3 Warranty period

By warranty is meant the number days that run from Vertikal Helse has received valid referral and signed authorization, until the insurance is to be used for consultation, examination or treatment.

The agreed warranty period is stated in the insurance policy and the agreed number of days include all days except Saturdays, Sundays and statutory public holidays.

If the guarantee period is not complied with, a compensation of NOK 600 per working day is paid from the end of the warranty period, and until consultation, examination or treatment is initiated, no longer than 30 working days.

The guarantee period is calculated from the date when the insured person is in Norway. When treatment needs arise during stays abroad, the insured must cover transport expenses to Norway.

The treatment guarantee, however, does not apply if:

- the examination or treatment must be postponed due to medical reasons,
- consultation, examination or treatment must be performed at a particularly qualified treatment site,
- the examination or treatment must be postponed due to events outside of Vertikal Helse or the treatment site's control, or
- the insured does not accept the offered consultation, examination or treatment
- the insured want to postpone the consultation, examination or treatment to after the warranty period has expired

In such cases, the insured is entitled to know the reason for the non-compliance.

## 5 The insurance coverage

### 5.1 What is covered

The insurance covers consultations, examinations and treatments in the specialist health care services. The medical measures must be medically necessary to improve the insureds functional ability or have a rehabilitative goal and must be performed by health professionals.

The insurance covers treatment methods that are based on scientific documentation or established, recognized clinical practice in Nordic medicine. The treatment must be knowledge-based and medically necessary for the relevant injury or illness.

The choice of treatment center or health provider Vertikal Helse will, based on information about the insured and the treatment required, choose a qualified provider within the insured's warranty period.

The insured is free to refuse the offered consultation, examination or treatment, but the insured is not entitled to further treatment in case of rejection.

In situations where, special quality criteria are required, or it is not possible within the guarantee period to access hospitals in Norway, hospitals in Europe can be chosen.

#### 5.1.1 Consultation with specialist doctors

The insurance includes consultation with a specialist doctor, if requested by a doctor or other with referral right. The same applies to consultations with a specialist doctor that is a part of follow-up after surgery or treatment.

When the insured receives a treatment need in the specialist health service, Vertikal Helse will provide an appointment with a specialist doctor within the warranty period as defined in the insurance certificate, calculated from the date of the warranty period.

A specialist doctor means a doctor who is an authorized specialist according to the criteria stipulated by the Norwegian Medical Association, with specialist qualifications and who performs diagnostics and treatment done in the specialist health service in Norway's public health service. A specialist in general medicine is not defined as a specialist doctor in this context.

#### 5.1.2 Second opinion

The insured is entitled to a second medical opinion on a diagnosis by another specialist doctor. Vertikal Helse will provide a specialist doctor who can reassess the insured's diagnosis and treatment. Specialist in general medicine is not defined as a specialist doctor in this context.

#### 5.1.3 Private specialist health care treatment

The insurance covers reasonable and necessary expenses for operations, necessary after-checks, or other hospital treatment in private specialist health services, when the insured cannot be treated by the Norwegian public health service within the agreed warranty periods specified in the insurance certificate.

The policy also includes other treatment measures than surgery and hospitalization for a period of up to nine months from onset. By treatment measures is meant treatment referred by a medical specialist, and the

measures must be medically necessary to improve the insureds functional ability and must be performed by health professionals.

#### 5.1.4 Rehabilitation

The insurance covers rehabilitation of up to 4 weeks or daytime rehabilitation for up to 20 working days, prescribed by relevant medical specialist. Rehabilitation must be a necessary and direct consequence of a treatment covered under section 5.1 of the insurance. The rehabilitation must be medically necessary to improve the functioning and there must be a rehabilitation potential. All rehabilitation must be pre-approved by Vertikal Helse.

#### 5.1.5 Personal medical adviser

The insurance covers a personal medical adviser (nurse) assigned by Vertikal Helse who will assist the policyholder during the entire course of their treatment.

If the patient so requests, and submits written authorization to Vertikal Helse, a personal medical adviser will offer to inform a representative of the relatives about the patient's course of treatment.

#### 5.1.6 Physical treatment

The insurance covers physical treatment referred by relevant medical specialist doctor (for example specialist in orthopedics, physical medicine or neurology) and must be medically necessary to improve functioning, illness or injury. The purpose of assessment of relevant specialist doctor is to provide proper medical diagnostic and treatment. The insurance covers:

- publicly approved physical therapist,
- manual therapist,
- chiropractor,
- osteopath who is a member of the Norwegian Osteopathic Association or
- naprapat who is a member of the Norwegian Naprapat Association.

#### Physical treatment without referral:

If the insurance includes an agreed number of treatments without referral the number of agreed treatments are specified in the insurance policy. The agreed number of treatments are valid within a twelve months period from the treatment first started.

#### 5.1.7 Psychological counselling

The insurance covers psychological counselling treatment referred by a doctor. The insurance covers 10 psychological counselling treatments within a 12-month period from the first treatment date, and it must be 12 months from the last treatment is covered

by the insurance before new treatments may be required.

#### 5.1.8 Crisis therapy

The insurance covers 12 hours of psychological first aid due to psychological reactions caused by sudden and unforeseen incidents such as violence, robbery, traffic accident or death when the insured himself is affected or present in such events without even being physically injured. The cover also applies to all members of the insured's permanent household.

#### 5.1.9 Medicines

The insurance covers prescription drugs prescribed by a medical specialist in connection with a coverage treatment, limited to 3 months of consumption from the first withdrawal.

#### 5.1.10 Travel and accommodation

The insurance includes the following travel and accommodation expenses:

- Travel expenses are replaced by state travel rates if travel distance between home and place of treatment is over 5 miles one way.
- Flight and hotel bookings when this is done by Vertikal Helse.
- Dietary allowance is covered according to the state rates for patient travel.
- Lodging are covered by prior authorization from Vertikal Helse if there is a medically necessary.

Expenses for a travel companion can be covered if it is medically necessary and approved by Vertikal Helse in advance.

Travel and accommodation expenses in connection with physical or psychological treatment are, however, not included.

#### 5.1.11 Addiction

Pre-approved by Vertikal Helse, the insurance covers expenses for addiction treatment up to NOK 150,000. The treatment must be referred by a doctor and it must go 12 months from the last covered treatment before new treatment may be required. The insurance covers rehabilitation from:

- alcohol abuse,
- narcotic substances,
- addictive medicines and
- gambling.

#### 5.1.12 Postoperative equipment

The insurance covers technical postoperative equipment after surgery covered by the insurance up to NOK 10,000.

## 5.2 What is excluded

### 5.2.1 Intent

The insurance does not cover intentional, self-inflicted injuries or illnesses.

### 5.2.2 Immediate assistance and urgent treatment

The insurance does not cover emergency medical cases.

### 5.2.3 General practitioners and specialists in general medicine

The insurance does not cover consultations with doctor in general medicine and specialist doctor in general medicine beyond digital doctor services or video consultation.

### 5.2.4 Psychiatrists and treatment in a psychiatric institution

The insurance does not cover assessment, consultation or treatment with a psychiatrist or at a psychiatric institution.

### 5.2.5 Preventative treatment, vaccination etc.

The insurance does not cover preventative treatment, vaccinations, health examinations and screening examinations. Also excluded is preventative treatment based on genetic testing.

### 5.2.6 Glasses, contact lenses, eye tests etc.

The insurance does not cover glasses, lenses, vision tests, operative procedures such as vision correction, laser surgery with the aim of correcting eye failure when this is not due to a covered claim.

### 5.2.7 Dental treatment

The insurance does not cover dental treatment including teeth disease in the gums or tooth damage for whatever reason.

### 5.2.8 Transplantation

The insurance does not cover organ transplants and organ donation.

### 5.2.9 Dialysis treatment

The insurance does not cover dialysis treatment.

### 5.2.10 Contraception, infertility, pregnancy and congenital malformations

The insurance does not cover:

- investigations and treatments related to contraception.
- investigations and treatments related to involuntary childlessness.
- obstetric diagnosis or follow-up related to pregnancy.
- sterilization or operations that intend to undo the effect of or alleviate the symptoms after previously performed sterilization.
- investigations and treatments related to congenital malformations.

### 5.2.11 Cosmetic treatment and surgery

Insurance does not include cosmetic treatment and surgery unless it is indicated on the basis of injuries or illness the insured has incurred during the insurance period and the damage is covered by the insurance.

### 5.2.12 Treatment of obesity

The insurance does not cover consultations concerning, and the treatment of, obesity or the consequences of such treatment.

### 5.2.13 No show at appointment

The insurance does not cover expenses for agreed consultation, treatment or operation when the insured does not meet.

### 5.2.14 Gender reassignment surgery

Insurance does not cover the costs of gender reassignment treatment or surgery.

## 6 Sums insured

Sum insured is specified in the insurance certificate.

## 7 Deductibles

If deductible is agreed upon, it will be specified in the insurance certificate.

## 8 Safety regulations

No special safety regulations apply to this insurance.

## 9 Duties of the Insured in the event of damage

### 9.1 Notification of treatment

Vertikal Helse must be notified of the need for treatment or surgery as quickly as possible after the attending doctor has made a referral to a specialist doctor or prescribed a treatment or surgery.

### 9.2 Duty of disclosure and documentation

The Policyholder has an obligation to obtain and submit all of the necessary documentation that confirms that the circumstances that led to the specialist consultation, treatment and/or surgery are covered by the insurance, and the documentation necessary to establish the basis for the claim.

Vertikal Helse reserves the right to undertake additional investigations in connection with an insurance event in order to establish the legitimacy of the claim for benefits. The insured must provide Vertikal Helse

with all possible assistance in connection with this, including submitting to a medical examination at the request of Vertikal Helse.

### 9.3 Authorization

If an insurance event occurs, the insured or the insured children's guardian must sign an authorization form in which he or she consents to Vertikal Helse obtaining opinions and relevant information from all of the doctors, health professionals and health institutions that have examined and/or treated the insured. This entails obtaining opinions and relevant information both prior to the date from which the person concerned was covered and after that date.

The insured's authorization releases doctors, health professionals and health institutions from their duty of confidentiality, which includes answering all of the relevant questions necessary to process the insurance case, even if the information could result in the loss or reduction of the insured's rights under the insurance contract.

### 9.4 Contact details of the insured

The insured has an obligation to keep Vertikal Helse informed of their contact details at all times during the warranty period and in connection with other rights the insured is claiming under the insurance contract.

If the insured does not respond to requests from Vertikal Helse as soon as possible, and by no later than within three weeks, this will result in the insured losing their right to an offer of treatment for the relevant insurance event. In these circumstances, Vertikal Helse will close the case by sending a letter to this effect to the insured.

If the government covers expenses that the insured has had and they are covered by If, Vertikal Helse on behalf of If, has a claim to reimburse these expenses as far as it is covered by the government. In such cases, the insured shall give Vertikal Helse authority to claim reimbursement from the relevant public authority.

## 10 Claims assessment and rules for paying benefits

### 10.1 Settlement Rules

Vertikal Helse pays on behalf of If the expenses covered by the insurance. Vertikal Helse only pays when the insurance claim is received from the policyholder. Payment requires written notice from the policyholder and the treating physician together with a valid authorization.

### 10.2 Interest

If will pay interest on the benefits or sum insured when two months have passed after the insurance event was reported to the Vertikal Helse on behalf of If.

### 10.3 Obsolescence

As a general rule, the limitation period for claims is three years. The limitation period begins from the end of the calendar year when the insured received the necessary knowledge of the circumstances justifying the claim. However, the limitation period for claims is no later than 10 years after the end of the calendar year when the insurance event occurred.



# General condition

The text in all following terms and conditions is a translation of the original conditions written in Norwegian language. In case of discrepancy(ies) between this translation into English language and the original in Norwegian language, the latter shall prevail. These conditions apply, unless they are waived in individual industry conditions or on the insurance certificate.

## 1 The insurance contract

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

### 1.1 The insurance company

If Skadeforsikring NUF, hereinafter referred to as If.

### 1.2 Contract period

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

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

### 1.3 Payment

The insurance must be paid by the deadline stated on the notice of payment.

In the case of instalment payments or partial payment, If is only liable for loss or damage occurring during the period paid for.

If a change or extension of the insurance is not paid by the payment deadline, the change/extension shall be cancelled.

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

### 1.4 Renewal of insurance applicable for at least one year

The insurance is renewed for one year, unless the policyholder terminates the contract before the

insurance period expires.

## 1.5 Termination during the insurance period

### 1.5.1 Termination by the indemnified party

#### Life insurance

The indemnified party may terminate the life insurance at any time during the insurance year.

Derogations from this provision may appear in collective agreements for group insurance. If this is the case, this will be indicated on the insurance certificate.

#### Other personal insurance

The indemnified party may terminate other personal insurance at any time with one month's notice, cf. section 12-3, paragraph 3, of the Insurance Contracts Act. If the need for cover ceases to exist or there are other specific reasons, the insurance may be terminated immediately. Derogations from this provision may appear in collective agreements for group insurance. If this is the case, this will be indicated on the insurance certificate.

#### Non-life insurance

The policyholder may terminate the insurance if the need for cover ceases to exist, the insurance is assigned or other special circumstances arise, cf. section 3-6, paragraph 1, of the Insurance Contracts Act. In the case of such termination, one month's notice shall be provided. In the case of insurance assignment of the insurance, the notice shall contain information about the assignment date and the assignee, cf. section 3-6, paragraph 2, point 2, of the Insurance Contracts Act. In order for the termination to be covered by the rules on assignment, the new insurance must have essentially the same or a wider scope of coverage. For group insurance contracts and insurance contracts for businesses that come under section 1-3, (a) to (e), of the Insurance Contracts Act, the right to assign may be removed. If this is the case, this will be indicated on the insurance certificate.

### 1.5.2 Termination by If

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

Termination during the insurance period with less than two months' notice.

If may terminate the insurance with immediate effect if the policyholder has acted fraudulently in connection

with the provision of information concerning the risk, cf. sections 4-3 and 13-3 of the Insurance Contracts Act.

If may terminate the insurance with one week's notice if the policyholder has acted fraudulently in connection with the settlement of a claim, cf. sections 8-1 and 18-1 of the Insurance Contracts Act.

If may terminate the insurance with 14 days' notice if the information received concerning the risk is incorrect or incomplete, cf. sections 4-3 and 13-3 of the Insurance Contracts Act.

Termination during the insurance period with two months' notice.

If may cancel the insurance with two months' notice, cf. sections 3-7 and 12-4 of the Insurance Contracts Act, if such termination is reasonable and

- the policyholder/indemnified party/insured party has intentionally brought about or been instrumental in bringing about the insurance event; or
- the policyholder/indemnified party/insured party has failed to observe a safety regulation; or
- the course of events differs significantly from normal; or
- during the last 12 months, there has been a total of at least three insurance events under this and other contracts with If; or
- the policyholder/indemnified party/insured party has been involved in fraudulent behaviour towards If pursuant to sections 4-3/13-2 or 8-1/18-1 of the Insurance Contracts Act; or
- the policyholder has repeatedly failed to meet payment deadlines; or
- policyholder/indemnified party/insured party or anyone who can be identified with them, have made threats against employees of If.

If may also terminate the insurance with two months' notice, cf. sections 3-7 and 12-4 of the Insurance Contracts Act, if the use of the object insured or the indemnified party's business changes during the period of insurance in such a way that

- If would not have provided insurance had the new circumstance existed when the period of cover began;
- or this is of importance to If's ability to reinsure.

### 1.6 Payment when the insurance contract is terminated

If the second notification of the payment due date is not observed, the insurance agreement will cease to be in force, either wholly or in part, due to outstanding payment. In such cases If is due premium for the period the company has been liable pursuant to the provisions of the Insurance Contracts Act chapter 5 and/or 14.

The agreement, or those parts of the agreement to which the claim applies, will be cancelled. If is also due a supplement for the following costs:

- policy issuing cost of up to NOK 300 per agreement,
- mortgagee interest of up to NOK 300 per
- insured item, but NOK 600 for leisure boats, as well as
- motor liability corresponding up to two months' premium.

## 2 In the event of loss

### 2.1 Loss assessment

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

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

If one party has provided the other party with written notification of the chosen loss assessor, the other party is obliged to provide corresponding information about his own choice within one week of receiving such notification. Before the assessment, the two loss assessors select an arbitrator. If either party demands it, this person must be resident outside the parties' home town and outside the municipality in which the insured event has occurred. If either party fails to select a loss assessor, one will be appointed on his behalf by the court in the judicial district in which the assessment is made. This is also the case if the assessors are unable to agree on an arbitrator.

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

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

the assessment if the policyholder is unwilling to cover his own share. The loss assessment valuations are binding on both parties.

## 2.2 Interest on the compensation amount

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

## 2.3 VAT

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

## 2.4 Inadequate/incorrectly performed repairs

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

## 3 Consequences of fraud

Anyone guilty of fraudulent behaviour towards If will lose any claim for compensation against If under this and any other insurance contracts covering the same event. In addition, If shall be entitled to terminate any insurance contract it has with the indemnified party, see the section entitled "Termination during the insurance period" and sections 4-2, 4-3 and 8-1 or 13-2, 13-3 and 18-1 of the Insurance Contracts Act.

## 4 General Provisions

### 4.1 Identification

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

### Commercial customers

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

### 4.2 Illegal interests

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

### 4.3 Prohibition of profit

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

### 4.4 Governing of law

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

### 4.5 Currency

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

### 4.6 Guarantee scheme for non-life insurance

If is a member of the guarantee scheme for non-life insurance, cf. Chapter 2a of the Guarantee Schemes Act no. 75 of 12 June 1996 and Regulations Relating to the Guarantee Scheme for Non-Life Insurance no. 1617 of 22 December 2006. The scheme will provide security for the indemnified party in the event of If's inability to pay its obligations under existing non-life insurance contracts.

The guarantee scheme covers up to 90% of an individual claim. However, claims under home insurance and compulsory liability insurance have 100% cover. The guarantee scheme does not cover insurance claims in excess of NOK 20 million per claim, per insurance object and per insurance event.

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

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

- has more than 250 employees

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

For further details, please see the above-mentioned Guarantee Schemes Act and Regulations Relating to the Guarantee Scheme for Non-Life Insurance.

#### 4.7 Nuclear damage

If is not liable for loss or damage, or increased loss or damage, directly or indirectly caused by or associated with nuclear damage – for whatever reason – from nuclear matter, cf. section 1, (c) and (h), of the Act Concerning Nuclear Energy Activities (Nuclear Energy Act) no. 28 of 12 May 1972. This exemption from liability does not apply to the use of radioisotopes as specified in section 1 (c) of the above Act and which is legal under the Act on Radiation Protection and Use of Radiation no. 36 of 12 May 2000.

This limitation applies to the extent that it is not expressly stated on the insurance certificate that it has been waived.

#### 4.8 War

If is not liable for loss or damage, or increased loss or damage, directly or indirectly caused by or associated with war or war-like action, whether war has been declared or not, riots or other similar serious disturbances of public order.

#### 4.9 Terrorism

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

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

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

#### 4.10 Earthquakes and volcanic eruptions

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

#### 4.11 Violations of international law

If P&C Insurance shall not be deemed to provide cover or to be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose If P&C insurance to any sanction, prohibition or restriction under United Nations resolution or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom and Northern Ireland, Norway or United States of America.

This limitation cannot be waived by agreement.

#### 4.12 Jurisdiction

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

#### 4.13 Personal data

We are processing personal data of our customers in compliance with the applicable insurance and data protection legislation. More information about processing personal data can be found at: <https://www.if.no/behandling-av-personopplysninger>.

#### 4.14 Traffic insurance fee

If collects traffic fee to the state and the fee must be paid for all registered vehicles under 7500 kg. Payment of the fee is a precondition for an insurance contract. If the fee is not paid for insured vehicle the insurance is cancelled, see Chapter 1 The insurance contract.

#### 4.15 EU complaint portal

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

