



battleface

TRAVEL MEDICAL AND BAGGAGE INSURANCE

Master policy

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Master Certificate Number: BFBFTVP1201250001

Master Policyholder: Perk Platform SLU

Business of master policyholder: Corporate travel booking platform
Address: C/ dels Almogàvers 154-164, 08018 Barcelona, Spain

Master Policy Effective Date: 01/12/2025

Master Policy Expiration Date: 30/11/2026

INTRODUCTION TO YOUR POLICY

The Policy is a legal contract between Perk Platform SLU (“Perk”, the Policyholder) and battleface Underwriting Services, on behalf of Eir Försäkring AB (herein referenced as “the Company”). Perk holds this Master Policy on behalf of the covered individual(s). The entire policy comprises this Master Policy, the Evidence of Coverage and the Insurance Product Information Document.

The Company and the Policyholder have agreed to all the terms and conditions of the Policy. The Policy and the cover provided by it become effective at 12:01 A.M. at the address of the Policyholder on the Policy Effective Date shown above. It continues to be in effect in accordance with the provisions set forth in the Policy.

The Company hereby insures all eligible persons, subject to all the exclusions, limitations and provisions set forth in this Policy. Cover is afforded only with respect to the Covered Person, the cover, the amounts, and the limits specified in the Evidence of Coverage issued to the Covered Person, for which premium has been paid.

Language of Contract: The Policyholder has declared their understanding of, and has requested for the contract of insurance to be provided in, the English language. Policyholder confirms they understand such contract and agree to be bound by its terms and conditions. This contract is made in the English language. Where there is any conflict in meaning between the English language version of this agreement and any version or translation of this agreement in any other language, the English language version shall prevail.

Please read this document and Your Evidence of Coverage very carefully to ensure You understand the extent of the cover, exactly what is and is not covered, the conditions of cover, and that this meets Your requirements.

This policy document provides You with the terms, conditions and exclusions of the insurance cover, together with information that will help You in the event of an emergency. The policy contains different levels of cover, some of which do not apply unless You have paid the appropriate additional premium.

We will provide the services and benefits described in this policy:

- during the Period of Insurance
- within the Geographical Limits
- subject to the Limits of Cover, and all other terms, conditions and exclusions contained in this policy
- following payment of the appropriate premium for the level of cover selected.

Unless otherwise stated in the insurance contract, the applicable laws are the Act 50/1980 of 8th October on Insurance Contracts, the Law 20/2015, of 14th July, the Royal Decree 1060/2015 of 20th November and related subordinate legislation. The Spanish legislation on winding-up of insurance entities will not apply.

Please keep this document in a safe place and take it with You when You travel in case You need assistance or need to make a claim.

This insurance is provided by battleface Underwriting Services SRL, which is a mandated underwriter authorised and regulated by the Financial Services and Markets Authority (registration BCE 0744.970.292) in Belgium.

Avenue des Arts 6 – 9,
1210 Saint-Josse-ten-Noode,
Brussels, Belgium.

The insurer is Eir Försäkring AB is registered as an insurance limited company in the Swedish Companies Registration Office's business register and licensed to conduct insurance business in accordance with the Insurance Business Act (2010:2043)

Eir Försäkring AB,
org.nr 550116,
BOX 3132
103 62 Stockholm, Sweden.

Eir Försäkring AB stands under the supervision of Finansinspektionen, the Swedish Financial Supervisory Authority.

Finansinspektionen,
Box 7821,
103 97 Stockholm, Sweden.

The Solvency and Financial Condition Report of EIR Försäkring AB can be found at: <https://www.eirforsakring.com/en/financial-information>

You as a customer have the right to receive information on request from Finansinspektionen about persons who are directly responsible for the distribution.

For customer service, contact:

t: +32 2 620 28 30

e: europa@battleface.com

In an emergency, contact:

t: +32 2 620 28 30

e: help@robinassist.com

IMPORTANT INFORMATION

We would like to draw Your attention to important information about Your policy including:

- **Eligibility:** To be eligible for this insurance You must meet all of the following criteria:
 - You have made a travel related arrangement through Perk.
 - You must be 1 month old or over on the scheduled departure date and 64 years or under on the scheduled return date of the trip, for which this insurance is applied.
 - You are resident of any country except countries under trade or economic sanctions of the United Nations, United States of America, United Kingdom or European Union.
 - You are a spouse and/or dependent of the TravelPerk customer and are travelling with them
- **Changes to Your Policy:** You must answer all questions about this policy honestly and fully at all times. You must also tell Us straight away if anything that You have already told Us changes by calling Us on +32 2 620 28 30. If You do not tell Us Your policy may be cancelled and any claim You make may not be paid in accordance with Spanish Act 50/1980 provisions.
- **Conditions and Exclusions:** There are conditions and exclusions which apply to each individual section of Your policy and there are general conditions and exclusions which apply to the whole of Your policy.
- **Certain Pandemics:** Please see General Exclusions Section of Your policy.
- **COVID-19:** This insurance covers medical expenses necessarily incurred by an Insured Person for the treatment of COVID-19 and SARS CoV2 or symptoms thereof subject to the terms and conditions of the policy. For the avoidance of doubt, cover for COVID-19 and SARS CoV2 is only applicable to the Medical and additional travel expenses section and to no other section of this policy unless Covid-19 extension is stated in Your Schedule of benefit as included.
- **Personal Possessions:** This policy provides cover for loss, damage or theft of Your Baggage. There are some important limitations to cover that will apply to single articles, Valuables and where satisfactory proof of ownership cannot be provided. Baggage claims are paid based on the original value of the goods less a deduction for wear and tear and loss of value based on the age of the goods at the time that they are lost. Claims are not settled on a 'new for old basis' or replacement cost basis.
- **Cover for Sports and Pastimes:** This insurance excludes certain sports and pastimes, unless they are specifically stated as covered. Please see list of automatically covered activities in the definitions.
- **Additional transportation expenses:** Additional transportation expenses in excess of EUR 500, incurred by You under Trip Curtailment, are only covered if authorized by Us in advance.
- **Subrogation:** When someone is responsible for Your loss, We have the right to recover any payments We have made to You or someone else in relation to Your claim, as permitted by law. In such case, We may require any person receiving payment from Us to assign their rights to recover such payment, including signing and providing any documents reasonably required allowing Us to do so. Everyone eligible to receive payment for a claim submitted to Us must cooperate with this process and must refrain from doing anything that would adversely affect our rights to recover payment.

Sanction Limitation and Exclusion Clause

No Underwriter shall be deemed to provide cover and no Underwriter shall 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 that Underwriter to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

YOUR POLICY

Your policy contains restrictions based on the type of policy You have purchased. These are explained below.

Period of insurance

Coverage for all benefits starts at the **departure date** and is provided if the insurance is purchased before the **scheduled departure date** and the insurance premium is paid; When purchasing policies while travelling, cover will start 24-hours after purchase.

Cover for any Trip ends on the earliest of:

- the end date shown on Your Evidence of Coverage; or
- the date You return to Your usual place of residence or business at the end of Your journey, which shall be no later than 24 hours after You have arrived at the international arrival point in Your **Home Country**; or
- the date when the maximum number of days cover shown in Your policy has been reached.

If You travel for more than the number of days for which You have paid for cover, You will not be covered after the last day for which You have paid.

Geographical area

Cover is only valid in the country(ies) requested on Your policy application and shown on Your Evidence of Coverage.

Governing Law and Jurisdiction

It is agreed that this Insurance shall be governed exclusively by the law and practice of Spain, and any disputes arising under, out of or in connection with this Insurance shall be exclusively subject to the jurisdiction of any competent court in Spain.

Eir Försäkring AB hereby agrees that all summonses, notices or processes requiring to be served upon it for the purpose of instituting any legal proceedings against it in connection with this Insurance shall be properly served if addressed to it and delivered to its care of:

Eir Försäkring AB
BOX 3132
103 62 Stockholm, Sweden.
e: info@eirforsakring.se

This Service of Suit and Jurisdiction Clause will not be read to conflict with or override the obligations of the parties to resolve their disputes as provided for in any other clause in this Policy and, to the extent required, shall apply to give effect to that process.

Notice of Discrepancy

If the content of the policy contract differs from the insurance proposal form or from the agreed clauses, the policyholder shall be entitled to notify the insurer in the period of one month as from the date when the policy contract was provided so that the insurer may rectify the difference found. Once this period has elapsed without such a notification being made, the policy provisions shall stand.

TRIP CURTAILMENT

We will pay **You** up to the maximum amount shown in the **schedule of benefit** for loss(es) incurred by **You** for a **covered trip** curtailed after the date and time of departure due to any of the following **unforeseen** events:

HEALTH AND FAMILY

- a. Any serious **injury**, death, or any **unforeseen** serious medical condition or **sickness**;
 - i. Occurring to a **family member** not traveling with **You**, and they require **Your** immediate care. Such disability must be so disabling as to reasonably cause a **covered trip** to be interrupted and must be certified by a **physician**;
 - ii. Occurring to a childcare provider if there is no other substitute for the childcare provider. A **physician** must certify the **sickness** or **injury**.
- b. **You** are on a list as a donor or recipient for an organ transplant and, after the **effective date**, receives official notification that an organ match is available for immediate transplant. The transplant must be considered **medically necessary**, and a **physician** must confirm that the transplant and/or surgery is so disabling as to prevent travel;

WEATHER

- a. Inclement weather or **natural disaster** making Your **primary residence uninhabitable** or making the **destination inaccessible** or **uninhabitable**. We will only pay the benefits for losses occurring within thirty (30) days after the event makes **Your destination uninhabitable** or **inaccessible**.

We will pay a benefit to reimburse **You** for any additional transportation expenses incurred by **You** (not to exceed the same class as **Your** original ticket or the cost of economy airfare, less any refunds paid or payable) for travel by the most direct route to the **return destination**.

TRIP CURTAILMENT EXCLUSIONS:

In addition to the General Limitations and Exclusions, the following exclusions apply to the Trip Interruption Benefit. No benefits will be paid for any loss for, caused by, or resulting from:

- a. **Changes in plans by You, a family member, for any reason;**
- b. **Financial circumstances of You, or a family member;**
- c. **An event which occurs prior to Your coverage effective date;**
- d. **Additional transportation expenses in excess of EUR 500 (or currency equivalent) which have not been authorized by Us in advance.**

TRAVEL MEDICAL EXPENSES

We will pay a benefit to reimburse **You** for the **reasonable and customary charges**, up to the maximum limit shown in the **schedule of benefits**, and after satisfaction of a **deductible** shown in the **schedule of benefits**, if **You** suffer an **injury, sickness or complications arising from pregnancy** during the **covered trip** that requires treatment by a **physician**. The **injury** must occur or the **sickness** must first begin while on a **covered trip**. The initial documented treatment must be given by a **physician** during the **covered trip**.

TRAVEL MEDICAL COVERED EXPENSES:

We will pay a benefit to reimburse **You** the **medically necessary** expenses incurred for:

- a. Services of a **physician** or registered nurse, and related tests or treatment;
- b. **Hospital** charges including room and board or ambulatory medical-surgical center services;
- c. Prescription medication to treat the **injury** or **sickness**;
- d. Charges for anesthesia (including administration), x-ray examinations or treatments, and laboratory tests
- e. Local ambulance services to and from a **hospital**
- f. Expenses up to the maximum limit shown in the **schedule of benefits** for a cruise ship cabin or hotel room, not already included in the cost of **Your covered trip**, if recommended as a substitute for a **hospital** room for convalescence from an **injury** or **sickness**;
- g. **Hospital** daily allowance up to the maximum amount stated in the **schedule of benefit** per person per day in case **You** renounce on the reimbursement from **Us** for the costs of **inpatient** treatment. **You** must inform **Us** of **Your** choice at the beginning of the treatment.
- h. Artificial limbs, artificial eyes, artificial teeth, or other prosthetic devices if required for the first time and are necessary to secure transportation;
- i. The cost of emergency dental treatment for accidental **injury** to sound natural teeth that occurs during a **covered trip** limited to the maximum limit shown in the **schedule of benefits**.

Coverage for emergency dental treatment does not apply if treatment or expenses are incurred after **You have reached **Your** return destination, regardless of the reason. The treatment must be given by a physician or dentist.**

We will not pay benefits in excess of the reasonable and customary charges. We will not cover any expenses incurred by another party at no cost to **You or already included within the cost of the covered trip.**

Benefits will be paid up to the limit shown in the schedule of benefits, if **You suffer an injury while participating in adventure, winter or extreme activities and the related benefit has been purchased.**

ADVANCE PAYMENT:

If **You** require admission to a **hospital** during a **covered trip** for an **injury** or **sickness**, **We** or **our** designated representative will arrange advance payment, if required by the **hospital**, directly to the **hospital**. **Hospital** confinement must be certified as **medically necessary** by the onsite attending **physician**.

This amount will be deducted from the Travel Medical Expense benefit limit shown in the **schedule of benefits**. **You** agree to reimburse this payment to **Us** if:

- a. **You** do not complete the claims process as outlined in the Payment of Claims section; or
- b. It is determined that **Your** Travel Medical Expense claim is not covered.

We will provide advance payment when required and requested by You. However:

- a. **We reserve the right to deny a request for advance payment if We confirm that Your claim is not covered under the Policy; and**
- b. **An advance payment made by Us is not a guarantee of claim approval.**

Benefits for Advance Payment will not duplicate any other benefits payable under the policy.

TRAVEL MEDICAL EXPENSES EXCLUSIONS:

In addition to the General Limitations and Exclusions, the following exclusions apply to the Travel Medical Expense Benefit. No benefits will be paid for any loss for, caused by, or resulting from:

- a. **Any service provided by You, a family member, or Your traveling companion;**
- b. **Experimental or investigative treatment or procedures;**
- c. **Expenses incurred by any child born during the covered trip unless related to complication of pregnancy;**
- d. **Mental health care;**
- e. **Physical therapy or occupational therapy.**

For purposes of this coverage, the following definition is added:

Experimental or investigative means treatments, devices or prescription medications which are recommended by a **physician** but are not considered by the medical community as a whole to be safe and effective for the condition for which the treatments, devices or prescription medications are being used. This includes any treatments, procedures, facilities, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

EMERGENCY EVACUATION AND REPATRIATION OF REMAINS

We will reimburse You, up to the maximum amount shown in the schedule of benefits, for covered emergency medical evacuation expenses incurred due to Your injury or sickness that occurs while on a covered trip.

Covered **emergency medical evacuation** expenses are the **reasonable and customary charges** for necessary **medical transportation**, related medical services, and medical supplies required by the standard regulations of the conveyance transporting **You** incurred during **Your emergency medical evacuation**. The **medical transportation** must be:

- a. Ordered by the onsite attending **physician**, who must certify that the severity of **Your injury or sickness** warrants the **emergency medical evacuation**;
- b. Authorized in advance by **Us** or **our** designated representative. In the event **Your injury or sickness** prevents prior authorization of the **emergency medical evacuation**, **We** or **our** designated representative must be notified as soon as reasonably possible; and
- c. By the most direct and economical route possible.

COVERED EXPENSES INCLUDE:

1. Expenses incurred by **You** for **physician**-ordered **emergency medical evacuation**, including **medical transportation** and necessary medical care en route, to the nearest suitable **hospital**, when **You** are critically ill or **injured** and no suitable local care is available, subject to prior approval by **Us** or **our** authorized agent;
2. **Reasonable and customary charges** incurred for an **escort's** or contracted **attendant's** services, and the **escort's** or **attendant's transportation** and accommodations, if an attending **physician** recommends that an **escort** or **attendant** accompany **You**. This coverage is inclusive of the maximum limit of the Emergency Evacuation benefit;
3. Expenses incurred for non-emergency repatriation, including **medical transportation** and medical care en route, to a **hospital** or to the city of **Your primary residence**, when deemed **medically appropriate** by the attending **physician**, subject to prior approval by **Us** or **our** authorized agent. In lieu of returning to the city of **Your primary residence**, **You** may opt to be returned to a different city in **Your** residence country if proper care for **Your** condition is not available;
4. Expenses for **transportation** (not to exceed the cost of one round-trip economy-class air fare, to the place of hospitalization), and expenses for reasonable hotel accommodations, meals, telephone calls and local **transportation** for one person chosen by **You** up to the amount in the **schedule of benefits**, provided that **You** are traveling alone and are hospitalized for more than five (5) days;
5. Expenses for **transportation**, not to exceed the cost of one-way economy-class air fare, to **Your primary residence**, including **escort** expenses, if **You** are 17 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to prior approval by **Us** or **our** authorized agent and
6. Expenses for one-way economy-class air fare (or first class, if **Your** original tickets were first class) to **Your primary residence**, from a medical facility to which **You** were previously evacuated, less any refunds paid or payable from **Your** unused **transportation** tickets, if these expenses are not covered elsewhere in the **policy**.
7. Once the initial **medical transportation** has occurred and **You** have been stabilized and are medically able to travel, **You** may request to be transported to another location or **hospital** of **Your** choice for further care, recovery or treatment.
8. Additional expenses as per the schedule of benefit, incurred by **Your** travel companion for a hotel room and return ticket, not already included in the cost of **Your covered trip**, to stay with **You** while **You** are medically required to extend **Your** trip due to a hospitalization or recovery from a covered sickness or injury
9. Expenses incurred for the transportation of **Your** luggage in case **You** are entitled to an **emergency medical evacuation**.

Special Limitation: In the event We or our authorized representative could not be contacted to arrange for covered Emergency Evacuation Expenses, benefits are limited to the amount We would have paid had We or our authorized representative been contacted.

REPATRIATION OF REMAINS COVERAGE

We will reimburse **You** for Repatriation of Remains Covered Expenses up to the maximum amount shown in the **schedule of benefits** to return **Your** remains if **You** die while on the **covered trip**.

Repatriation of Remains Covered Expenses are limited to the **reasonable and customary charges** for the expenses listed below. **We** or **our** authorized representative must make all arrangements and authorize all expenses in advance.

Repatriation of Remains Covered Expenses include the **reasonable and customary charges** for:

1. Embalming or cremation; and
2. Associated temporary storage costs for up to fifteen (15) days, or until local authorities will permit further transportation of the body, whichever is later; and
3. The most economical coffins or receptacles adequate for transportation of the remains; and
4. Transportation of the remains, by the most direct and economical conveyance and route possible, to:
 - i. The nearest location where the body can be embalmed or cremated, if not locally available; and
 - ii. The receiving funeral home or morgue, the **return destination**, or a different place of burial within **Your** country of residence; and
5. The cost for creation and transmission of necessary documentation to transport the body, such as a death certificate, autopsy or police report, up to five (5) copies per document.

Special Limitation: In the event We or our authorized representative could not be contacted to arrange for Repatriation of Remains Covered Expenses, benefits are limited to the amount We would have paid had We or our authorized representative been contacted.

ADVANCE PAYMENT

We will pay a benefit, up to the maximum limit shown in the **schedule of benefits**, directly to the provider if, while on a **covered trip**, **You** suffer an **injury** or **sickness** which requires an **emergency medical evacuation** or repatriation of remains, and payment is required prior to **medical transportation** or repatriation. This amount will be deducted from the Emergency Evacuation and Repatriation of Remains benefit limit, shown in the **schedule of benefits**. **You** agree to reimburse this payment to **Us** if: (a) **You** do not file a claim for the expenses incurred as outlined in the Payment of Claims section; or (b) it is determined that **Your emergency medical evacuation** or repatriation of remains claim is not covered.

Special Limitation: **We will provide advance payment when required and requested by You. However:**

- a. **We reserve the right to deny a request for advance payment, if We confirm that Your claim is not covered under the policy; and**
- b. **An advance payment made by Us is not a guarantee of claim approval.**

EMERGENCY EVACUATION AND REPATRIATION OF REMAINS EXCLUSIONS:

In addition to the General Limitations and Exclusions, the following exclusions apply to the Emergency Evacuation and Repatriation of Remains Benefit. No benefits will be paid for any loss for, caused by, or resulting from:

- a. **Medical transportation taken against the advice of the attending physician;**
- b. **Your mental, nervous or psychological disorder;**
- c. **Expenses incurred by any child born during the covered trip.**

For purposes of this coverage, the following definition is added:

Emergency medical evacuation means **Your** immediate **medical transportation** from the place where **You** are **injured** or sick to the nearest **hospital** where appropriate medical treatment can be obtained because **Your** medical condition warrants such evacuation.

Medically appropriate means an adequate and acceptable course of treatment or **medical transportation** in the opinion of the onsite attending **physician**.

Escort means a medically trained professional who is approved by **Us** and is contracted to accompany and provide medical care to an ill or **injured** person while they are being transported.

BAGGAGE AND PERSONAL EFFECTS

We will pay You the lesser of:

1. The **actual cash value** as determined by us; or
2. The cost of replacement, up to the maximum limit shown in the **schedule of benefits**, and subject to the special limitations shown below, for loss, theft or damage to Your **baggage** and **personal effects** during **Your covered trip**.

We will also pay for fees incurred to ship **Your baggage** and **personal effects** to **Your** location if the lost items are recovered. Benefits are payable only after satisfaction of the **deductible** shown in the **schedule of benefits**.

Special Limitations: **We will reimburse You up to the maximum limit shown on all losses to:**

1. **Jewelry, watches, and furs – up to EUR 600**
2. **Electronic devices, including but not limited to personal computers, cameras and camera equipment, camcorders, cell phones, smartphones, portable music players, tablet devices, and other wireless handheld devices – up to EUR 500**

We reserve the right to request original receipts. You can request these back within a period of 6 weeks.

In the event of a loss to a pair or set of items, We will pay the lesser of:

3. **The cost to repair or purchase the individual item(s) needed to complete the set or pair; or**
4. **The original purchase price of the set or pair.**

In the event of a **loss** of **Your** prescription medication, **We** will reimburse **You** only for the cost to replace the amount of prescriptions drugs that were lost, stolen, or damaged. The prescribing **physician** must authorize the replacement and it must be legally permissible to replace the prescription at **Your** location.

Baggage and Personal Effects maximum limit shown in the **schedule of benefits** also includes:

1. The cost to replace **Your** passport or visa if it is lost, stolen or damaged during the **covered trip**. The loss, theft or damage must be documented by a police report.

In the event of a **loss** or documented theft of Your means of payment getting You into financial difficulties during **Your covered trip**, We will connect You with Your bank and:

- a. If necessary, We will help You to transfer the amount made available by Your bank
- b. If it is not possible for **Us** to establish contact with Your bank within 24 hours, We will grant You a loan of up to EUR 500. You must reimburse the amount to **Us** within one month of payment.

If You have lost Your credit, debit and mobile phone cards, We will help You to block the cards.

We are not liable:

- a. **For the proper execution of the blocking or**
- b. **For financial losses incurred despite the blocking.**

BAGGAGE AND PERSONAL EFFECTS EXCLUSIONS:

In addition to the General Limitations and Exclusions, the following exclusions apply to the Baggage and Personal Effects benefit. No benefits will be paid for:

- a. Loss of, or damage to, motor vehicles;
- b. Loss of, or damage to, artificial prosthetic devices, false teeth, sunglasses, contact lenses;
- c. Loss of, or damage to, keys, notes, securities, accounts, deeds, food stamps, bills, or other evidences of debt, money, stamps, stocks and bonds, postal or money orders, and tickets;
- d. Loss of, or damage to, sporting equipment (including gold equipment) and musical instruments, unless specifically covered;
- e. Loss of, or damage to, property shipped as freight, or shipped prior to the departure date;
- f. Loss of, or damage to, contraband;
- g. Loss of, or damage to, items seized by any government official or customs official;
- h. Damage caused by any process of repair;
- i. Loss resulting from defective materials or craftsmanship;
- j. Loss resulting from mysterious disappearance;
- k. Loss resulting from normal wear and tear or deterioration

BAGGAGE PROOF OF LOSS

You must provide Us or our designated representative with the following:

- a. An **accident**, police, or incident report providing details of the incident;
- b. Receipts for all items being claimed;
- c. A copy of a repair invoice or estimate, if the claim is for damaged **baggage**;
- d. Documentation showing any received or expected settlements, refunds or credits for this **loss** from any other party.

BUSINESS EQUIPMENT

We will reimburse you, up to the maximum amount shown in the **schedule of benefits** for loss, theft or damage to **your business equipment** during the **covered trip**. We will also pay for fees incurred to ship **your business equipment** to your location if the lost items are recovered. Benefits are payable only after satisfaction of the **deductible** shown in the **schedule of benefits**.

We will pay the lesser of:

1. The actual cash value; or
2. The cost to repair the item.

Items claimed under **business equipment** cannot be claimed under any other baggage benefit.

BUSINESS EQUIPMENT EXCLUSIONS:

In addition to the General Limitations and Exclusions, the following exclusions apply to the Business Equipment benefit. No benefits will be paid for:

- a. Loss caused by animals, rodents, insects or vermin;
- b. Loss of, or damage to, bicycles (except when checked with a common carrier);
- c. Loss of, or damage to, motor vehicles;
- d. Loss of, or damage to, artificial prosthetic devices, false teeth, any type of eyeglasses, sunglasses, contact lenses, or hearing aids;
- e. Loss of, or damage to, keys, notes, securities, accounts, deeds, food stamps, bills, or other evidences of debt, money, stamps, stocks and bonds, postal or money orders, and tickets;
- f. Loss of, or damage to, property shipped as freight, or shipped prior to the departure date;
- g. Loss of, or damage to, contraband;
- h. Loss of, or damage to, items seized by any government official or customs official;
- i. Damage caused by any process of repair;
- j. Loss resulting from defective materials or craftsmanship;
- k. Loss resulting from mysterious disappearance; or
- l. Loss resulting from normal wear and tear or deterioration.

BUSINESS EQUIPMENT PROOF OF LOSS

You must provide us or our designated representative with the following:

- a. An **accident**, police, or incident report providing details of the incident;
- b. Receipts for all items being claimed;
- c. A copy of a repair invoice or estimate, if the claim is for damaged **baggage**; and
- d. Documentation showing any received or expected settlements, refunds or credits for this **loss** from any other party.

GENERAL LIMITATIONS AND EXCLUSIONS

In addition to any applicable benefit-specific exclusions, the following exclusions apply to all losses and all benefits. Unless otherwise shown below, these exclusions apply to You and Your family member. This policy does not cover any loss for, caused by or resulting from:

- a. **Intentionally self-inflicted injury, suicide, or attempted suicide while sane or insane;**
- b. **War (whether declared or not) or act of war, civil disorder, riot, insurrection, terrorism or unrest unless specifically covered herein;**
- c. **Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;**
- d. **You being under the influence of drugs (except those prescribed by Your registered Medical Practitioner, but not when prescribed for the treatment of drug addiction);**
- e. **Your abuse or prior abuse of solvents;**
- f. **You drinking too much alcohol or alcohol abuse where it is reasonably foreseeable that such consumption could result in an impairment of Your faculties and/or judgment resulting in a claim. We do not expect You to avoid alcohol on Your Trips or holidays but We will not cover any claims arising because You have drunk so much alcohol that Your judgement is seriously affected and You need to make a claim as a result;**
- g. **Commission or the attempt to commit a criminal act**
- h. **Your participation in activities not defined as automatically covered activities, except as a spectator, unless specifically covered.**
- i. **Any non-emergency treatment or surgery, routine physical examinations**
- j. **Any treatment or medication which, at the time of departure, is required to be continued during the covered trip;**
- k. **Normal pregnancy or childbirth, or elective abortion. However, unforeseen complications of pregnancy are not excluded;**
- l. **Traveling for the purpose of securing medical treatment;**
- m. **Directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;**
- n. **Accidental injury or sickness when traveling against the advice of a physician;**
- o. **Care or treatment which is not medically necessary, except for related reconstructive surgery resulting from trauma, infection or disease;**
- p. **Any loss, condition, or event that was known, foreseeable, intended, or expected when Your policy was purchased;**
- q. **Any failure of a provider of travel related services (including any travel supplier) to provide the bargained-for travel services or to refund money due You;**
- r. **Your participation in civil disorder, riot or a felony;**
- s. **Acts, travel alerts/bulletins, or prohibitions by any government or public authority;**
- t. **Strike, unless specifically covered;**
- u. **Pandemic or epidemic unless specifically covered;**
- v. **Your failure to derive pleasure in, or benefit from, or profit from Your covered trip.**
- w. **Payments made for this policy and any other insurance;**

- x. **Travel supplier restrictions on any baggage, including medical supplies and equipment;**
- y. **If Your tickets do not contain specific travel dates (open tickets);**
- z. **A diagnosed sickness from which no recovery is expected**
 - aa. **Any loss or expense incurred as the result of a pre-existing medical condition.**
 - ab. **Your mental, nervous or psychological disorder, unless requiring inpatient hospitalization of three (3) or more days as certified by a physician at the time of loss and preventing participation on the covered trip;**
 - ac. **Any loss that occurs on a covered trip with a destination less than 50 kilometers from Your primary residence or to another residence owned by You.**

DEFINITIONS

Accident means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place but shall also include exposure resulting from a mishap to a conveyance in which **You** are traveling.

Actual cash value means replacement cost less depreciation.

Automatically covered activities means: Abseiling; Aerial Safaris (with a licensed operator); Angling; Archery (supervised); Badminton; Banana Boating; Beach Games; Boccia; Bowls - indoor and crown green; Boxing Training (no contact); Bungee Jumping (with a licensed operator); Camel Riding; Clay Pigeon Shooting (supervised); Cricket; Croquet; Curling; Cycling (non-competitive, sportives, etapes and mountain biking on designated tracks); Elephant Riding/Trekking (supervised); Eton Fives; Fell Running; Fell Walking; Fencing; Fishing (excluding Deep Sea Fishing); Fitness Training and Gym Work; Floorball; Goalball; Golf; Gymnastics (non-competitive); Handball; Hang Gliding (tandem with a licensed operator); High Diving from a purpose-built diving board, not exceeding 5 metres, 16 feet, over a man-made pool; High Ropes (with a licensed operator); Hiking (established and documented paths/tracks and mapped routes); Hot Air Ballooning; Horse Riding (protective headgear must be worn). Excluding jumping, trials, hunting, racing, jousting and competitive riding; Ice Skating (non-competitive); Jet Boating (as a passenger); Jet Skiing (with a licensed operator); Korfbal; Mechanics; Mountaineering up to 4500m, 14,765 feet, no use of ropes or guides, no sheer face or free climbing, must follow man made paths; Netball; Obstacle Course Racing; Sea Canoeing (within half a mile, 1 kilometre, of the coast); Orienteering; Paddle Boarding (within half a mile, 1 kilometre, of the coast); Paragliding (tandem with a licensed operator); Parasailing (towed by boat by a licensed operator); Parachuting (static line or tandem with a licensed operator); Pedalo; Pony Trekking (protective headgear must be worn); Quad Biking (non-competitive, booked with a licensed operator. Protective headgear must be worn); Racket Ball; Rambling; Refereeing and Umpiring; River Canoeing, Kayaking and Rafting (in calm water excluding the sea or white water grade 4 or above); Roller Blading; Rounders; Rowing (inland waters); Running (including distances up to marathons in major cities or towns); Safaris (provided that the Insured Person will not be using firearms or bow and arrows and it is booked with a licensed operator); Sail Boarding; Sailing and Yachting (within 12 miles, 20 kilometres, of the coast); Sand Safaris; Sand Surfing; Scuba Diving to a depth of 18 metres, 59 feet, as standard. Or to a depth of 30 metres, 100 feet, maximum as long as You have PADI or equivalent qualification to dive to that depth or You are diving with a licensed and fully qualified instructor. There is no cover if You are flying within 24 hours of last dive or for solo diving, Cave diving or Wreck diving; Skating; Snorkelling; Softball; Squash; Surfing (within 5 miles, 8 kilometres, of the coast); Swimming (in swimming pool or within half a mile, 1 kilometre, of the coast); Table Tennis; Technical Support (coach, manager and technicians); Ten Pin Bowling; Tennis; Trekking (established, documented, paths/tracks/ mapped routes with a licensed professional local guide); Tug-of-War; Underground Activities (as part of an organised excursion or tour); Via Ferrata; Volleyball; War Games; Water Polo; Water Skiing (excluding jumping); Weightlifting (non-competitive); Wheelchair Racing; Wheelchair Tennis; Wind Surfing (non-competitive)

Please note when participating in any automatically covered activity, cover is accepted provided that:

- You have not been advised by a doctor against participating in such sport or activity;
- You wear and/or use the recommended/recognised safety equipment and;
- You follow safety procedures, rules and regulations as specified by the activity organisers and/or providers.

Baggage means luggage and personal possessions, including traveling documents, whether owned, borrowed, or rented, and taken by **You** on the **covered trip**.

Cancellation penalties means trip costs:

- a. Which are not refundable by the travel supplier, or are subject to restrictions;
- b. Which are paid by **You** or on **Your** behalf prior to **Your covered trip departure date**, or which **You are** obligated, or later become obligated, to pay as a result of cancelling or interrupting the **covered trip**;
- c. Which are identified by **You** on the **application**; and
- d. For which insurance was purchased.

Child(ren) means **Your children**, including an unmarried **child**, stepchild, legally adopted **child** or foster **child** who is:

- a. Under the age of eighteen (18) and primarily dependent on **You** for support and maintenance; or
- b. Who is at least eighteen (18) but less than age twenty-four (24) and who regularly attends an institution of higher learning/an accredited school or college and who is primarily dependent on **You** for support and maintenance.

Complications of Pregnancy and Childbirth shall only be deemed to include the following: toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency caesarean section/medically necessary termination and any premature births more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

Covered trip means a trip booked via Perk for which **You** request insurance coverage and pay the required premium and includes period of round- trip travel to a **destination** that is at least fifty (50) kilometers from **Your residence** and that does not exceed ninety-three (93) days. **Your** trip must have a defined **departure date** and **return date**.

Deductible means the euro amount **You** must contribute to the **loss**.

Departure date means the date on which **You** are scheduled to leave on the **covered trip**. This date is specified in the travel documents.

Destination means any place **You** are scheduled to travel to on **Your covered trip**, as shown on the travel documents, manifest or confirmation.

Domestic partner means a person, at least eighteen (18) years of age, with whom **You** have been living in a spousal relationship with evidence of cohabitation for at least ten (10) continuous months prior to the **effective date** of coverage.

Effective date means the date and time **Your** coverage begins, at 00:00 on the day following the purchase date of Your policy, as outlined in Period of Cover section of the **Evidence of Coverage**.

Epidemic means an outbreak of a contagious disease that spreads rapidly and widely and that is identified as an **epidemic** by The Centers for Disease Control and Prevention (CDC).

Family member means **Your** spouse, civil union partner or **domestic partner, child**, siblings, parents, grandparent, step-grandparent, grandchild, step-grandchild, step-child, step-sibling, or step-parent, parent-in-law, daughter-in-law or son-in-law, brother-in-law or sister-in-law, aunt or uncle, niece or nephew and legal guardian

Financial default means the cessation or partial suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, by a tour operator, **cruise** line, airline, resort, rental company, or other travel supplier.

Home country means **Your** country of residence.

Hospital means a facility that:

- a. Is operated according to law for the care and treatment of sick or **injured** people;
- b. Has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
- c. Has twenty-four (24) hour nursing service by registered nurses; and
- d. Is supervised by one or more **physicians** available at all times.

A **hospital** does not include a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care or a facility that is, other than incidentally, a clinic, a rest home, nursing home, convalescent home, home health care, or home for the aged, nor does it include any ward, room, wing or other section of the hospital that is used for such purposes

Injury or **injured** means a bodily **injury** caused by an **accident** occurring while **Your** coverage under this **policy** is in force and resulting directly and independently of all other causes of **loss** covered by this **policy**. The **injury** must be verified by a **physician**.

Inpatient means a person who is confined in a **hospital** as a registered bed patient for at least twenty-four (24) hours

Loss means an **injury** or **unforeseen** event or incident sustained by **You** as a direct result of one or more of the events against which **We** have undertaken to compensate **You**. **Loss** does not include lost profits or lost revenues of any kind, business interruption damages, or any pain and suffering damages. **Loss** also does not include any form of consequential, incidental, or indirect damages or **injury**.

Medically necessary means a treatment, service, or supply:

- a. Is essential for diagnosis, treatment or care of the **accidental injury** or **sickness** for which it is prescribed or performed;
- b. Meets generally accepted standards of medical practice; and
- c. is ordered by a **physician** and performed under his or her care, supervision or order.

Mental, nervous or psychological disorder means a mental or nervous health condition including, but not limited to: anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation.

Natural disaster means a flood (due to natural causes), tsunami, hurricane, tornado, earthquake, mudslide, avalanche, landslide, volcanic eruption, sandstorm, sinkhole, wildfire or blizzard.

Pandemic means an **epidemic** over a wide geographic area that affects a large portion of the population.

Personal effects means items being used by **You** during **Your covered trip**. **Personal effects do not include:**

- a. **Eyeglasses, contact lenses, artificial teeth, dentures, dental bridges, retainers, or other orthodontic devices or hearing aids;**
- b. **Antiques and collectors' items;**
- c. **Household items and furnishings**

Physician means a licensed practitioner of medical, surgical, dental services acting within the scope of his/her license. The treating **physician** cannot be **You**, **Your** traveling companion, a **family member** or a **business partner**.

Policy means this master **policy** document, the **evidence of cover** and any endorsements, riders or amendments that will attach during the Period of Coverage.

Pre-existing medical condition means an **injury, sickness**, death or other condition of **You** or **family member**, to which any of the following applied within the **three hundred sixty five (365)** day period immediately preceding and including the purchase date of this plan:

- a. First manifested itself, worsened, became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment, or;
- b. Care, testing or treatment was given or recommended by a **physician**; or
- c. Required a change in prescribed medication unless the change is between a brand name and a generic medication with comparable dosage or an adjustment to insulin or anti-coagulant dosage.

Primary residence means a residence where **You** are leaving from to start **Your covered trip**

Reasonable and customary or **reasonable and customary charges** means an expense which:

- Is charged for treatment, supplies, or medical services **medically necessary** to treat **Your** condition;
- Does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
- Does not include charges that would not have been made if no insurance existed. In no event will the **reasonable and customary charges** exceed the actual amount charged.

Return destination means the place to which **You** expect to return from **Your covered trip** as shown in the **application, covered trip** itinerary, travel documents, manifest or confirmation.

Scheduled departure date means the date on which **You** are originally scheduled to leave on the **covered trip**.

Scheduled return date means the date on which **You** are originally scheduled to return to the point of origin or to a different final **destination** or to **Your primary residence** from a **covered trip**.

Sickness means an illness or disease diagnosed or treated by a **physician** after **Your effective date** of coverage under this **policy**.

Spouse means **Your** legal spouse, civil union partner, or **domestic partner**.

Trip cost means euro amount of **trip payments or deposits**, which are subject to **cancellation penalties**, paid by **You** prior **Your covered trip departure date**. The trip cost is stated on **Your application**.

Unforeseen means not known, anticipated or reasonably expected, and occurring after the **effective date** of **Your policy**.

We, Us or **our** means Eir Försäkring AB and its agents

You or **Your** means all persons listed as **insureds** on the **schedule of benefits**

MAKING A CLAIM

First, check Your Evidence of Coverage and the appropriate section of **Your policy** to make sure that what You are claiming for is covered.

The policy claim form, claimant's statement, and proof of claim must be submitted using the online form linked below. Additional documents may be e-mailed to Robin Assist at the email address below

Robin Assist,
Avenue des Arts 6 - 9,
1210 Saint-Josse-ten-Noode,
Brussels, Belgium
e: claims@robinassist.com

Online Claims submission form: <https://claims.robinassist.com/>

All claims must be notified within 28 days of Your return on a policy claim form, accompanied by original invoices, receipts, reports, etc (proof of claim). Please refer to the relevant section of Your policy for specific conditions and details of the supporting evidence that We require. Please remember that it is always advisable to retain copies of all documents when submitting Your claim form. We recommend You use registered post.

When claims settlements are made by the BACS (Bank Automatic Clearing System), IBAN or other electronic banking system or payment method, You will be responsible for supplying Us with the correct bank account or other payment details and Your full authority for Us to remit monies directly to that account. Provided that payment is remitted to the account designated by You, We shall have no further liability or responsibility in respect of such payment, and it shall be Your sole responsibility to make collection of any misdirected payment in the event of incorrect details having been provided to Us.

CANCELLATION OF YOUR POLICY

CANCELLING THIS POLICY AND COOLING-OFF PERIOD

Cancellation by the policyholder

RIGHT OF WITHDRAWAL IN DISTANCE CONTRACTING

In the event of having subscribed the insurance remotely, and in accordance with the provisions of Law 22/2007, of July 11, on distance marketing of financial services for consumers, We inform You that if the insurance lasts more than one month, the policyholder may withdraw from this contract within a period of fourteen calendar days from the date of contracting, provided that the contract has not been executed prior to the exercise of this right.

To exercise the right of withdrawal, the policyholder must send a letter by certified mail or any other means that records the date of its sending and receipt to:

battleface Underwriting Services SRL,
Avenue des Arts 6 - 9,
1210 Saint-Josse-ten-Noode,
Brussels, Belgium.
e: europa@battleface.com

If the policyholder chooses to withdraw from this contract, he must pay the proportional part of the premium corresponding to the service actually provided up to the date of exercise of this right. We will reimburse You, within 30 days following receipt of Your request, the corresponding part of the unearned premium. Once the insurance contract entered into at a distance has been executed, or after the authorized period of 14 calendar days from the date of contracting, the policyholder's right to withdraw from the contract will lapse, being obliged to pay the entire agreed premium.

For all policies that have a Period of Insurance of less than one month there is no cancellation or cooling-off period and no refund of premium will be payable at any time.

Cancellation by Us

In accordance with Spanish Act 50/1980 provisions, we may cancel this policy by giving the policyholder thirty (30) days' notice in writing, which will be sent by post to the last address We hold for the policyholder. A contract can only be cancelled for the following reasons:

- a. **non-payment of premium after giving You an additional period of time of 30 days in order to remedy any due payments; or**
- b. **aggravation of the risk; or**
- c. **transfer of the insured interest; or**
- d. **non-disclosure by the insured (only where there was a clear question in the proposal form).**

We may terminate cover on or after the anniversary of any premium due date. The Policyholder may terminate its cover on any premium due date. Written notice must be given at least 31 days prior to such premium due date.

HOW TO MAKE A COMPLAINT

Our aim is to ensure that all aspects of Your insurance are dealt with promptly, efficiently and fairly. At all times We are committed to providing You with the highest standard of service.

Any complaint should be addressed in the first instance to:

Complaint Manager

Eir Försäkring AB

BOX 3132

103 62 Stockholm

e: klagomal@eirforsakring.se

Your complaint will be acknowledged, in writing, promptly.

A decision on Your complaint will be provided to You, in writing, within 4 (four) weeks of the complaint being made.

Should You remain dissatisfied with the final response or if You have not received a final response within 1 (one) month of the complaint being made, You may voluntarily submit a dispute to arbitration in accordance with the terms of the Spanish Law for the Protection of Consumers and Users and related subordinate legislation, without prejudice to the provisions of the Arbitration Law in the event that the parties submit any dispute to the decision of one or more arbitrators.

You may be eligible to refer Your complaint to the Directorate General of Insurance in Spain. The contact details are as follows:

Directorate General of Insurance

Pº Castellana, 44

28046 Madrid, Spain

t: +34 952 24 99 82

w: www.dgsfp.mineco.es/es/Consumidor/ProteccionAsegurado/Paginas/InformacionProcedimiento.aspx

If You purchased this contract online, You may also make a complaint via the EU's online dispute resolution (ODR) platform. The website for the ODR platform is www.ec.europa.eu/odr.

The complaints handling arrangements above are without prejudice to Your right to commence a legal action or an alternative dispute resolution proceeding in accordance with Your contractual rights.

DATA PROTECTION INFORMATION NOTICE

Who We are: We are Eir Försäkring AB (hereafter referred to as “Eir”) found in the contract of insurance and/or in the Evidence of Coverage.

The basics: We collect and use relevant information about You to provide You with the insurance cover or the insurance cover that benefits You, and to meet our legal obligations and the obligations of others in the insurance chain.

This information includes details such as Your name, address and contact details and any other information that We collect about You in connection with the insurance cover, or the cover from which You benefit. This information may include special categories of personal data details such as information about Your health and any criminal convictions You may have.

In certain circumstances, We need Your consent to process certain categories of information about You (including special categories of personal data details as mentioned above). Where We need Your consent, We will ask You for it separately. You do not have to give Your consent and You may withdraw Your consent at any time by sending an e-mail to dataskyddsbud@eirforsakring.se without however affecting the lawfulness of processing based on consent prior to its withdrawal). Nevertheless, if You do not give Your consent, or You withdraw Your consent, this may affect our ability to provide the insurance cover from which You benefit and may prevent Us from providing cover for You or handling Your claims.

The way insurance works means that Your information may be shared and used by a number of third parties in the insurance sector (both inside and outside Belgium, Germany, and inside and outside the EU). For example, insurers, insurance agents or insurance brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose Your personal information in connection with the insurance cover that is provided, and to the extent that it is needed or allowed by law.

We keep Your personal details for no longer than is necessary in offering the insurance arranged or to comply with our legal or regulatory requirements.

Other people's details You provide to Us: Where You provide Us (or Your insurance agent or insurance broker) with details about other people, You must ensure that this short form privacy notice is provided to them.

Want more details? For more information about how We use Your personal information please see our full privacy notice, which is available in the Privacy section of our website <https://www.eirforsakring.com/en/privacy> or in other formats on request.

Complaints, contacting Us and the regulator, and Your rights: You have rights in relation to the information We hold about You, including the right to access Your information. If You wish to exercise Your rights, discuss how We use Your information or see a copy of our full privacy notice, please contact Us or go to the Privacy section of our website <https://www.eirforsakring.com/en/privacy> where We have full details. Alternatively, You may contact the insurance agent or insurance broker that arranged Your insurance at:

battleface Underwriting Services SRL

Avenue des Arts 6 – 9
1210 Saint-Josse-ten-Noode
Brussels, Belgium.

e: europa@battleface.com

You have the right to lodge a complaint with the competent data protection authority, but We encourage You to contact Us before doing so.

ADDITIONAL TERMS

RECORDS MAINTAINED

The Policyholder or its authorised administrator will maintain records of the essential features of each Insured Person's insurance under the Policy.

We shall be permitted to examine the Policyholder's records relating to coverage under the Policy. Examination may occur at any reasonable time up to the later of:

- The two year period after the expiration of the Policyholder's coverage; or
- The final adjustment and settlement of all claims under the Policyholder's coverage.

REPORTING REQUIREMENTS

The Policyholder or its authorised agent must report to us, by the premium due date:

- The names of all Insured Persons on the Effective Date of the Policy;
- The names of all persons who are insured after the Effective Date of the Policy;
- The names of those persons whose insurance has terminated; and
- Additional information required as agreed to by Us and the Policyholder.

EVIDENCE OF COVERAGE

An Evidence of Coverage of insurance will be delivered to the Insured by way of a Certificate of Insurance. Each Evidence of Coverage will list the benefits, conditions and limits of the Evidence of Coverage. It will state to whom the benefits will be paid.

POLICY TERMINATION

We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. Written notice must be given at least 31 days prior to such premium due date.

CLERICAL ERROR

Clerical error in keeping any records pertaining to the coverage, whether by the Policyholder or by the Company, will not invalidate coverage otherwise validly in force nor continue coverage otherwise validly terminated, provided such clerical error is not prejudicial to the Company and is rectified promptly upon discovery.

ASSIGNMENT

No assignment of interest in loss of life benefits shall be binding on the Company until the original or duplicate thereof is received by the Company. The Company assumes no responsibility for the validity of such assignment.

INSOLVENCY

The insolvency, bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors, or dissolution of the Policyholder will not impose upon the Company any liability other than the liability defined in the Policy. The insolvency of the Policyholder will not make the Company liable to the creditors of the Policyholder, including Insured Persons under the Policy.

WAIVER

Failure of the Company to strictly enforce its rights under the Policy at any time or under any circumstance shall not constitute a waiver of such rights by the Company at any time under the same or different circumstances.



battleface Underwriting Services

Avenue des Arts 6 - 9,
1210 Saint-Josse-ten-Noode,
Brussels, Belgium

t: +32 2 620 28 30

e: europa@battleface.com