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Welcome

Thank you for choosing Chubb Travel Insurance.

This is **Your** Policy Wording which, together with **Your Certificate of Insurance** and the information supplied when applying for this insurance, is a contract between **You** and **Us**. Cover provided under this Policy is underwritten by Chubb European Group SE, (**Chubb/We/Us**).

This Policy pays benefits, in accordance with this Policy Wording, in the event that **You** need to cancel **Your Trip** before it begins.

This Policy does not cover any pre-existing medical conditions.

You (as specified in the Certificate of Insurance) and **Chubb** agree that **You** shall pay the premium as agreed. The Certificate of Insurance and this Policy Wording provides the full terms and conditions of the insurance with **Us**. **You** acknowledge that **We** have offered this Policy and set the premium using the information which **We** have asked for and **You** have provided, and that any change to the responses provided by **You** may result in a change in the terms and conditions of the Policy and/or a change in the premium.

You should check over the Policy Wording and Certificate of Insurance carefully to ensure they are correct and meet **Your** requirements, and notify **Us** immediately, if anything is incorrect, as this could affect Policy cover in the event of a **Claim**. **You** should keep these documents in a safe place. **You** must tell **Us** if either **Your** insurance needs or any of the information **You** have given **Us** changes. A change in circumstances may affect Policy cover, even if **You** do not think a change is significant, and **We** may need to change this Policy. **We** will update the Policy and issue a new Certificate of Insurance each time a change is agreed.

Table of Benefits

Section	Benefit Amounts	Excess ¹
1. Cancellation	Flight Cost ² plus up to €500 for unused travel costs	X
2. Curtailment	up to €500	✓

¹ A €50 excess applies to each benefit section per person as highlighted in the table above.

² Flight Cost means the total cost of Your flight as shown on Your flight booking confirmation.

The table above shows the maximum amounts that are covered under the Policy per Person Insured.

Important Information

How to Claim

Guidance on how to make a **Claim** under this Policy is detailed on page 11 in this Policy Wording.

How to Cancel

Guidance on how to cancel this Policy is detailed on page 14 in this Policy Wording.

General Conditions and General Exclusions

There are certain Conditions and Exclusions which apply to all sections of this Policy, and these are detailed on pages 11 to 13 and 14 to 15 in this Policy Wording.

Persons Covered

All **Persons Insured** on this Policy must be:

1. permanently resident in **Finland** and be in **Finland** at the time of purchasing this Policy; and
2. 64 years of age or under at the time of purchasing this Policy.

Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. All Policy definitions are applicable to this Policy as a whole, and are detailed on pages 16 to 17 in this Policy Wording.

Trips Covered

The Plan Type **You** have chosen, Round Trip or One Way Trip, is shown on the Certificate of Insurance.

1. Round Trip
A **Trip Abroad** during the **Period of Insurance** that takes place entirely within the Area of Travel stated in the Certificate of Insurance.
2. One Way Trip
A **Trip Abroad** during the **Period of Insurance** that takes place entirely within the Area of Travel stated in the Certificate of Insurance but has no scheduled return date.

Trips Not Covered

We will not cover any **Trip**

- which involves manual work of any description;
- where **Winter Sports** is the main reason for **Your Trip**;
- which involves **You** travelling on a **Cruise**;
- which involves **You** travelling specifically to obtain medical, dental or cosmetic treatment;
- when **You** have been advised not to travel by **Your Doctor** or **You** have received a terminal prognosis;
- where, on the date it is booked (or commencement of the **Period of Insurance** if later), **You** or **Your Travelling Companion** are aware of any reason why it might be cancelled or **Curtailed**, or any other circumstance that could reasonably be expected to result in a **Claim** under this policy;
- involving travel to areas where the Ministry of Foreign Affairs for Finland has advised against travel. If **You** are not sure whether there is a travel warning for **Your** destination, please check their website <http://formin.finland.fi/Public/default.aspx?nodeid=15735>

The Cover We Provide

The maximum amount **We** will pay under each Section that applies is detailed in the Table of Benefits on page 4 in this Policy Wording.

When You Are Covered

1. Cancellation cover under Section 1 begins when a **Trip** is booked, or from the commencement date and time stated in the Certificate of Insurance, whichever is later. It ends when **You** leave **Your** home to start **Your Trip**.
2. Insurance cover under all other Sections operates for a **Trip** that takes place during the **Period of Insurance**.

When Cover Will End Automatically

1. Round Trip
All cover will end when the **Period of Insurance** ends.
2. One Way Trip
All cover will end 24 hours after **You** start **Your Trip**

Automatic Extension of the Period of Insurance

If **You** cannot return home from a **Trip** before **Your** cover ends, **Your** policy will automatically be extended at no extra charge for:

- up to 14 days if any **Public Transport** in which **You** are booked to travel as a ticket-holding passenger is unexpectedly delayed, cancelled or **Curtailed** because of **Adverse Weather**, industrial action, or mechanical breakdown; or
- up to 30 days (or any longer period agreed by **Us** in writing before this automatic extension expires) if **You** cannot return home **Due To**:
 - **You** being injured or becoming ill or being quarantined during a **Trip**
 - **You** being required to stay on medical advice with another **Person Insured** named on **Your** Certificate of Insurance who is injured or becomes ill or is quarantined during a **Trip**.

Section 1 - Cancellation

What is covered

We will refund **You** unused travel and/or accommodation costs up to the amount stated in the Table of Benefits (including excursions pre-booked and paid for before starting **Your Trip**), which **You** have paid or are contracted to pay and which cannot be recovered from any other source if it becomes necessary to cancel a **Trip Due To**:

1. **You or Your Travelling Companion(s)**
 - A. dying; or
 - B. suffering serious injury; or
 - C. suffering sudden or serious illness; or
 - D. suffering from complications in pregnancy if incurred in an emergency as a result of complications (where such complications are diagnosed by a **Doctor** who specialises in obstetrics); or
 - E. being compulsorily quarantined on the orders of a treating **Doctor**; provided that such cancellation is confirmed as medically necessary by the treating **Doctor**.
2. **Your Immediate Family Member or Close Business Colleague or Your Travelling Companion's Immediate Family Member or Close Business Colleague** or someone **You** have arranged to stay with on a **Trip**:
 - A. dying; or
 - B. suffering serious injury; or
 - C. suffering sudden or serious illness; or
 - D. suffering from complications in pregnancy if incurred in an emergency as a result of complications (where such complications are diagnosed by a **Doctor** who specialises in obstetrics); provided that such reasons for cancellation are confirmed by a **Doctor**.
3. the police requiring **You or Your Travelling Companion's** presence following a burglary or attempted

burglary at **You or Your Travelling Companion's** home.

4. serious fire storm or flood damage to **You or Your Travelling Companion's** home, provided that such damage occurs within the 7 days immediately prior to commencement of **Your Trip**.
5. the compulsory jury service or subpoena of **You or Your Travelling Companion**
6. **You or Your Travelling Companion** being made redundant and having registered as unemployed.

What is not covered

1. Any **Claim Due To**
 - A. any pre-existing medical condition affecting any person upon whom **Your Trip** depends that was diagnosed, treated or required hospital inpatient or outpatient treatment at any time before **Your Trip** was booked (or commencement of the **Period of Insurance** if later), and which could result in **You** having to cancel **Your Trip**;
 - B. jury service or subpoena if **You or Your Travelling Companion** are called as an expert witness or where **You or** their occupation would normally require a Court attendance;
 - C. redundancy where **You or Your Travelling Companion**:
 - i) were unemployed or knew that **You** or they may become unemployed, at the time the **Trip** was booked;
 - ii) are voluntarily made redundant or made redundant as a result of misconduct or following resignation;
 - iii) are self-employed or a contract worker;
- B. any adverse financial situation causing **You** to cancel **Your Trip**, other than reasons stated within the section 'What is covered'.

- C. **You or Your Travelling Companion(s)** deciding that **You** do not want to travel, unless that reason for not traveling is stated within the section 'What is covered'.
 - D. The failure to obtain the necessary passport, visa or permit for **Your Trip**.
2. Any loss, charge or expense **Due To**:
 - A. a delay in notifying the tour operator, travel agent, or transport or accommodation provider that it is necessary to cancel a booking;
 - B. prohibitive regulations by the government of any country.
 3. Any charge or expense paid for with, or settled using, any kind of promotional voucher or points, timeshare, holiday property bond or holiday points scheme, or any **Claim** for management fees, maintenance costs or exchange fees associated in relation to timeshares or similar arrangements.

- complications are diagnosed by a **Doctor** who specialises in obstetrics); or
 - E. being compulsorily quarantined on the orders of a treating **Doctor**;
- provided that such **Curtailment** is confirmed as medically necessary by the treating **Doctor**.

2. **Your Immediate Family Member or Close Business Colleague or Your Travelling Companion's Immediate Family Member or Close Business Colleague** or someone **You** have arranged to stay with on **Your Trip**:
 - A. dying; or
 - B. suffering serious injury; or
 - C. suffering sudden or serious illness; or
 - D. suffering from complications in pregnancy if incurred in an emergency as a result of complications (where such complications are diagnosed by a **Doctor** who specialises in obstetrics);

provided that such **Curtailment** is confirmed as medically necessary by the treating **Doctor**.

3. The police requiring **You or Your Travelling Companion's** presence following a burglary or attempted burglary at **You or Your Travelling Companion's** home
4. Serious fire storm or flood damage to **You or Your Travelling Companion's** home; provided that such damage occurs after **Your Trip** commences.

Section 2 – Curtailment

What is covered

We will pay:

- A. unused accommodation costs (including excursions pre-booked and paid for before leaving **Finland**, which **You** have paid or are contracted to pay and which cannot be recovered from any other source; and
- B. reasonable additional travel and accommodation (room only) costs necessarily incurred in **You** returning to **Your** home in **Finland**.

up to the amount shown in the Table of Benefits, if it becomes necessary to, **Curtail a Trip Due To**:

1. **You, Your Travelling Companion(s)**
 - A. dying; or
 - B. suffering serious injury; or
 - C. suffering sudden or serious illness; or
 - D. suffering from complications in pregnancy if incurred in an emergency as a result of complications (where such

What is not covered

1. Any **Claim Due To**
 - A. any pre-existing medical condition affecting any person upon whom **Your Trip** depends that was diagnosed, treated or required hospital inpatient or outpatient treatment at any time before **Your Trip** was booked (or commencement of the **Period of Insurance** if later), and which could result in **You** having to **Curtail Your Trip**;
 - B. any adverse financial situation causing **You** to **Curtail Your Trip**;

- C. **You or Your Travelling Companion(s)** deciding that **You** do not want to remain on a **Trip**.
2. Any loss, charge or expense **Due To**:
 - A. a delay in notifying the tour operator, travel agent, or transport or accommodation provider that it is necessary to **Curtail** a booking;
 - B. prohibitive regulations by the government of any country.
 3. Any charge or expense paid for with, or settled using any kind of promotional voucher or points, timeshare, holiday property bond or holiday points scheme, or any **Claim** for management fees, maintenance costs or exchange fees in relation to timeshares or similar arrangements.
 4. Accommodation and travel expenses where the transport and/or accommodation used is of a standard superior to that of the **Trip**.
 5. The **Excess**.

General Exclusions

Exclusions that apply to the whole Policy.

We will not pay any **Claims** which would result in **Us** being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, **Finland**, or United States of America.

Applicable to US Persons only: Policy cover for a **Trip** involving travel to/from/through Cuba will only be effective if the US Person's travel has been authorised by a general or specific licence from OFAC (US Treasury's Office of Foreign Asset Control). For any **Claim** from a US Person relating to Cuba travel, **We** will require verification from the US Person of such OFAC licence to be submitted with the **Claim**. US Persons shall be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States (including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business, that is owned or controlled by such persons.

You should contact **Us** on +358 974 790 260 for clarification of Policy cover for travel to countries which may be subject to United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, **Finland** or United States of America.

We will not be liable to make any payment under this Policy where:

1. **Persons Covered**
You do not meet the criteria detailed under Important Notes on page 5 of this Policy.
2. **Children travelling alone**
You are a **Child** travelling or booked to travel without an adult **Person Insured** named in the Certificate of Insurance.
3. **Trips not covered**
Your Trip is described under "Trips Not Covered", on page 5 of this Policy.
4. **any Claim is Due To:**
 - A. **Not taking medication or treatment**
a **Person Insured** choosing not to take medication or other recommended treatment as

prescribed or directed by a **Doctor**.

- B. **Tropical disease where not vaccinated**
a tropical disease where the **Person Insured** has not had the vaccinations or taken the medication recommended by **Finland's** National Institute for Health and Welfare or required by the authorities in the country being visited, unless they have written confirmation from a **Doctor** that they should not be vaccinated or take the medication, on medical grounds.
- C. **Anxiety state or phobia**
a **Person Insured** suffering from any travel-related anxiety state, or phobia.
- D. **Currency**
Currency exchange, including but not limited to any loss of value or currency conversion fees.
- E. **Illegal Acts**
Any illegal act by **You**.
- F. **Alcohol/drugs**
 - i) Alcohol
You drinking too much alcohol, alcohol abuse or alcohol dependency. **We** do not expect **You** to avoid alcohol on a **Trip**, 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 (for example any medical report or evidence showing excessive alcohol consumption which in the opinion of a **Doctor** has caused or contributed to the bodily injury).
 - ii) Drugs
You taking any drugs in contravention of the laws applicable to the country **You** are travelling to, or having an addiction to or abusing any medications, or being under the influence of any non-prescribed medication which is classified as a legal high in

the country **You** are travelling to.

G. **Suicide/self-injury**

- i) **Your** suicide, attempted suicide or deliberate self-inflicted injury regardless of the state of **Your** mental health; or
- ii) **Your** needless self-exposure to danger or where **You** have acted in a manner contrary to visible warning signs except in an attempt to save human life.

H. **Radiation**

- i) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste resulting from the combustion of nuclear fuel; or
- ii) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly.

I. **Sonic waves**

pressure waves from aircraft and other airborne devices travelling at sonic or supersonic speeds.

J. **War**

War or any act of **War** whether **War** is declared or not.

K. **Financial Failure**

The financial failure of a tour operator, travel agent, transport provider, accommodation provider, ticketing agent or excursion provider.

Making a Claim

Conditions that apply to the whole Policy.

You must notify **Us** immediately by telephone or email as soon as reasonably possible and within 30 days of becoming aware of anything likely to result in a **Claim**.

A personal representative can do this for **You** if **You** cannot.

We can be contacted at:

Email: travelinsurance@crowco.fi

Tel: +358 974 790 260

Claim Conditions

Other Insurance

If, at the time of an incident which results in a **Claim** under this Policy, there is any other insurance covering the same expense, **We** are entitled to approach that insurer for a contribution towards the **Claim**, and will only pay **Our** proportionate share.

Recovering Our Claims Payments from Others

We are entitled to take over and carry out in **Your** name the defence or settlement of any legal action. **We** may also take proceedings at **Our** own expense and for **Our** own benefit, but in **Your** name, to recover any payment **We** have made under this Policy to anyone else.

Complying with Special Conditions

You must comply with the Special Conditions detailed in the relevant Section of this Policy.

Supplying Details & Documents

You must supply at **Your** own expense any information, evidence and receipts **We** require including medical certificates signed by a **Doctor**, police reports and other reports.

Your Duty to Avoid or Minimise a Claim

You and each **Person Insured** must take ordinary and reasonable care to safeguard against loss, damage, **Accident**, injury or illness as though **You** were not insured.

Sending Us Legal Documents

You must send **Us** any original writ, summons, legal process or other correspondence received in connection with a **Claim** immediately when it is received and without answering it.

Subrogation

We may take action in **Your** name to recover compensation or security for loss, damage or expenses covered by this insurance. **You** will not have to pay anything towards this action but **We** will be entitled to retain some or all of any amount recovered.

Recognising Our Rights

You and each **Person Insured** must recognise **Our** right to:

1. settle all **Claims** in Euro;
2. be reimbursed within 30 days for any costs or expenses that are not insured under this Policy, which **We** pay to **You**;
3. be supplied at **Your** expense with appropriate original medical certificates where required before paying a **Claim**;
4. request and carry out a medical examination and insist on a post-mortem examination, if the law allows **Us** to ask for one, at **Our** expense.

Fraudulent Claims

We will not pay dishonest **Claims**. If **You** make a dishonest **Claim**, **We** may cancel **Your** cover.

Paying Claims

If **You** are 18 years or over, **We** will pay the **Claim** to **You** and **Your** receipt shall be a full discharge of all liability by **Us** in respect of the **Claim**.

If **You** are aged under 18 years and covered under this Policy as the **Partner** of a **Person Insured**, **We** will pay the **Claim** to **Your Partner** for **Your** benefit. In all other circumstances **We** will pay the appropriate benefit amount to **Your Parent** or **Legal Guardian** for **Your** benefit. **Your Partner's** or **Parent** or **Legal Guardian's** receipt shall be a full discharge of all liability by **Us** in respect of the **Claim**.

General Conditions

Conditions that apply to the whole Policy.

Contract

This Policy, the Certificate of Insurance and any information provided in **Your** application will be read together as one contract.

Choice of Law

This Policy shall be governed by and interpreted in accordance with the laws of **Finland** the Finnish Courts alone shall have jurisdiction in any dispute. All communication in connection with this Policy shall be in English.

Compliance with Policy Requirements

You (and where relevant **Your** representatives), shall comply with all applicable terms and conditions specified in this Policy. If **You** do not comply, **We** will only pay that part of any **Claim** that **We** would have had to pay if **You** had complied in full.

Changing Your Policy

1. If **You** want to change **Your** Policy
If any of the information **You** have given **Us** changes **You** must telephone (and confirm in writing if **We** request **You** to do so), email or write to **Us**.
2. If **We** want to change **Your** Policy
We reserve the right to make changes or add to these Policy terms for legal or regulatory reasons and/or to reflect new industry guidance and codes of practice. If this happens **We** will write to **You** with details at least 30 days before **We** make any changes. **You** will then have the option to continue with or to cancel the Policy.

Any change made to **Your** Policy will begin on the date that the Certificate of Insurance is issued to **You** by **Us**.

If **We** change **Your** policy and as a result of those changes **You** wish to cancel **Your** policy, **We** will send **You** a pro-rata refund unless **You** have made a **Claim** under this Policy in which case no refund will be made.

Cancelling Your Policy

1. If **You** want to cancel **Your** Policy
14 day cancellation right
If, for any reason, **You** are not satisfied with this Policy, **You** may, within 14 days of receiving **Your** Policy and Certificate of Insurance contact **Us** and **We** will cancel it. If this happens the Policy will have provided no cover and **We** will refund any premiums **You** have paid, providing **You** have not already travelled and no **Claim(s)** have been reported or paid.

After 14 days **You** may cancel **Your** Policy, but **We** will not pay **You** a refund of any premium **You** have paid.

Our contact details are:

Email: travelinsurance@crowco.fi
Tel: +358 974 790 260

2. If **We** want to cancel **Your** Policy
We can cancel this Policy by giving **You** 30 day's written notice. **We** will only do this for a valid reason.
Examples of valid cancellation reasons include attempted or actual fraud, or where **We** are ordered or instructed to cancel this Policy by a regulator, court, or other law enforcement agency. If **We** cancel the Policy **We** will refund any premium **You** paid for the cancelled period provided **You** have not made a **Claim** under the Policy during the current **Period of Insurance**.

Other taxes or costs

We are required to notify **You** that other taxes or costs may exist which are not imposed or charged by **Us**.

Misrepresentation and Non-Disclosure

You must take reasonable care to ensure that all of the information provided to **Us** in the application process, in the "Declaration", by correspondence, over the telephone, on claim forms and in other documents is true, complete and accurate. Please note that providing incomplete, false or misleading information could affect the validity of this Policy and may mean that all or part of a **Claim** may not be paid. **You** acknowledge that **We** have offered the

Policy and calculated the premium using the information which **We** have asked for and **You** have provided, and that any change to the responses provided may result in a change in the terms and conditions of the Policy and/or a change in the premium.

Interest

No sum payable by **Us** under this Policy shall carry interest unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the **Claim**. Where interest becomes payable by **Us**, it will be calculated only from the date of final receipt of such certificates, information or evidence.

Bank Charges

We shall not be liable for any charges applied by **Your** bank for any transactions made in relation to a **Claim**.

Complaints procedures

We are dedicated to providing a high quality service and want to maintain this at all times. If **You** are not satisfied with this service, please contact **Us**, quoting **Your** Policy details, so **We** can deal with the complaint as soon as possible.

If **You** have a complaint about the sale of **Your** Policy, the Customer Service **You** have received or the way **Your Claim** has been handled please contact:

Email: service@broadspire.eu

Tel: +358 974 790 260

You can approach the Finnish Financial Ombudsman Bureau for assistance if there is dissatisfaction with **Our** final response or after eight weeks from making the complaint if not resolved satisfactorily. Any approach to the Finnish Financial Ombudsman Bureau must be made within 6 months of **Our** final response. Their contact details are:

The Finnish Financial Ombudsman Bureau
Insurance Complaints Board
Porkkalankatu 1
00180 Helsinki

Tel.: +358 9 6850 120

Fax: +358 9 6850 1220

Email: info@fine.fi

European Online Dispute Resolution Platform

If **You** arranged **Your** Policy with **Us** online or through other electronic means, and have been unable to contact **Us** either directly or through the Finnish Financial Ombudsman Bureau, **You** may wish to register **Your** complaint through the European Online Dispute Resolution platform:

<http://ec.europa.eu/consumers/odr/>.

Your complaint will then be re-directed to the Finnish Financial Ombudsman Bureau and to **Us** to resolve. There may be a short delay before **We** receive it.

General Definitions

The following words and phrases below will always have the following meanings wherever they appear in the Policy and Certificate of Insurance in bold type and starting with a capital letter.

Abroad

Outside **Finland**

Accident, Accidental

A sudden identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

Adverse Weather

Weather of such severity that the police (or appropriate authority) warn by means of public communications network (including but not limited to television or radio) that it is unsafe for individuals to attempt to travel via the route originally planned by **You**.

Age Limit

64 years old (inclusive) and under at the date of taking out the Policy.

Child, Children

A person under 18 years of age at the time the Policy is purchased.

Chubb

Chubb European Group SE

Claim, Claims

Single loss or a series of losses **Due To** one cause covered by this Policy.

Close Business Colleague

Someone who **You** work with in **Finland** and who has to be in work in order for **You** to be able to go on or continue a **Trip**.

Cruise

A sea or river voyage of more than 3 days in total duration, where transportation and accommodation is primarily on an ocean or river going passenger ship.

Curtail, Curtailed, Curtailment

Cut short/cutting short **Your Trip**.

Doctor

A doctor or specialist, registered or licensed to practise medicine under the laws of the

country in which they practise who is neither:

1. a **Person Insured**; or
2. a relative of the **Person Insured** making the **Claim**,

unless approved by **Us**.

Due To

Directly or indirectly caused by, arising or resulting from, or in connection with.

Europe

Albania, Andorra, Austria, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Canary Islands, Channel Islands, Croatia, Czech Republic, Denmark, Eire, Estonia, France, Germany, Gibraltar, Greece, Hungary, Iceland, Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Mediterranean Islands (including Majorca, Menorca, Ibiza; Corsica; Sardinia; Sicily; Malta, Gozo; Crete, Rhodes and other Greek Islands; Cyprus), Moldova, Monaco, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation (West of Urals), Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom

Excess

The first amount stated in the Table of Benefits of any **Claim** which each **Person Insured** must pay for each Section of the Policy that is claimed under.

Finland

Republic of Finland.

Immediate Family Member

Your Partner or fiancé(e) or the grandchild, child, brother, sister, parent, grandparent, step-brother, stepsister, step-parent, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, aunt, uncle, nephew, niece, of **You** or **Your Partner**, or anyone noted as next of kin on any legal document, all of whom must be resident in **Finland**, and not any **Person Insured**.

Insured Adult

A person named in the Certificate of Insurance between the ages of 18 and 64 (inclusive).

Parent or Legal Guardian

A person with parental responsibility, or a legal guardian, both being in accordance with the Act 1983/361 on Custody of Children and Visitation Rights and any statutory amendment modification or re-enactment of it.

Partner

Your spouse or civil partner (registered pursuant to the Matrimonial Act 1929/234) or someone of either sex with whom **You** have been living for at least three months as though they were **Your** spouse or civil partner.

Period of Insurance

Period of cover commencing at 00.01 or any later time the Certificate of Insurance is issued and ending the date shown on **Your** Certificate of Insurance.

Public Transport

Any air, land or water vehicle operated under licence for the transportation of fare-paying passengers and which runs to a scheduled published timetable.

Travelling Companion(s)

Someone **You** have arranged to go on a **Trip** with and who it would be unreasonable to expect **You** to travel or continue **Your Trip** without.

Trip

A journey **Abroad** involving pre-booked travel or accommodation.

War

Armed conflict between nations, invasion, act of foreign enemy, civil war or taking power by organised or military force.

We, Us, Our, Ourselves

Chubb European Group SE.

Winter Sports

Bigfoot skiing, bobsleighbing, cross-country skiing, glacier skiing, heli-skiing, kite snowboarding, langlauf, lugin, mono-skiing, skidooin, skiing, ski acrobatics, ski flying, ski jumping, ski racing, ski touring, sledging, snow blading, snowboarding, snowmobiling, speed skating, tobogganing.

You, Your, Person(s) Insured

All persons named in the Certificate of Insurance within the **Age Limit** being resident in **Finland**. Each person is separately insured with the exception of any **Child** unless travelling with an **Insured Adult**.

Data Protection

We use personal information which you supply to us [or, where applicable, to your insurance broker] in order to write and administer this policy, including any claims arising from it.

This information will include basic contact details such as your name, address, and policy number, but may also include more detailed information about you (for example, your age, health, details of assets, claims history) where this is relevant to the risk we are insuring, services we are providing or to a claim you are reporting.

We are part of a global group, and your personal information may be shared with our group companies in other countries as required to provide coverage under your policy or to store your information. We also use a number of trusted service providers, who will also have access to your personal information subject to our instructions and control.

You have a number of rights in relation to your personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use your personal information. For more information, we strongly recommend you read our user-friendly Master Privacy Policy, available here: <https://chubbvakuutus.fi/chubb-ryhman-tietosuojakavtanta/>. You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at dataprotectionoffice.europe@chubb.com.

Contact Us

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About Chubb

On 14 January 2016, ACE Limited acquired The Chubb Corporation, creating a global insurance leader operating under the renowned Chubb name.

The new Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. The company is distinguished by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength, underwriting excellence, superior claims handling expertise and local operations globally.

The insurance companies of Chubb serve multinational corporations, midsize and small businesses with property and casualty insurance and services; affluent and high net worth individuals with substantial assets to protect; individuals purchasing life, personal accident, supplemental health, home and car insurance and other specialty insurance coverage; companies and affinity groups providing or offering accident and health insurance programmes and life insurance to their employees or members; and insurers managing exposures with reinsurance coverage. Chubb's core operating insurance companies maintain financial strength ratings of AA from Standard & Poor's and A++ from A.M. Best. Chubb's parent company is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.

Chubb. Insured.SM

Chubb European Group SE, branch in Finland, is registered with the Registry of the National Board of Patents and Registration of Finland with the corporate registration number 1855034-2, and the visiting address Museokatu 8, 00100 Helsinki. Chubb European Group SE is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre and the following registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Chubb European Group SE has fully paid share capital of € 89 6,176,662 and is supervised by the Autorité de contrôle prudentiel et de résolution (ACPR) 4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09. The branch's operations are also subject to supervision by the Finnish FSA (Finanssivalvonta/Finansinspektionen).