

Appendix 2

Attaching to Binding Authority B1703PA2002144

Personal Accident Insurance

Important information

This document, the Schedule, and any endorsement(s) attached form **Your** insurance. This insurance sets out the conditions of the contract of insurance between **You** and **Us**.

Please read the whole document carefully and keep it in a safe place.

The cover provided under this insurance is a Personal Accident contract for **Bodily Injury** caused by an **Accident** and for **Illness** (where this coverage is included). This cover is subject to the Icelandic Act of Insurance Contracts nr. 30/2004 unless otherwise stated in this document.

Information You have given Us

In deciding to accept this insurance and in setting the terms and premium, **We** have relied on the information **You** have given **Us**. **You** must take care when answering any questions **We** ask by ensuring that all information provided is accurate and complete.

It is very important that information given in proposal forms, claim forms and declarations to **Us** is to the best of **Your** knowledge and belief correct. If a form or declaration is completed on your behalf, it is **Your** responsibility to check that the answers given to all questions are accurate and complete.

Notifying Us of any changes or inaccuracies

It is important that **You** ensure that the Schedule and Schedule of Compensation:

- is accurate and that they reflect the coverage **You** have requested and that
- **You** immediately advise to **Us** or **Your** Broker any inaccuracies in the information or any changes to that information as soon as practicable.

When **We** are notified of inaccuracies or changes to information, **We** will tell **You** if this affects **Your** insurance. For example **We** may amend the terms of **Your** insurance or require **You** to pay more for **Your** insurance or cancel **Your** insurance in accordance with the "Cancelling this insurance" section below.

Failure to comply with the above could invalidate this insurance and **We** may not pay **Your** claim, or any payment could be reduced

Making a claim

In the event of a claim **you** must comply with **Your** obligations outlined under HOW TO MAKE A CLAIM and **Your** duties under the insurance as a whole.

Cancelling this insurance

You can cancel this insurance at any time by writing to **Your** Broker by giving 7 days notice to the **Your** Broker or surrendering the Certificate.

We can cancel this insurance by giving **You** to sixty (0-60) days notice in writing depending on circumstances giving rise to cancellation. **We** will only do this for a valid and legal reason (examples of valid reasons are as follows):

- non payment of premium;
- a change in risk occurring which means that **We** can no longer provide **You** with insurance cover;
- or documentation **We** request.

- **You** providing us with incorrect or fraudulent information at inception of the policy or when making claim.

Refund of premium

This insurance has a cooling off period of fourteen (14) days from either:

- the date **You** receive this insurance documentation; or
- the start of the **Period of Insurance**

whichever is the later.

If **You** cancel this insurance within the cooling off period then, provided **You** have not made a claim, **We** will refund in full any premium **You** have paid.

If this insurance is cancelled outside the cooling off period then, provided **You** have not made a claim, **You** will be entitled to a refund of any premium paid, subject to a deduction for any time for which **You** have been covered. This will be calculated on a short rate basis unless otherwise agreed by **Us**.

If **You** cancel this insurance outside the cooling off period, there may be an additional charge, as stated in the Schedule, to cover the administrative cost of providing the insurance.

If **We** pay any claim, in whole or in part, then no refund of premium will be allowed.

In return for payment of the premium shown in the Schedule, the Underwriters agree to insure **You**, subject to the terms and conditions contained in or endorsed on this contract of insurance, against **Bodily Injury** and/or **Illness** in the manner and to the extent provided in this contract during the **Period of Insurance**.

This is to Certify that in accordance with the authorisation granted under **Contract Number PA2002144** to the undersigned by certain Underwriters whose names and the proportions underwritten by them, which will be supplied upon application, can be ascertained by reference to the said Contract and in consideration of the premium specified herein, the said Underwriters are hereby bound, each for his own part and not for one another, their Heirs, Executors and Administrators, to insure in accordance with the terms and conditions contained herein or endorsed hereon.

The Underwriters hereby agree to insure against loss including but not limited to associated expenses herein, if any, to the extent and in the manner herein provided.

In witness whereof this Certificate has been signed and dated by the Coverholder, Tryggja ehf.

SCHEDULE

Schedule attaching to and forming part of Certificate number

Insured:

Address:

Occupation (s):

Date of Birth:

Proposal Form dated:

Period of Insurance: From: To: both days inclusive.

Operative Time: 24 hour cover

Premium: ISK

Extensions to cover:

Endorsements:
(Attaching hereto)

Broker Contact Details:

Tryggja ehf.
Stórhöfða 23, 110 Reykjavík.

Tel: 414 1999
Email: tryggja@tryggja.is

Schedule of Compensation

This insurance covers only such of the following benefits as have an amount inserted against them. Where benefits are not insured the words "NOT COVERED" are shown

The benefit(s) payable to **You**, or to the Executors or Administrators of your estate, following:

Personal Accident and Illness	
1. Death arising from Bodily Injury :	
ISK	
2. Permanent Total Disablement arising from Bodily Injury	
ISK	
3. Permanent Total Disablement arising from Illness :	
ISK	
4. Permanent Partial Disablement arising from Bodily Injury as per Scale of Permanent Disabilities	
ISK	
5. Temporary Total Disablement of the Insured Person arising from Bodily Injury:	
ISK	
Benefit Period:	Up to weeks.
Elimination Period:	The first days of each and every claim.
6. Temporary Total Disablement of the Insured Person arising from Illness:	
ISK	
Benefit Period:	Up to weeks.
Elimination Period:	The first days of each and every claim
Medical Expenses	
7. Medical and Evacuation Expenses arising from Accident only:	
ISK	
Excess ISK each and every claim.	
8. Medical and Evacuation Expenses arising from Illness:	

LLOYD'S



ISK

Excess ISK each and every claim.

Special Conditions:

Signatures:

Date:

Signed by the Coverholder, Tryggja ehf., under the Binding Authority granted to them by Lloyd's of London, which is regulated by the Financial Conduct Authority under Contract Number **PA2002144** in association with Integro Insurance Brokers Inc.

SCALE OF PERMANENT DISABILITIES (BY ACCIDENT)

The percentage of the sum insured shown under Item 4 of the Schedule of Compensation in respect of Permanent Partial Disablement shall be determined by the Icelandic Scale of Disabilities issued by the Icelandic Disability Committee (Miskatöflur Örorkunefndar)

Your occupation is not taken into consideration.

The partial or total "functional" disablement, not specifically dealt with in the Scale of Permanent Disabilities, of a limb or an organ is treated like the partial or total loss of the said limb or organ.

The total compensation payable in respect of several disablements due to the same **Accident** is arrived at by adding together the various sums, but shall not exceed the total sum insured under Item 2 of the Schedule of Compensation.

Anchylosis of the fingers (other than thumb, and forefinger) and of the toes (other than the big toe) shall only entitle to 50% of the compensation which would be due for the loss of the said members.

The partial or total "functional" disablement, not specifically dealt with in the Scale of Permanent Disabilities, of a limb or an organ is treated like the partial or total loss of the said limb or organ.

Personal Accident and Illness**Individual**

Section 1.

We will pay the benefits shown in the Schedule of Compensation if **You** suffer **Bodily Injury** or **Illness** as herein defined during the **Period of Insurance**.

Definitions (Applicable to section 1 and 2)

Wherever the following words appear in bold they will have the meanings shown below.

Accident	means a sudden, unexpected, unusual, specific, external event which causes Bodily Injury and occurs at an identifiable time and place during the Period of Insurance .
Benefit Period	means the maximum number of consecutive Weeks set out in the Schedule of Compensation for which Temporary Total Disablement benefit is payable.
Bodily Injury	<p>means identifiable physical injury which occurs during the Period of Insurance that:</p> <p>is caused by an Accident, and</p> <p>solely and independently of any other cause (except sickness or disease directly resulting from, or medical or surgical treatment rendered necessary by such injury) results in Your death or disablement within twelve months from the date of the Accident.</p>
Elimination Period	means the number of consecutive days set out in the Schedule of Compensation after the date on which You first became disabled which must expire before Temporary Total Disablement benefit becomes payable. No benefits for Temporary Total Disablement are paid during the elimination period.
Illness	means sickness or disease, the symptoms of which first appear during the Period of Insurance and which solely and independently of any other cause results in Your total disablement within twelve consecutive months after the symptoms first appear.
Loss Of Limb	means permanent loss due to Accident , by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent total and irrecoverable loss of Use of Your hand, arm, foot or leg.
Loss Of Sight	<p>means permanent and total loss of sight due to Accident, which We will consider as having happened:</p> <p>in both eyes if, on the authority of a fully-qualified ophthalmic specialist after correction, the degree of sight You have left in both eyes is 3/60 or</p>

less on the Snellen scale (meaning **You** can see at not more than three feet what **You** should be able to see at sixty feet); or

in one eye if, on the authority of a fully-qualified ophthalmic specialist after correction, the degree of sight **You** have left is 3/60 or less on the Snellen scale (meaning **You** can see at not more than three feet what **You** should be able to see at sixty feet).

Period of Insurance	means the time for which this insurance is in force as shown in the Schedule. This policy does not renew automatically. You must ask for renewal and submit new health declarations prior to expiry date. We will decide on renewal after Our underwriting process.
Permanent Partial Disablement	means disablement caused by a covered Bodily Injury due to Accident as determined in accordance with the Scale of Permanent Disabilities .
Permanent Total Disablement	means complete and total physical disablement which entirely prevents You from attending to all aspects of Your usual business or occupation as stated in the Schedule which lasts twelve consecutive months and at the end of that period is beyond hope of improvement.
Pre-Existing Condition	means any condition whether diagnosed or not, for which You have sought advice, diagnosis, treatment or counselling or of which You Were aware or should have been aware of prior to the first original inception of the policy with US unless We have been informed about this condition and accepted. A break in continuous cover on this insurance policy creates a new original inception.
Recover or Recovery	shall mean that You are able to engage in and perform the major duties of Your occupation, even if You choose not to do so.
Recurrent Disability	mean Temporary Total Disability from which You Recover and which recurred during the Period of Insurance . Recurrent Disability must arise out of or have been contributed to by the same cause as the original Temporary Total Disability
Temporary Total Disablement	means disablement which prevents You from attending to all aspects of Your usual business or occupation for which You were receiving remuneration at the time of the Accident or Illness .
We / Us / Our	the Underwriters at Lloyd's who have a share in this insurance.
You / Your	the person named in the Schedule.
Your Broker	the insurance broker or intermediary shown in the Schedule who arranged this insurance on Your behalf.

Conditions

The following are general conditions and are precedent to **Underwriters'** liability to pay compensation under this insurance:

- 1 Notice must be given to **Us** as soon as reasonably practicable of any **Accident** or **Illness** which causes or may cause **Your** death, disablement or **Bodily Injury** within the meaning of this insurance, and **You** must, as early as possible, place yourself under the care of a duly qualified independent medical practitioner. In all events, the insured event must be notified to us within one year from the date **you** knew, or should have known about the event giving rise to a claim. Failure to notify us within this one year results in termination of our liability to pay the claim
- 2 It is a condition precedent to **Our** liability to pay compensation to **You** or **Your** representatives, that all medical records, notes and correspondence referring to the subject of a claim or a related **Pre-existing Condition** shall be made available on request to any medical adviser appointed by or on behalf of **Underwriters** and that such medical adviser or advisers shall, for the purposes of reviewing the claim, be allowed so often as may be deemed necessary to examine **You**.
- 3 **You** must provide **Us** or **Our** medical adviser with the necessary authorisation to access or obtain all **Your** medical records, notes and correspondence referring to the subject of a claim or a related **Pre-Existing Condition**. The medical adviser must, for the purpose of reviewing the claim, be allowed to examine **You** as **We** consider necessary.
- 4 Any claim made under this insurance in respect of **Permanent Total Disablement** may be subject to the approval of two independent medical referees, one to be appointed by **You** and the other by **Us** at our discretion. In the event of the aforesaid independent medical referees being unable to concur in their opinion that **You** are **Permanently Totally Disabled**, a third independent medical referee shall be appointed by them and his decision shall be final and binding upon all parties. **We** or **You** reserve the right to apply this same procedure in respect of claim made hereunder.
- 5 Compensation shall not be payable:
 - 5.1 under more than one of items 1 to 4 (inclusive) of the Schedule of Compensation
 - 5.2 concurrently under more than one of items 5 or 6 of the Schedule of Compensation
 - 5.3 in respect of items 5 or 6 from the date at which the **Insured Person** is determined to be **Permanently Totally Disabled** and payments for benefits 5 or 6 will immediately cease in the event that the insured is discovered to be Permanently Totally Disabled.
 - 5.4 in respect of items 2 to 4 (inclusive) of the Schedule of Compensation where item 1 is not also insured, where an **Accident** causes the **Your** death.
- 6 Compensation is payable (where covered hereunder):
 - 6.1 in respect of items 5 or 6 of the Schedule of Compensation in addition to item 1 thereunder. However, payments in respect of items 5 or 6 shall cease upon the death of the **Insured Person**.
 - 6.2 in respect of items 5 or 6 of the Schedule of Compensation in addition to, but not concurrently with, benefits 2 or 3 for the first 52 weeks of any benefit payable. Any benefit payable from the 53rd week shall be deducted from any amount payable under benefits 2 or 3.
 - 6.3 in respect of items 5 or 6 of the Schedule of Compensation in addition to benefit 4.
 - 6.4 in respect of items 5 or 6 of the Schedule of Compensation, for a fractional part of a week on the basis of one-seventh of the applicable weekly benefit for each day of disablement for which **We** are liable.
 - 6.5 for Medical Expenses, as specified under items 7 and 8, in addition to any other benefit covered hereunder but shall cease upon or after **your** death. **We** will only pay for such expenses incurred up to the time of **your** death.

- 7 The total sum payable under items 1 to 4 (inclusive) in respect of one or more claims shall not exceed in all the largest benefit under any one of the items 1 to 4 (inclusive) contained in the Schedule of Compensation
- 8 This insurance contract shall be governed by and shall be construed in accordance with Icelandic law and shall be subject to the jurisdiction of the Courts of Iceland.
- 9 This certificate of insurance, including any endorsement, attachment and proposal form constitute the entire contract. No change in this certificate of insurance shall be valid until approved by Tryggja ehf. and unless such approval has been endorsed hereon or attached hereto. No person has authority to change this certificate of insurance or any of its terms or conditions, other than authorised signatories of Tryggja ehf.
- 10 Any fraud, fraudulent concealment, or fraudulent and deliberate misstatement either in the application on which this insurance is based or, in relation to any other matter affecting this insurance or in connection with the making of any claim hereunder, shall render this insurance null and void and all claims hereunder shall be forfeited. Any wrong or incomplete information to the above mentioned matters, not considered fraudulent, can lead to release of **Our** liability, partly or in full.
- 11 If **You** engage in any other occupation, sport, pastime or activity in which greater risk may be incurred than previously advised to **Us**, **You** must inform **Us** immediately through **Your** Broker and obtain their written acceptance thereof (and accept any subsequent policy changes or additional premium requirements that **We** may reasonably require). Failure to do so will void Our liability either partly or in full, for any claim payable in respect of any **Bodily Injury** or **Illness** arising out of, or in the course of, such other occupation, sport, pastime or activity.
- 12 We pay Interest on any benefits as per the Schedule of Compensation herein, as per rules in Icelandic Act of Insurance Contracts nr. 30/2004.
- 13 The maximum amount **We** will pay **You** in respect of Temporary Total Disablement shall not exceed 75% of **Your** gross annual income. In event of a claim **You** must submit to **Us** proof of **Your** correct income

Exclusions:

This insurance does not cover death or disablement directly or indirectly arising out of or consequent upon or contributed to by:

- 1 radioactive contamination;
- 2 suicide or attempted suicide or committing or attempting to commit an intentional self-injury;
- 3 **You** being incapable due wholly or partly to any condition caused by, prolonged by, or aggravated by any psychiatric, mental or nervous disorder, stress, anxiety or depression;
- 4 **Your** deliberate exposure to exceptional danger (except in an attempt to save human life).
- 5 **You** being under the influence of alcohol exceeding those levels defined by law for the use of a motor vehicle in the country in which **You** are domiciled;
- 6 **You** being under the influence of drugs or narcotics that are not lawfully available or which have not been prescribed by or taken in accordance with the instructions of an independent qualified medical practitioner;
- 7 death arising from **Illness**;
- 8 engaging in or taking part in naval, military or air force service or operations;

- 9 committing or attempting to commit a criminal act;
- 10 **Illness** sustained after **Your** 65th birthday.
- 11 any occupation not declared to and agreed by US
- 12 any professional or semi-professional sport and/or any participation or training for sports competition.
- 13 any sports or activity involving any mountain-, rock-, or ice climbing, abseiling, boxing, wrestling and martial arts, motor sports, paragliding, parachuting, scuba diving, bouncy jumping and other similar sports/activities which are comparable or of similar nature
- 14 any type of flying, unless the insured is a passenger on a commercial- or charter flight operated by an operator who has the required licence from the relevant aviation authorities;
- 15 any naturally occurring condition or degenerative process, or any gradually operating cause; **16**
any **Pre-existing Condition**

Section Two

Medical Expenses

What is covered

We will pay costs up to the amount specified in the Schedule of Compensation in the event of the **You** sustaining **Bodily Injury** or contracting **Illness** during the **Period of Insurance** in respect of medical and repatriation expenses necessarily incurred within two years from the commencement of such **Bodily Injury** or **Illness**.

Definitions (In addition to definitions in section 1)

- 1 **Specialist** shall mean a registered medical or dental practitioner who:
 - 1.1 Has at any time held a substantive consultant appointment in that speciality in a State or Private hospital; or
 - 1.2 Has at any time held a substantive consultant appointment which **Underwriters** on professional advice accept as being of equivalent professional status; or
- 1.3 Is recognised as such by the statutory bodies of the relevant country.
- 2 **Drugs and Dressings** means drugs, medicines, dressings, supports and medical appliances (including prostheses) prescribed by a **Specialist** or medical practitioner.
- 3 **Birth Defect** means any deformity arising during the antenatal stages of pregnancy or caused by or during childbirth.
- 4 **Reasonable Additional Travel and Accommodation Expenses**: means the cost of an airline ticket, reasonable domestic travel and accommodation costs.
- 5 **Qualified Nurse** means a qualified resident or daily nurse whose name is currently on any register or role of nurses maintained by any statutory nursing registration body within the country in which they are working.
6. **Medical Expenses** means
 - 6.1. The fees of a qualified medical practitioner and the fees of any surgeon and other **Specialist** to whom the registered medical practitioner has referred the case. Treatment by registered Chiropractors, Osteopaths, Homeopaths and Acupuncturists when under the direct control of and following referral by a **Specialist**.
 - 6.2 The cost of medication, drugs or medical appliances prescribed by such medical practitioner, surgeon or **Specialist** as mentioned in 1 above.
 - 6.3. Accommodation charges whilst an in-patient or day-patient in hospital or nursing home.
 - 6.4. Home nursing when provided by a **Qualified Nurse** immediately following treatment as an in-patient or day-patient and on recommendation of a **Specialist**. Limited to 30 days per condition.
 - 6.5. The cost of dental treatment following an **Accident** limited to ISK 98,500 (or currency equivalent) in any one annual **Period of Insurance**
7. **Bodily Injury** means identifiable physical injury which occurs during the **Period of Insurance** that:
 - is caused by an **Accident**, and

solely and independently of any other cause (except sickness or disease directly resulting from, or medical or surgical treatment rendered necessary by such injury) results in **Your** death or disablement within twelve months from the date of the **Accident**.

8. **Illness** means sickness or disease, the symptoms of which first appear during the **Period of Insurance** and which solely and independently of any other cause results in **Your** total disablement within twelve consecutive months after the symptoms first appear

9. **Evacuation Expenses** means:

91 Evacuation and associated costs (including other persons necessarily having to travel, remain with or escort **You**) in the event of treatment not being readily available or available to **You** at reasonable cost in the country of residence or country of incident, to the nearest appropriate medical facility or **Your** normal country of domicile, on the certified instruction of a Medical practitioner or **Specialist**.

92 Reasonable Additional Travel and Accommodation Expenses following repatriation under 9.1 above if the **Your** normal home has been rented or let for the duration of an overseas contract but limited to ISK 14,775 (or currency equivalent) per day and payable for a maximum period of 30 days only.

93 Cost of emergency transport necessarily incurred in connection with benefits under this insurance within the country where the treatment takes place.

94 **Reasonable Additional Travel and Accommodation Expenses** in respect of **Your** repatriation (including the cost of transportation of other members of the family necessarily having to accompany **You**) to **Your** country of normal domicile and the return journey. In the event of **Bodily Injury**, serious sickness or **Illness** which results in a near relative (spouse, father, mother, parent-in-law, sister, brother, sister-in-law, brother-in-law or child) not exceeding age 75 being placed unexpectedly on the "very seriously ill" list. The term "very seriously ill" will be deemed to mean a medical condition which by customary practice to the British Medical Profession and British Hospital Administration or Icelandic equivalent is considered such as to warrant placing the patient on the very seriously ill list and to warrant the notification to relatives that their attendance is desirable in view of an Imminent possibility of the patient dying.

No claim will be payable in respect of journeys undertaken after it is known to **You** or any accompanying family that a near relative has died unless the **You** are required to act as the trustee or executor or for the purpose of making funeral arrangements. Cover under this extension is limited to a maximum amount of ISK 394,000 (or currency equivalent) each and every claim.

95 The cost of the transport of **Your** body or ashes to **Your** normal country of domicile in the event of death or burial or cremation costs at the place of death in accordance with reasonable and customary practice following a condition eligible for benefit in accordance with this policy.

Exclusions

1. Any **Pre-existing Condition**.
2. The **Excess** amount as specified on the Schedule will be deducted from all admissible expenses incurred in respect of any one claim.
3. Pregnancy, childbirth, miscarriage or abortion.
4. Birth Defects or congenital diseases / **Illnesses**.

5. The costs incurred during stays at health resorts, sanatoriums, clinics, convalescent homes and similar institutions.
6. Deliberate exposure to exceptional danger (except in an attempt to save human life) or a criminal act by **You**.
7. Treatment for alcoholism, solvent abuse, drug abuse, or any addictive conditions of any kind and treatment of any injury, **Illness** or sickness arising directly or indirectly from any such abuse or addiction.
8. Psychoanalytical and psychotherapeutical treatment.
9. The provision of false teeth, dentures, or orthodontics, normal eye tests and the provision of visual aids, normal ear tests and the provision of hearing aids.
10. Suicide or attempted suicide, wilfully self-inflicted injury or **Illness**.
11. Venereal diseases or any other sexually transmitted disease.
12. Cosmetic surgery and associated treatment.
13. **Bodily Injury** sustained after **Your** 70th birthday and/or **Illness** sustained after **Your** 65th birthday14. **Bodily Injury** due to professional or semi-professional sport and/or any participation or training for sports competition.
15. **Bodily Injury** due to any sports or activity involving any mountain-, rock-, or ice climbing, abseiling, boxing, wrestling and martial arts, motor sports, paragliding, parachuting, scuba diving, bouncy jumping and other similar sports/activities which are comparable or of similar nature
16. **Bodily Injury** due to any type of flying, unless the insured is a passenger on a commercial- or charter flight operated by an operator who has the required licence from the relevant aviation authorities;
17. Any naturally occurring condition or degenerative process, or any gradually operating cause.
18. Medical expenses incurred in respect of any elective treatment outside of Iceland unless agreed by **Us**.
19. Any costs incurred whilst travelling against the advice of medical practioner.

General Conditions (applicable to Sections One and Two)

1. It is a condition precedent to this insurance that the premium payable hereunder or first (1st) instalment thereof shall be paid with 30 days of inception. Failure to pay within the stipulated period and special 14 day notice period will result in cancellation of this insurance from inception and no claims shall be payable hereunder.
2. **Claims:** On the happening of any event likely to give rise to a claim the **You** shall:
 - (a) provide written notice to the **Us** via **Your** broker as soon as reasonably practical and provide all particulars and evidence documentary and otherwise at **Your** expense and do all such things as **We** may reasonably require. **You** must at latest give us notice of **your** claim within 1 year from the date **you** knew about the circumstances giving rise to the claim. Failure to notify **Us** within this 1-year period release **Us** from any liability.
 - (b) when required **You** shall submit to medical examination on **Our** behalf of the at **Your** own expense in respect of any alleged **Bodily Injury**, or **Illness**.

3. **Multiple Coverage:** If at the time any claim arises there is any other insurance covering the same loss, **We** shall not be liable to pay or contribute more than its rateable proportion of any such claim and costs and expenses in connection therewith.
4. **Cancellation:** the **Assured** may cancel this Insurance at any time by written notice or surrender of the certificate. Seven (7) days written notice must be given to Arni Reynisson ehf. Any premium due for time on risk will be calculated on a short rate basis, or as deemed appropriate by **Us**.
5. **Material Facts/Alteration:** If the circumstances in which this insurance was entered into shall be materially altered without due notification to **Us** and **Our** written acceptance being obtained thereto this cover shall be voidable.
6. **Utmost Good Faith:** The due observance and fulfilment of the terms, conditions and limitations of this cover insofar as they relate to anything to be done or complied with by the **Insured Person** and the truth of the statements and answers in the said Proposal shall be conditions precedent to any liability of the **Underwriters** to make any payment under this Insurance. **You** must inform Arni Reynisson ehf., as soon as reasonably practicable of any change of risk relating to **You** including change of residence, **Your** occupation (as stated in the Schedule attached hereto) or immediately upon ceasing to be employed or you're **Your** retirement.
7. **Fraud:** If any claim under this Insurance shall be in any respect fraudulent or if **You** or anyone acting on **Your** behalf obtaining any benefit under this cover uses any fraudulent means or devices, all benefit hereunder shall be forfeited without refund of premium.
8. **Several Liability Notice:** The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.
9. **E.U. Disclosure Clause:** The Parties are free to choose the law applicable to this insurance Contract. Unless specifically agreed to the contrary this insurance is subject to Icelandic Law.

● **General Exclusions (applicable to Sections One and Two)**

1. **Nuclear/Chemical/Biological Terrorism Exclusion:** It is agreed that, regardless of any contributory cause(s), this insurance does not cover any claim(s) in any way caused or contributed to by an act of terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent

● For the purpose of this exclusion an act of terrorism means an act, including but not limited to the use of violence and/or the threat thereof, of any person or group(s) of persona, whether acting or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

2. **War, Terrorism and Mass Destruction Exclusion:** Notwithstanding any provision to the contrary within this Certificate wording or any endorsement thereto, it is agreed that this cover excludes any loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss or expense;

1. War, hostilities or warlike operations (whether war be declared or not),
2. Invasion,
3. Act of an enemy foreign to the nationality of the **Insured Person** or the country on, or over, which the act occurs,
4. Civil war,
5. Riot,

6. Rebellion,
7. Insurrection,
8. Revolution,
9. Overthrow of the legally constituted government,
10. Civil commotion assuming the proportions of, or amounting to, an uprising,
11. Military or usurped power,
12. Explosions of war weapons,
13. Utilisation of Nuclear, Chemical or Biological weapons of mass destruction howsoever
these may be distributed or combined,
14. Murder or Assault subsequently proved beyond reasonable doubt to have been the
act of agents of a state foreign to the nationality of the **Insured Person** whether
war be declared with that state or not,
15. Terrorist activity.

Extensions to Cover

Burn Benefit

We will pay up to the Maximum Benefit Amount shown below if you suffer a **Bodily Injury** caused by an **Accident** which occurs during the **Period of Insurance** and results in a **Burn**.

The amount payable in respect of a **Burn** is determined by multiplying the percentage of the body surface actually **Burned** by the Maximum Benefit Amount for **Burn**. The attending **Physician** will determine the percentage applicable to each **Burn**.

This Maximum Benefit Amount is payable in addition to any other applicable benefit amounts payable under this policy.

Maximum Benefit Amount: 10% of the **Permanent Total Disablement** sum insured up to a maximum of ISK1,500,000

Definitions Applicable To This Extension

Burn or Burned - means a third degree burn, according to the Rule of Nines or the Lund-Browder Chart, caused by a source that is thermal, chemical, electrical or nuclear.

Home Alteration Or Vehicle Modification

We will reimburse such expenses incurred up to the Benefit Amount shown below if **You** suffer **Bodily Injury** occurring during the **Period of Insurance** and which necessitates a **Home Alteration** or **Vehicle Modification**. The expenses for **Home Alteration** or **Vehicle Modification** must be incurred within eighteen (18) months from the date such **Bodily Injury** occurred and:

- 1) a **Physician** certifies that the **Home Alteration** or **Vehicle Modification** is needed to accommodate **Your** physical disability;
- 2) the **Home Alteration** or **Vehicle Modification** is undertaken by qualified persons experienced in such **Home Alteration** or **Vehicle Modification**;
- 3) the **Home Alteration** or **Vehicle Modification** is in compliance with any applicable laws or requirements for approval by the appropriate governmental authority in the jurisdiction where the services are rendered.

The Benefit Amount for **Home Alteration** and **Vehicle Modification** is payable in addition to any other applicable Benefit Amounts under this policy.

In no event will the total payments for **Home Alteration** and **Vehicle Modification** exceed the Maximum Benefit Amount for **Home Alteration** and **Vehicle Modification** shown below.

Benefit Amount - Home Alteration: 10% of the **Permanent Total Disablement** sum insured up to a maximum of ISK3,000,000

Benefit Amount - Vehicle Modification: 10% of the **Permanent Total Disablement** sum insured up to a maximum of ISK3,000,000

Maximum Benefit Amount: 20% of the **Permanent Total Disablement** sum insured up to a maximum of ISK3,000,000

Definitions Applicable To This Extension

Vehicle Modification means changes, including but not limited to installation of equipment, to a private passenger automobile that are necessary to make such Private Passenger Automobile accessible to or

driveable by an Insured Person.

Home Alteration means changes to **Your** primary residence that are necessary to make the residence accessible and habitable for **You**.

Physician means a duly qualified and licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided.

Physician does not include an **Insured Person** or an **Immediate Family Member**.

Employment Retraining Expense

We will reimburse **Employment Retraining Expense** up to the Benefit Amount if **Bodily Injury** occurring during the **Period of Insurance** causes **Your Permanent Total Disablement**. Any amount payable is in addition to any other applicable benefit under this policy.

This insurance applies only if such Employment Retraining Expense is incurred within two (2) years following the date of **Your Permanent Total Disablement**.

Benefit Amount: 10% of the **Permanent Total Disablement** sum insured to a maximum of ISK1,500,000

Definitions Applicable To This Extension

Employment Retraining Expense means the actual costs incurred by **You** for tuition, fees, room and board billed by an Institution of Higher Learning including costs for required books or course supplies.

How To Make A Claim

Your Obligations

You must comply with the obligations set out below. If **We** determine that any claim **You** make under this insurance has been adversely impacted directly by **Your** failure to comply with the obligations below, **We** may refuse to pay **Your** claim or reduce the amount of any payment **We** make for the claim.

1. In the event of an **Accident** or **Illness** which causes or may cause a claim under this insurance, **You** must as soon as practicable:
 - a) seek the attention of a duly qualified medical practitioner; and
 - b) notify **Your** Broker. **You** must give this notification no less than 1-year from date **You** knew about the incident giving rise to the claim.
2. **You** must provide **Us** or **Our** medical adviser with the necessary authorisation to access or obtain all **Your** medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition (as described in the Certificate). The medical adviser must, for the purpose of reviewing the claim, be allowed to examine **You** as **We** consider necessary.
3. **You** must provide **Your** Broker with all information **We** may reasonably require including a fully completed claim form.

How We Deal With Your Claim

When **You** notify **Your** Broker of a claim, **We** will send **You** a claim form which **You** are required to complete and return to **Us**.

Once **Your** claim is accepted, **We** will pay **You** the amount stated in the relevant section of the Schedule of Compensation.

Fraudulent Claims

If **You**, or anyone acting on **Your** behalf, make a claim knowing it to be false or fraudulent in amount or in any other respect, this insurance will become invalid. This means **We** will not pay the false or fraudulent claim, or any subsequent claim.

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.

If **You** have any questions or concerns about **Your** policy or the handling of a claim **You** should, in the first instance, contact:

Tryggja ehf.
Stórhöfða 23, 112 Reykjavík

Tel: 414 1999
Email: tryggja@tryggja.is

In the event that **You** remain dissatisfied and wish to make a complaint, **You** can do so at any time by referring the matter to the following:

Lloyd's Market Services
One Lime Street
LONDON EC3M 7HA
Telephone: +44 (0)207 327 5693

Fax: +44 (0)207 327 5225
Email: complaints@lloyds.com.

If You are still not satisfied **You** may also refer **Your** complaint to the Financial Ombudsman Service (FOS) or the Icelandic Claims Committee.

The FOS is an independent service in the UK for settling disputes between consumers and businesses providing financial services. The contact details for the FOS are:

The Financial Ombudsman Service,

Exchange Tower,
London, E14 9SR.
Telephone: 0800 023 4 567 or 0300 1239123
Email complaint.info@financial-ombudsman.org.uk.

You can find more information on the FOS at www.financial-ombudsman.org.uk.

Icelandic Claims Committee.

A fee of ISK 6000 is payable at outset and will be repaid if your claim is accepted.

Please note that according to law no. 30/2004 on Insurance Contracts the right to benefit could be void if the opinion of the Committee is not sought within a year after refusal of a claim.

Full information on the Committee is on the Supervisory homepage www.fme.is

Tel: 5252700.

Making a complaint does not affect **Your** right to take legal action.

Data Protection

Any information **You** have provided will be dealt with by **Us** in compliance with the provisions of the applicable Personal Data Protection Act. For the purpose of providing this insurance and the handling of any claims or complaints, **We** may need to transfer to other parties certain information which **You** have provided to **Us**.

Sanctions

We will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

Rights of third parties

The right of any third party is defined in the Icelandic Act of Insurance Contracts nr. 30/2004.

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

Our Firm Reference Number(s) and other details can be found on the Financial Services Register at www.fca.org.uk.

Group Personal Accident Insurance

Important information

This document, the Schedule, and any endorsement(s) attached form **Your** insurance. This insurance sets out the conditions of the contract of insurance between **You** and **Us**.

Please read the whole document carefully and keep it in a safe place.

The cover provided under this insurance is a Personal Accident contract for **Bodily Injury** caused by an **Accident** and for **Illness** (where this coverage is included) for **Insured Persons** named hereunder.

Information You have given Us

In deciding to accept this insurance and in setting the terms and premium, **We** have relied on the information **You** have given **Us**. **You** must take care when answering any questions **We** ask by ensuring that all information provided is accurate and complete.

It is very important that information given in proposal forms, claim forms and declarations to **Us** is to the best of **Your** and / or the **Insured Person's** knowledge and belief correct. If a form or declaration is completed on your behalf, it is **Your** responsibility to check that the answers given to all questions are accurate and complete.

Notifying Us of any changes or inaccuracies

It is important that **You** ensure that the Schedule, Schedule of Compensation and Schedule of Insured Persons:

- is accurate and that they reflect the coverage **You** have requested and that
- **You** immediately advise to **Us** or **Your** Broker any inaccuracies in the information or any changes to that information as soon as practicable.

When **We** are notified of inaccuracies or changes to information, **We** will tell **You** if this affects **Your** insurance. For example **We** may amend the terms of **Your** insurance or require **You** to pay more for **Your** insurance or cancel **Your** insurance in accordance with the "Cancelling this insurance" section below.

Failure by **You** or an **Insured Person** to comply with the above could invalidate this insurance and / or **We** may not pay **Your** claim, or any payment could be reduced.

Making a claim

In the event of a claim you must comply with **Your** obligations outlined under HOW TO MAKE A CLAIM and **Your** duties under the insurance as a whole.

Cancelling this insurance

You can cancel this insurance at any time by writing to **Your** Broker by giving 7 days notice to the **Your** Broker or surrendering the Certificate.

We can cancel this insurance by giving **You** zero to sixty (60) days notice in writing depending on circumstances giving rise to cancellation. **We** will only do this for a valid reason (examples of valid reasons are as follows):

- non-payment of premium;
- a change in risk occurring which means that **We** can no longer provide **You** or the **Insured Persons** with insurance cover;
- **You** providing **us** with incorrect or fraudulent information at the inception of the policy or when making claim.

Refund of premium

This insurance has a cooling off period of fourteen (14) days from either:

- the date **You** receive this insurance documentation; or
- the start of the **Period of Insurance**

whichever is the later.

If **You** cancel this insurance within the cooling off period then, provided **You** have not made a claim, **We** will refund in full any premium **You** have paid.

If this insurance is cancelled outside the cooling off period then, provided **You** have not made a claim, **You** will be entitled to a refund of any premium paid, subject to a deduction for any time for which **You** have been covered. This will be calculated on a short rate basis unless otherwise agreed by **Us**.

If **You** cancel this insurance outside the cooling off period, there may be an additional charge, as stated in the Schedule, to cover the administrative cost of providing the insurance.

If **We** pay any claim, in whole or in part, then no refund of premium will be allowed.

Group Personal Accident and Illness Certificate

In return for payment of the premium shown in the Schedule, the Underwriters agree to insure **You** in respect of the **Insured Persons** named in the Schedule of Insured Persons, subject to the terms and conditions contained in or endorsed on this contract of insurance, against **Bodily Injury** and/or **Illness** in the manner and to the extent provided in this contract during the **Period of Insurance**.

This is to Certify that in accordance with the authorisation granted under **Contract Number N17DH03140** to the undersigned by certain Underwriters whose names and the proportions underwritten by them, which will be supplied upon application, can be ascertained by reference to the said Contract and in consideration of the premium specified herein, the said Underwriters are hereby bound, each for his own part and not for one another, their Heirs, Executors and Administrators, to insure in accordance with the terms and conditions contained herein or endorsed hereon.

The Underwriters hereby agree to insure against loss including but not limited to associated expenses herein, if any, to the extent and in the manner herein provided.

In witness whereof this Certificate has been signed and dated by the Coverholder, Tryggja ehf

SCHEDULE

Schedule attaching to and forming part of Certificate number

Insured:

Insured Persons: As per Schedule of Insured Persons

Address:

Occupation (s):

Date of Birth:

Proposal Form dated:

Period of Insurance: From: To: both days inclusive.

Operative Time: 24 hour cover

Premium: ISK

Extensions to cover:

Endorsements:
(Attaching hereto)

Broker Contact Details:

Tryggja ehf
Stórhöfða 23, 110 Reykjavík, Iceland.
Tel: 414 1999
Email: tryggja@tryggja.is

Schedule of Compensation

This insurance covers only such of the following benefits as have an amount inserted against them. Where benefits are not insured the words "NOT COVERED" are shown

The benefit(s) payable to in respect of an **Insured Person** following:

Personal Accident and Illness	
1. Death arising from Bodily Injury :	
2. Permanent Total Disablement arising from Bodily Injury	ISK
3. Permanent Total Disablement arising from Illness :	ISK
4. Permanent Partial Disablement arising from Bodily Injury as per Scale of Permanent Disabilities	ISK
5. Temporary Total Disablement of the Insured Person arising from Bodily Injury:	ISK
Benefit Period:	Up to weeks.
Elimination Period:	The first days of each and every claim.
6. Temporary Total Disablement of the Insured Person arising from Illness:	ISK
Benefit Period:	Up to weeks.
Elimination Period:	The first days of each and every claim
Medical Expenses	
7. Medical and Evacuation Expenses arising from Accident only:	ISK
	Excess ISK each and every claim.
8. Medical and Evacuation Expenses arising from Illness:	

LLOYD'S



ISK

Excess ISK each and every claim.

Special Conditions:

Signatures:

Date:

Signed by the Coverholder, Tryggja ehf. under the Binding Authority granted to them by Lloyd's of London, which is regulated by the Financial Conduct Authority under Contract Number **PA2002144** in association with Integro Insurance Brokers Inc.

SCALE OF PERMANENT DISABILITIES (BY ACCIDENT)

The percentage of the sum insured shown under Item 4 of the Schedule of Compensation in respect of Permanent Partial Disablement shall be determined by the Icelandic Scale of Disabilities issued by the Icelandic Disability Committee (Miskatöflur Örorkunefndar)

Your occupation is not taken into consideration.

The partial or total "functional" disablement, not specifically dealt with in the Scale of Permanent Disabilities, of a limb or an organ is treated like the partial or total loss of the said limb or organ.

The total compensation payable in respect of several disablements due to the same **Accident** is arrived at by adding together the various sums, but shall not exceed the total sum insured under Item 2 of the Schedule of Compensation.

Anchylosis of the fingers (other than thumb, and forefinger) and of the toes (other than the big toe) shall only entitle to 50% of the compensation which would be due for the loss of the said members.

The partial or total "functional" disablement, not specifically dealt with in the Scale of Permanent Disabilities, of a limb or an organ is treated like the partial or total loss of the said limb or organ.

Personal Accident and Illness

Section 1.

We will pay the benefits shown in the Schedule of Compensation if an **Insured Person** suffers **Bodily Injury** or **Illness** as herein defined during the **Period of Insurance**.

Definitions

Wherever the following words appear in bold they will have the meanings shown below.

Accident	means a sudden, unexpected, unusual, specific, external event which causes Bodily Injury and occurs at an identifiable time and place during the Period of Insurance .
Benefit Period	means the maximum number of consecutive Weeks set out in the Schedule of Compensation for which Temporary Total Disablement benefit is payable.
Bodily Injury	<p>means identifiable physical injury which occurs during the Period of Insurance that:</p> <p>is caused by an Accident, and</p> <p>solely and independently of any other cause (except sickness or disease directly resulting from, or medical or surgical treatment rendered necessary by such injury) results in the Insured Person's death or disablement within twelve months from the date of the Accident.</p>
Elimination Period	means the number of consecutive days set out in the Schedule of Compensation after the date on which the Insured Person first became disabled which must expire before Temporary Total Disablement benefit becomes payable. No benefits for Temporary Total Disablement are paid during the elimination period
Illness	<p>means sickness or disease, the symptoms of which first appear during the Period of Insurance and which solely and independently of any other cause results in the Insured Person's total disablement within twelve consecutive months after the symptoms first appear.</p> <p>means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent total and irrecoverable loss of use of the Insured Person's hand, arm, foot or leg.</p>
Loss Of Sight	<p>means permanent and total loss of sight due to Accident, which We will consider as having happened:</p> <p>in both eyes if, on the authority of a fully-qualified ophthalmic specialist after correction, the degree of sight You have left in both eyes is 3/60 or</p>

Loss Of Limb	less on the Snellen scale (meaning You can see at not more than three feet what You should be able to see at sixty feet); or in one eye if, on the authority of a fully-qualified ophthalmic specialist after correction, the degree of sight You have left is 3/60 or less on the Snellen scale (meaning You can see at not more than three feet what You should be able to see at sixty feet).
Insured Person(s)	the persons named in the Schedule of Insured Persons.
Period of Insurance	means the time for which this insurance is in force as shown in the Schedule.
Permanent Partial Disablement	means disablement caused by a covered Bodily Injury due to Accident determined in accordance with the Scale of Permanent Disabilities.
Permanent Total Disablement	means complete and total physical disablement which prevents the Insured Person from attending to all aspects of their usual business or occupation as stated in the Schedule which lasts twelve consecutive months and at the end of that period is beyond hope of improvement.
Pre-Existing Condition	means any condition whether diagnosed or not, for which You have sought advice, diagnosis, treatment or counselling or of which You Were aware or should have been aware of prior to the first original inception of the policy with Us unless We have been informed about this condition and accepted. A break in continuous cover on this insurance policy creates a new original inception.
Recover or Recovery	shall mean that the Insured Person is able to engage in and perform the major duties of their occupation, even if they choose not to do so.
Recurrent Disability	mean Temporary Total Disability from which the Insured Person Recovers and which recurred during the Period of Insurance . Recurrent Disability must arise out of or have been contributed to by the same cause as the original Temporary Total Disability
Temporary Total Disablement	means disablement which prevents the Insured Person from attending to all aspects of the Insured Person's usual business or occupation for which the Insured Person was receiving at the time of the Accident or Illness .
We / Us / Our	The Underwriters at Lloyd's who have a share in this insurance.
You / Your	The Insured named in the Schedule
Your Broker	The insurance broker or intermediary shown in the Schedule who arranged this insurance on Your behalf.

Conditions

The following are general conditions and are precedent to **Underwriters'** liability to pay compensation under this insurance:

- 1 Notice must be given to **Us** as soon as reasonably practicable of any **Accident** or **Illness** which causes or may cause the **Insured Person's** death, disablement or **Bodily Injury** within the meaning of this insurance, and the **Insured Person** must, as early as possible, place yourself under the care

of a duly qualified independent medical practitioner. In all events, the insured event must be notified to us within one year from the date **you** knew, or should have known about the event giving rise to a claim. Failure to notify us within this one-year results in termination of our liability to pay the claim

- 2 It is a condition precedent to **Our** liability to pay compensation hereunder that all medical records, notes and correspondence referring to the subject of a claim or a related **Pre-existing Condition** shall be made available on request to any medical adviser appointed by or on behalf of **Underwriters** and that such medical adviser or advisers shall, for the purposes of reviewing the claim, be allowed so often as may be deemed necessary to examine the **Insured Person**.
- 3 the **Insured Person** must provide **Us** or **Our** medical adviser with the necessary authorisation to access or obtain all medical records, notes and correspondence referring to the subject of a claim or a related **Pre-Existing Condition**. The medical adviser must, for the purpose of reviewing the claim, be allowed to examine the **Insured Person** as **We** consider necessary.
- 4 Any claim made under this insurance in respect of **Permanent Total Disablement** shall be subject to the approval of two independent medical referees, one to be appointed by **You** and the other by **Us**. In the event of the aforesaid independent medical referees being unable to concur in their opinion that the **Insured Person** is **Permanently Totally Disabled**, a third independent medical referee shall be appointed by them and his decision shall be final and binding upon all parties. **We** or **You** reserve the right to apply this same procedure in respect of claim made hereunder.
- 5 Compensation shall not be payable:
 - 5.1 under more than one of items 1 to 4 (inclusive) of the Schedule of Compensation
 - 5.2 concurrently under more than one of items 5 or 6 of the Schedule of Compensation
 - 5.3 in respect of items 5 or 6 from the date at which the **Insured Person** is determined to be **Permanently Totally Disabled**. Any **Temporary Total Disablement** benefit will cease with effect from that date.
 - 5.4 in respect of items 2 to 4 (inclusive) of the Schedule of Compensation where item 1 is not also insured, where an **Accident** causes the **Insured Person's** death.
- 6 Compensation is payable (where covered hereunder):
 - 6.1 in respect of items 5 or 6 of the Schedule of Compensation in addition to item 1 thereunder. However, payments in respect of items 7 or 8 shall cease upon the death of the **Insured Person**.
 - 6.2 in respect of items 5 or 6 of the Schedule of Compensation in addition to, but not concurrently with, benefits 2 or 3 for the first 52 weeks of any benefit payable. Any benefit payable from the 53rd week shall be deducted from any amount payable under benefits 2 or 3.
 - 6.3 in respect of items 5 or 6 of the Schedule of Compensation in addition to benefit 4.
 - 6.4 in respect of items 5 or 6 of the Schedule of Compensation, for a fractional part of a week on the basis of one-seventh of the applicable weekly benefit for each day of disablement for which **We** are liable.
 - 6.5 for Medical Expenses, as specified under items 7 and 8, in addition to any other benefit covered hereunder but shall cease upon or after the **Insured Person's** death. **We** will only pay for such expenses incurred up to the time of the **Insured Person's** death.
- 7 The total sum payable under items 1 to 4 (inclusive) in respect of one or more claims shall not exceed in all the largest benefit under any one of the items 1 to 4 (inclusive) contained in the Schedule of Compensation

- 8 This insurance contract shall be governed by and shall be construed in accordance with Icelandic law and shall be subject to the jurisdiction of the Courts of Iceland.
- 9 This certificate of insurance, including any endorsement, attachment and proposal form constitute the entire contract. No change in this certificate of insurance shall be valid until approved by Tryggja ehf. and unless such approval has been endorsed hereon or attached hereto. No person has authority to change this certificate of insurance or any of its terms or conditions, other than authorised signatories of Tryggja ehf.
- 10 Any fraud, concealment, or deliberate misstatement either in the application on which this insurance is based or, in relation to any other matter affecting this insurance or in connection with the making of any claim hereunder, shall render this insurance null and void and all claims hereunder shall be forfeited. Any wrong or incomplete information to the above mentioned matters, not considered fraudulent, can lead to release of **Our** liability, partly or in full.
- 11 If the **Insured Person** engages in any other occupation, sport, pastime or activity in which greater risk may be incurred than previously advised to **Us**, **You** must inform **Us** immediately through **Your** Broker and obtain their written acceptance thereof (and accept any subsequent policy changes or additional premium requirements that **We** may reasonably require). Failure to do so will void any claim payable in respect of any **Bodily Injury** or **Illness** arising out of, or in the course of, such other occupation, sport, pastime or activity.
- 12 We pay Interest on any benefits as per the Schedule of Compensation herein, as per rules in Icelandic Act of Insurance Contracts nr. 30/2004.
- 13 The maximum amount **We** will pay **You** in respect of Temporary Total Disablement shall not exceed 75% of **Your** gross annual income. In event of a claim **You** must submit to **Us** proof of **Your** correct income

Exclusions:

This insurance does not cover death or disablement directly or indirectly arising out of or consequent upon or contributed to by:

- 1 radioactive contamination;
- 2 suicide or attempted suicide or committing or attempting to commit an intentional self-injury;
- 3 the **Insured Person** being incapable due wholly or partly to any condition caused by, prolonged by, or aggravated by any psychiatric, mental or nervous disorder, anxiety, stress or depression;
- 4 the **Insured Person's** deliberate exposure to exceptional danger (except in an attempt to save human life
- 5 the **Insured Person** being under the influence of alcohol exceeding those levels defined by law for the use of a motor vehicle in the country in which **You** are domiciled;
- 6 the **Insured Person** being under the influence of drugs or narcotics that are not lawfully available or which have not been prescribed by or taken in accordance with the instructions of an independent qualified medical practitioner;
- 7 the **Insured Person's** death arising from **Illness**;
- 8 the **Insured Person** engaging in or taking part in naval, military or air force service or operations;
- 9 the **Insured Person** committing or attempting to commit a criminal act;
- 10 **Illness** sustained after the **Insured Person's** 65th birthday.
- 11 any occupation not declared to and agreed by **Us**.
- 12 any professional or semi-professional sport and/or any participation or training for sports competition.

- 13 any sports or activity involving any mountain-, rock-, or ice climbing, abseiling, boxing, wrestling and martial arts, motor sports, paragliding, parachuting, scuba diving, bouncy jumping and other similar sports/activities which are comparable or of similar nature
- 14 any type of flying, unless the insured is a passenger on a commercial- or charter flight operated by an operator who has the required licence from the relevant aviation authorities;
- 15 any naturally occurring condition or degenerative process, or any gradually operating cause; **16.**
any **Pre-existing Condition**

Section Two

Medical Expenses

What is covered

We will pay costs up to the amount specified in the Schedule of Compensation in the event of the **Insured Person** sustaining **Bodily Injury** or contracting **Illness** during the **Period of Insurance** in respect of medical and repatriation expenses necessarily incurred within two years from the commencement of such **Bodily Injury** or **Illness**.

Definitions (in addition to definitions in section 1)

- 1 **Specialist** shall mean a registered medical or dental practitioner who:
 - 1.1 Has at any time held a substantive consultant appointment in that speciality in a State or Private hospital; or
 - 1.2 Has at any time held a substantive consultant appointment which **Underwriters** on professional advice accept as being of equivalent professional status; or
- 1.3 Is recognised as such by the statutory bodies of the relevant country.
- 2 **Drugs and Dressings** means drugs, medicines, dressings, supports and medical appliances (including prostheses) prescribed by a **Specialist** or medical practitioner.
- 3 **Birth Defect** means any deformity arising during the antenatal stages of pregnancy or caused by or during childbirth.
- 4 **Reasonable Additional Travel and Accommodation Expenses**: means the cost of an airline ticket, reasonable domestic travel and accommodation costs.
- 5 **Qualified Nurse** means a qualified resident or daily nurse whose name is currently on any register or role of nurses maintained by any statutory nursing registration body within the country in which they are working.
6. **Medical Expenses** means
 - 6.1. The fees of a qualified medical practitioner and the fees of any surgeon and other **Specialist** to whom the registered medical practitioner has referred the case. Treatment by registered Chiropractors, Osteopaths, Homeopaths and Acupuncturists when under the direct control of and following referral by a **Specialist**.
 - 6.2. The cost of medication, drugs or medical appliances prescribed by such medical practitioner, surgeon or **Specialist** as mentioned in 1 above.
 - 6.3. Accommodation charges whilst an in-patient or day-patient in hospital or nursing home.
 - 6.4. Home nursing when provided by a **Qualified Nurse** immediately following treatment as an in-patient or day-patient and on recommendation of a **Specialist**. Limited to 30 days per condition.
 - 6.5. The cost of dental treatment following an **Accident** limited to ISK 98,500 (or currency equivalent) in any one annual **Period of Insurance**
7. **Bodily Injury** means identifiable physical injury which occurs during the **Period of Insurance** that:
 - is caused by an **Accident**, and

solely and independently of any other cause (except sickness or disease directly resulting from, or medical or surgical treatment rendered necessary by such injury) results in the **Insured Person's** death or disablement within twelve months from the date of the **Accident**.

8. **Illness** means sickness or disease, the symptoms of which first appear during the **Period of Insurance** and which solely and independently of any other cause results in the **Insured Person's** total disablement within twelve consecutive months after the symptoms first appear

9. **Evacuation Expenses** means:

9.1 Evacuation and associated costs (including other persons necessarily having to travel, remain with or escort the **Insured Person**) in the event of treatment not being readily available or available at reasonable cost in the country of residence or country of incident, to the nearest appropriate medical facility or the **Insured Person's** normal country of domicile, on the certified instruction of a Medical practitioner or **Specialist**.

9.2 Reasonable Additional Travel and Accommodation Expenses following repatriation under 9.1 above if the **Insured Person's** normal home has been rented or let for the duration of an overseas contract but limited to ISK 14,775 (or currency equivalent) per day and payable for a maximum period of 30 days only.

9.3 Cost of emergency transport necessarily incurred in connection with benefits under this insurance within the country where the treatment takes place.

9.4 **Reasonable Additional Travel and Accommodation Expenses** in respect of the **Insured Person's** repatriation (including the cost of transportation of other members of the family necessarily having to accompany the **Insured Person**) to the **Insured Person's** country of normal domicile and the return journey. In the event of **Bodily Injury**, serious sickness or **Illness** which results in a near relative (spouse, father, mother, parent-in-law, sister, brother, sister-in-law, brother-in-law or child) not exceeding age 75 being placed unexpectedly on the "very seriously ill" list. The term "very seriously ill" will be deemed to mean a medical condition which by customary practice to the British Medical Profession and British Hospital Administration or Icelandic equivalent is considered such as to warrant placing the patient on the very seriously ill list and to warrant the notification to relatives that their attendance is desirable in view of an Imminent possibility of the patient dying.

No claim will be payable in respect of journeys undertaken after it is known to the **Insured Person** or any accompanying family that a near relative has died unless they are required to act as the trustee or executor or for the purpose of making funeral arrangements. Cover under this extension is limited to a maximum amount of ISK 394,000 (or currency equivalent) each and every claim.

9.5 The cost of the transport of the **Insured Person's** body or ashes to their normal country of domicile in the event of death or burial or cremation costs at the place of death in accordance with reasonable and customary practice following a condition eligible for benefit in accordance with this policy.

Exclusions

1. Any **Pre-existing Condition**.
2. The **Excess** amount as specified on the Schedule will be deducted from all admissible expenses incurred in respect of any one claim.
3. Pregnancy, childbirth, miscarriage or abortion.
4. Birth Defects or congenital diseases / **Illnesses**.

5. The costs incurred during stays at health resorts, sanatoriums, clinics, convalescent homes and similar institutions.
6. Deliberate exposure to exceptional danger (except in an attempt to save human life) or a criminal act by the **Insured Person**.
7. Treatment for alcoholism, solvent abuse, drug abuse, or any addictive conditions of any kind and treatment of any injury, **Illness** or sickness arising directly or indirectly from any such abuse or addiction.
8. Psychoanalytical and psychotherapeutical treatment.
9. The provision of false teeth, dentures, or orthodontics, normal eye tests and the provision of visual aids, normal ear tests and the provision of hearing aids.
10. Suicide or attempted suicide, wilfully self-inflicted injury or **Illness**.
11. Venereal diseases or any other sexually transmitted disease.
12. Cosmetic surgery and associated treatment.
13. **Bodily Injury** sustained after **The Insured Person's** 70th birthday and/or **Illness** sustained after **The Insured Person's** 65th birthday
14. **Bodily Injury** due to professional or semi-professional sport and/or any participation or training for such sports competition
15. **Bodily Injury** due to any sports or activity involving any mountain-, rock-, or ice climbing, abseiling, boxing, wrestling and martial arts, motor sports, paragliding, parachuting, scuba diving, bouncy jumping and other similar sports/activities which are comparable or of similar nature
16. **Bodily Injury** due to any sports or activity involving any mountain-, rock-, or ice climbing, abseiling, boxing, wrestling and martial arts, motor sports, paragliding, parachuting, scuba diving, bouncy jumping and other similar sports/activities which are comparable or of similar nature
17. Any naturally occurring condition or degenerative process or any gradually operating cause.
18. Medical expenses incurred in respect of any elective treatment outside of Iceland unless agreed by **Us**.
19. Any costs incurred whilst travelling against the advice of medical practitioner

General Conditions (applicable to Sections One and Two)

10. It is a condition precedent to this insurance that the premium payable hereunder or first (1st) instalment thereof shall be paid with 30 days of inception. Failure to pay within the stipulated period and special 14 day notice period will result in cancellation of this insurance from inception and no claims shall be payable hereunder.
11. **Claims:** On the happening of any event likely to give rise to a claim the **You** or the **Insured Person** shall:
 1. (a) provide written notice to the **Us** via **Your** broker as soon as reasonably practical and provide all particulars and evidence documentary and otherwise at **Your** or the **Insured Person's** expense and do all such things as **We** may reasonably require. You must at latest give us notice of your claim within 1 year from the date you knew about the circumstances giving rise to the claim. Failure to notify **Us** within this 1-year period release **Us** from any liability.

2. (b) when required the **Insured Person** shall submit to medical examination on **Our** behalf of the at **Your** or the **Insured Person's** own expense in respect of any alleged **Bodily Injury**, or **Illness**.
12. **Multiple Coverage:** If at the time any claim arises there is any other insurance covering the same loss, **We** shall not be liable to pay or contribute more than its rateable proportion of any such claim and costs and expenses in connection therewith.
13. **Cancellation:** the **Assured** may cancel this Insurance at any time by written notice or surrender of the certificate. Seven (7) days written notice must be given to Tryggja ehf. Any premium due for time on risk will be calculated on a short rate basis, or as deemed appropriate by **Us**.
14. **Material Facts/Alteration:** If the circumstances in which this insurance was entered into shall be materially altered without due notification to **Us** and **Our** written acceptance being obtained thereto this cover shall be voidable.
15. **Utmost Good Faith:** The due observance and fulfilment of the terms, conditions and limitations of this cover insofar as they relate to anything to be done or complied with by the **Insured Person** and the truth of the statements and answers in the said Proposal shall be conditions precedent to any liability of the **Underwriters** to make any payment under this Insurance. **You** must inform Tryggja ehf., as soon as reasonably practicable of any change of risk relating to the **Insured Person**, the **Insured Person's** occupation (as stated in the Schedule attached hereto) or immediately upon ceasing to be employed or the **Insured Person's** retirement.
16. **Fraud:** If any claim under this Insurance shall be in any respect fraudulent or if **You** or the **Insured Person** or anyone acting on your behalfs obtaining any benefit under this cover uses any fraudulent means or devices, all benefit hereunder shall be forfeited without refund of premium.
17. **Several Liability Notice:** The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.
18. **E.U. Disclosure Clause:** The Parties are free to choose the law applicable to this insurance Contract. Unless specifically agreed to the contrary this insurance is subject to Icelandic Law.

3. General Exclusions (applicable to Sections One and Two)

3. **Nuclear/Chemical/Biological Terrorism Exclusion:** It is agreed that, regardless of any contributory cause(s), this insurance does not cover any claim(s) in any way caused or contributed to by an act of terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent
 4. For the purpose of this exclusion an act of terrorism means an act, including but not limited to the use of violence and/or the threat thereof, of any person or group(s) of persons, whether acting or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
4. **War, Terrorism and Mass Destruction Exclusion:** Notwithstanding any provision to the contrary within this Certificate wording or any endorsement thereto, it is agreed that this cover excludes any loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss or expense;
 1. War, hostilities or warlike operations (whether war be declared or not),
 2. Invasion,

3. Act of an enemy foreign to the nationality of the **Insured Person** or the country on, or over, which the act occurs,
4. Civil war,
5. Riot,
6. Rebellion,
7. Insurrection,
8. Revolution,
9. Overthrow of the legally constituted government,
10. Civil commotion assuming the proportions of, or amounting to, an uprising,
11. Military or usurped power,
12. Explosions of war weapons,
13. Utilisation of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined,
14. Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the **Insured Person** whether war be declared with that state or not,
15. Terrorist activity.

Extensions to Cover

Burn Benefit

We will pay up to the Maximum Benefit Amount shown below if the **Insured Person** suffers a **Bodily Injury** caused by an **Accident** which occurs during the **Period of Insurance** and results in a **Burn**.

The amount payable in respect of a **Burn** is determined by multiplying the percentage of the body surface actually **Burned** by the Maximum Benefit Amount for **Burn**. The attending **Physician** will determine the percentage applicable to each **Burn**.

This Maximum Benefit Amount is payable in addition to any other applicable benefit amounts payable under this policy.

Maximum Benefit Amount: 10% of the **Permanent Total Disablement** sum insured up to a maximum of ISK1,500,000

Definitions Applicable To This Extension

Burn or Burned - means a third degree burn, according to the Rule of Nines or the Lund-Browder Chart, caused by a source that is thermal, chemical, electrical or nuclear.

Home Alteration Or Vehicle Modification

We will reimburse such expenses incurred up to the Benefit Amount shown below if the **Insured Person** suffers **Bodily Injury** occurring during the **Period of Insurance** and which necessitates a **Home Alteration** or **Vehicle Modification**. The expenses for **Home Alteration** or **Vehicle Modification** must be incurred within eighteen (18) months from the date such **Bodily Injury** occurred and:

- 4) a **Physician** certifies that the **Home Alteration** or **Vehicle Modification** is needed to accommodate **The Insured Person's** physical disability;
- 5) the **Home Alteration** or **Vehicle Modification** is undertaken by qualified persons experienced in such **Home Alteration** or **Vehicle Modification**;
- 6) the **Home Alteration** or **Vehicle Modification** is in compliance with any applicable laws or requirements for approval by the appropriate governmental authority in the jurisdiction where the services are rendered.

The Benefit Amount for **Home Alteration** and **Vehicle Modification** is payable in addition to any other applicable Benefit Amounts under this policy.

In no event will the total payments for **Home Alteration** and **Vehicle Modification** exceed the Maximum Benefit Amount for **Home Alteration** and **Vehicle Modification** shown below.

Benefit Amount - Home Alteration: 10% of the **Permanent Total Disablement** sum insured up to a maximum of ISK3,000,000

Benefit Amount - Vehicle Modification: 10% of the **Permanent Total Disablement** sum insured up to a maximum of ISK3,000,000

Maximum Benefit Amount: 20% of the **Permanent Total Disablement** sum insured up to a maximum of ISK3,000,000

Definitions Applicable To This Extension

Vehicle Modification means changes, including but not limited to installation of equipment, to a private passenger automobile that are necessary to make such Private Passenger Automobile accessible to or driveable by an Insured Person.

Home Alteration means changes to the **Insured Person's** primary residence that are necessary to make

the residence accessible and habitable for the **Insured Person**.

Physician means a duly qualified and licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided.

Physician does not include an **Insured Person** or an **Immediate Family Member**.

Employment Retraining Expense

We will reimburse **Employment Retraining Expense** up to the Benefit Amount if **Bodily Injury** occurring during the **Period of Insurance** causes the Insured Person's **Permanent Total Disablement**. Any amount payable is in addition to any other applicable benefit under this policy.

This insurance applies only if such Employment Retraining Expense is incurred within two (2) years following the date of the Insured Person's **Permanent Total Disablement**.

Benefit Amount: 10% of the **Permanent Total Disablement** sum insured to a maximum of ISK1,500,000

Definitions Applicable To This Extension

Employment Retraining Expense means the actual costs incurred by the **Insured Person** for tuition, fees, room and board billed by an Institution of Higher Learning including costs for required books or course supplies.

How To Make A Claim

Your / Insured Person's Obligations

You must comply with the obligations set out below. If **We** determine that any claim **You** or an **Insured Person** makes under this insurance has been adversely impacted directly by **You** or the **Insured Person's** failure to comply with the obligations below, **We** may refuse to pay the claim or reduce the amount of any payment **We** make for the claim.

4. In the event of an **Accident** or **Illness** which causes or may cause a claim under this insurance,:
 - c) the **Insured Person** must as soon as practicable seek the attention of a duly qualified medical practitioner; and
 - d) **You** or the **Insured Person** must notify **Your** Broker. Such notification must be submitted at the latest within 1-year from the date the insured person knew about the event giving rise to the claim.
5. **The Insured Person** must provide **Us** or **Our** medical adviser with the necessary authorisation to access or obtain their medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition (as described in the Certificate). The medical adviser must, for the purpose of reviewing the claim, be allowed to examine the **Insured Person** as **We** consider necessary.
6. **You / the Insured Person** must provide **Your** Broker with all information **We** may reasonably require including a fully completed claim form.

How We Deal With Your Claim

When **Your** Broker is notified of a claim, **We** will send **You** a claim form which **You** are required to complete and return to **Us**.

Once **Your** claim is accepted, **We** will pay **You** or the **Insured Person** the amount stated in the relevant section of the Schedule of Compensation.

Fraudulent Claims

If **You** or the **Insured Person**, or anyone acting on **Your** behalfs, make a claim knowing it to be false or fraudulent in amount or in any other respect, this insurance will become invalid. This means **We** will not pay the false or fraudulent claim, or any subsequent claim.

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.

If **You** have any questions or concerns about **Your** policy or the handling of a claim **You** should, in the first instance, contact:

Tryggja ehf
Stórhöfða 23, 110 Reykjavík, Iceland.

Tel: 414 1999
Email: tryggja@tryggja.is

In the event that **You** remain dissatisfied and wish to make a complaint, **You** can do so at any time by referring the matter to the following:

Lloyd's Market Services

One Lime Street
LONDON EC3M 7HA
Telephone: +44 (0)207 327 5693
Fax: +44 (0)207 327 5225
Email: complaints@lloyds.com.

If You are still not satisfied **You** may also refer **Your** complaint to the Financial Ombudsman Service (FOS) or the Icelandic Claims Committee.

The FOS is an independent service in the UK for settling disputes between consumers and businesses providing financial services. The contact details for the FOS are:

The Financial Ombudsman Service,

Exchange Tower,
London, E14 9SR.
Telephone: 0800 023 4 567 or 0300 1239123
Email complaint.info@financial-ombudsman.org.uk.

You can find more information on the FOS at www.financial-ombudsman.org.uk.

Icelandic Claims Committee.

A fee of ISK 6000 is payable at outset and will be repaid if your claim is accepted.

Please note that according to law no. 30/2004 on Insurance Contracts the right to benefit could be void if the opinion of the Committee is not sought within a year after refusal of a claim.

Full information on the Committee is on the Supervisory homepage www.fme.is

Tel: 5252700.

Making a complaint does not affect **Your** right to take legal action.

Data Protection

Any information **You** have provided will be dealt with by **Us** in compliance with the provisions of the applicable Data Protection Act. For the purpose of providing this insurance and the handling of any claims or complaints, **We** may need to transfer to other parties certain information which **You** have provided to **Us**.

Sanctions

We will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

Rights of third parties

The right of any third party is defined in the Icelandic Act of Insurance Contracts nr. 30/2004.

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

Our Firm Reference Number(s) and other details can be found on the Financial Services Register at www.fca.org.uk.

Appendix 3

Attaching to Binding Authority**High Blood Pressure**

In respect of Personal Accident coverage all persons advising of High Blood Pressure as detailed within Section 8 b. of the Occupational Insurance Proposal Form and completing the relevant Blood Pressure Questionnaire will be subject to the following rating scale, which attaches to Appendix 1 Personal Accident and Sickness Underwriting rating guide and Medical expenses Underwriting Rating Guide as more fully defined herein

High Blood Pressure (HBO) Scale

1. In a case where there is only 1-2 drugs prescribed and test figures have been presented, client is accepted on normal terms.
2. When there are 3-4 drugs a Medication Administration Record (MAR) is called for, and the premium will be loaded according to the outcome of medical opinion.
3. In a more complicated or serious case there is the alternative of exclusion, heavy loading or dismissal. In line with the above no coverage is given until HEP details are submitted and approved by Lead Underwriter.

Appendix 4

Tryggja Expatriates Medical Expenses Wording**General Definitions**

The following words or phrases have the meanings given below wherever they appear in this document, certificate of insurance and endorsements.

A ACCIDENT A sudden, unexpected or unforeseen event resulting in an identifiable physical injury to an insured person.

ACUTE A medical condition that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or accident, or which leads to your full recovery.

ADVICE Any consultation or discussion with a medical practitioner or specialist, including check-ups and the issue of any prescriptions (including repeat prescriptions).

AREA OF COVER Worldwide excluding United States of America.

B BIRTH INJURY A deformity or medical condition which is caused during childbirth.

C CERTIFICATE OF INSURANCE The Certificate giving details of the policyholder, the insured persons, the period of cover, the date of entry and the level of cover and any endorsements that may apply.

CHIROPODIST A practising chiropodist who is registered and legally licensed to practise chiropody in the country where treatment is provided.

CHRONIC A medical condition which has at least one of the following characteristics:

- It continues indefinitely and has no known cure.
- It comes back or is likely to come back.
- It is permanent.
- You need to be rehabilitated or specially trained to cope with it.
- It needs long term monitoring, consultations, check ups, examinations or tests.

COMMENCEMENT DATE The date shown on the certificate of insurance on which the cover provided by this policy starts.

COMPLEMENTARY MEDICINE Refers to therapeutic and diagnostic treatment that exists outside the institutions where conventional medicine is taught. Such medicine includes chiropractic treatment, podiatry treatment, osteopathy, dietician, Chinese herbal medicine, homeopathy and acupuncture as practiced by approved therapists.

CONGENITAL ANOMALY An intra-uterine development of an organ or structure that is abnormal with reference to form, structure or position.

COUNTRY OF NATIONALITY The country for which you are a passport holder.

COUNTRY OF RESIDENCE The country in which you normally live at the time of the commencement date or at each subsequent renewal date.

- D** **DATE OF ENTRY** The date shown on the certificate of insurance on which an insured person was first covered under this policy.
- DAY-PATIENT** An insured person who is admitted to a hospital bed but does not remain in hospital overnight.
- DENTAL PRACTITIONER** A person who is registered and is legally licenced to practise dentistry in the country where treatment is provided.
- DEPENDANTS** A spouse or adult partner and/or unmarried children, step-children, legally adopted children and foster children who are under 21 years of age, permanently living with you or in full-time education. Children will be accepted from birth, provided that we receive notification of their arrival within 30 days from birth. Notification received after this period will result in children being accepted for cover from the date of such notification.
- E** **EVACUATION** The transportation costs of an insured person who needs to be moved from the place of incident to the nearest appropriate alternative medical facility to receive in-patient treatment of a medical condition that cannot be satisfactorily treated at the place of incident.
- F** **FOETAL SURGERY** Treatment given or undertaken on a foetus whilst in the womb.
- H** **HOSPITAL** An establishment which is legally licensed as a medical or surgical hospital under the laws of the country in which it is located.
- I** **IN-PATIENT** An insured person who is admitted to a hospital bed and out of medical necessity is required to stay for one or more nights.
- INSURED PERSON/YOU/YOUR** You and/or the dependants named on the certificate of insurance who are covered under this policy.
- INTENSIVE CARE** Treatment in a defined intensive care unit, intensive therapy unit, high dependency unit or coronary care unit, which provides constant monitoring after surgical operation or illness.
- M** **MEDICAL CONDITION** Any accident, injury, illness or disease, including psychiatric illness.
- MEDICAL PRACTITIONER** A general medical practitioner who holds primary degrees in medicine or surgery as recognised by the World Health Organisation and who is legally licensed to practise in the country where treatment is provided.
- MEDICATION** Drugs, medicines, supports and appliances and corrective devices (including prosthesis when used as an integral part of a surgical procedure) prescribed by a medical practitioner or specialist.
- O** **ORGAN TRANSPLANT** The surgical procedures to perform a transplant of an organ.
- OUT-PATIENT** An insured person who receives treatment at a recognised medical facility but who is not required to be admitted to a hospital bed.
- P** **PALLIATIVE TREATMENT** Treatment given to an insured person, the primary purpose of which is only to offer temporary relief of symptoms, rather than to cure the medical condition causing the symptoms.

PATHOLOGY Tests carried out to help determine or assess the nature of disease and the changes in structure and functions brought about by disease.

PERIOD OF COVER/EACH YEAR The duration for which cover is provided. This is specified on the certificate of insurance. This will normally be a twelve (12) month period starting from the commencement date or renewal date.

PHYSICIAN A medical practitioner who is registered and legally licensed to practise medicine in the country where treatment is provided.

PHYSIOTHERAPIST A practising physiotherapist who is registered and legally licensed to practise medicine in the country where treatment is provided.

POLICY The contract which details the level of cover provided. The application form, certificate of insurance and this policy wording incorporating the policy terms and conditions form part of the contract.

POLICY EXCESS The specified monetary amount payable by an insured person in respect of expenses incurred before any benefit is paid under this policy.

POLICYHOLDER The person or company with whom we have contracted this policy and who is principally responsible for payment of the premiums.

PRE-EXISTING CONDITION shall mean any incapacity otherwise covered by this insurance and due wholly or partly to any illness or injury or any related condition either which existed or was foreseeable prior to the commencement of this insurance or as disclosed in the Proposal Form.

PSYCHIATRIC ILLNESS Treatment of a mental, nervous or eating disorder carried out by a clinical psychologist. The disorder must be associated with present distress, or substantial impairment of the individual's ability to function in a major life activity (eg: employment). The aforementioned condition must be clinically significant and not merely an expected response to a particular event such as bereavement, relationship or academic problems and acculturation. The disorder must meet the criteria for classification under an international classification system such as Diagnostic and Statistical Manual (DSM-IV) or the International Classification of Diseases (ICD-10).

Q QUALIFIED NURSE A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body, within the country where treatment is provided.

R REHABILITATION Treatment given with the aim of restoring health and mobility after injury or illness to a state in which an insured person can be self-sufficient.

RENEWAL DATE The annual anniversary is the first of the month in which the commencement date falls.

REPATRIATION The transportation costs of an insured person to their country of nationality or country of residence for treatment of an accident or medical condition which cannot be treated adequately locally or at the place of incident.

S SPECIALIST A medical practitioner who holds a substantive consultant appointment in the relevant speciality in a National Health Service hospital, or has held a substantive consultant appointment which we accept as being of equivalent professional status, or is recognised as such by the statutory bodies of the relevant country in which treatment is being given.

The logo for Lloyd's, featuring the word "LLOYD'S" in white, serif, all-caps font centered within a solid black rectangular background.

- T TREATMENT Any medically necessary surgical procedure or medical intervention required to cure or provide relief of an acute medical condition.
- W WE/OUR/US Tryggja ehf. on behalf of Certain Underwriters at Lloyd's., as detailed in the certificate of insurance.

Level of Cover

This policy provides cover for the following benefits in respect of treatment of an insured person provided during the period of cover for a medical condition. All benefits, including full refunds are conditional upon charges being reasonable and customary.

Maximum sum insured

The maximum sum insured is the most we will pay for each insured person in any period of cover, which is ISK 100,000,000. The maximum sum assured and any monetary limits to the benefits will be determined by the currency in which you have chosen to pay your premiums.

The Cover

In-patient & day-patient treatment

(treatment received by an insured person when admitted to a hospital bed for an over-night stay of one or more nights' duration or as a day-patient)

Professional Fees

Specialist and physician fees (including surgeons' and anaesthetists' fees) associated with providing consultations or administering treatment

Full Refund
within overall
in-patient and
day-patient
limit

Accommodation

Hospital accommodation in a ward, semi-private or private room.

Full Refund

Diagnostics

Diagnostic procedures, including x-rays, pathology, computerised tomography and magnetic resonance imaging (brain and body scans).

Full Refund

Theatre Fees

Operating theatre fees.

Full Refund

Home Nursing

Home nursing, when medically necessary and recommended by a specialist immediately following release from a hospital bed.

Limited to 30
days each year

Medication

Drugs, medicines, supports and appliances when prescribed by a specialist or medical practitioner.

Full Refund

Chronic Conditions

Acute episodes of a chronic condition.

Full Refund

Oncology

Oncologist fees, radiotherapy and chemotherapy.

Full Refund

Organ Transplants

Transplant of any human organ.
Lifetime limit

ISK 12,500,000

Physiotherapy

Physiotherapy when such treatment is recommended by a specialist and is administered

Full Refund

during the period of stay in hospital.

Transportation

Ambulance charges for transportation to the hospital, or fees associated with another form of transport if an ambulance is inappropriate. Full Refund

Reconstructive Surgery

Reconstructive surgery required following an accident or following surgery for an eligible medical condition which occurred after your date of entry and which is performed within 12 months of the accident or surgery. Full Refund

Psychiatric Illness

Treatment given in a recognised psychiatric unit of a hospital. All treatment under this benefit is subject to pre-authorisation by us. Limited to 30 days each year

Cash Benefit

Where hospital accommodation and all treatment costs are provided in a State or Charitable Hospital and no claim is submitted under this policy for reimbursement of any costs, and providing that the medical condition suffered would be eligible for benefit ISK 12,500 each night up to a maximum of 30 nights

Emergency Treatment outside area of cover

Treatment (through a physician, general practitioner or specialist, commencing within 24 hours of the emergency event) required as result of an accident or the sudden beginning or worsening of a severe illness resulting in a medical condition that presents an immediate threat to the insured person's health For trips up to a maximum of 6 weeks. Maximum of 42 nights each year. Maximum sum insured of ISK 3,750,000

OUT-PATIENT TREATMENT

(treatment received in a recognised medical facility but without admission to a hospital bed) subject to overall out-patient limit of ISK 1,000,000 and overall policy limit of ISK 100,000,000

Professional Fees

Medical practitioner and specialist fees incurred for consultations and examinations. Full refund within overall outpatient limit

Diagnostics

Diagnostic procedures, including x-rays, pathology, computerised tomography and magnetic resonance imaging (brain and body scans). Full refund within overall outpatient limit

Surgical Treatment

Minor surgical procedures when carried out by the medical practitioner or specialist. Full refund within overall outpatient limit

Medication

Drugs, medicines, supports and appliances prescribed by a medical practitioner or

specialist.

Full refund
within overall
outpatient limit

Chronic Conditions

Acute episodes of a chronic condition.

Full refund
within overall
outpatient limit

Oncology

Oncologist fees, radiotherapy and chemotherapy.

Extended to include road ambulance costs for transportation to and from the out-patient of a hospital for the administering of this specific treatment.

Full refund unit
within overall
outpatient limit

Physiotherapy

Physiotherapy on recommendation by a medical practitioner or specialist.

Limited to
ISK100,000
each year
within overall
outpatient limit

Chiropractic

Limited to
ISK31,250
each year
within overall
outpatient limit

Complementary Treatment

Chinese herbal medicine and treatment administered by registered Chinese herbalists, chiropractors, osteopaths, homeopaths, acupuncturists, dietician (limited to 1 visit per year) and podiatrist (limited to 2 visits per year) when recommended by a medical practitioner or specialist.

Limited to ISK
62,500 each
Year within
overall
out-patient limit

Evacuation & Repatriation (OPTIONAL BENEFIT)

(for conditions requiring hospital admission only)

Evacuation

The cost of transporting an insured person (and one other relative/colleague to travel as escort) to the nearest appropriate medical facility for treatment of an accident or medical condition within the insured persons area of cover which cannot be treated adequately locally or at the place of incident.

Full refund

The method of transportation shall be the decision of the Assistance Company.

Following evacuation

Hotel accommodation for escort and for insured person when required pre and post hospital admission.

ISK 9,500 each day for each person
Full Refund

Return air flight (economy class) for the insured person and their escort.

Repatriation

The cost of transporting an insured person (and one other relative/colleague to travel as escort) to their country of nationality or country of residence for treatment of an accident or medical condition which cannot be treated adequately locally or at the place of incident.

Full Refund

The method of transportation shall be the decision of the Assistance Company. (If the country of nationality or country of residence falls outside the geographical area covered under your policy, treatment costs will not be considered.)

Mortal Remains / Burial or cremation costs in the country of death / Or Transportation of body or ashes to country of nationality or country of residence.

Limited to ISK 625,000

General Exclusions

These exclusions apply to the whole of this insurance.

- 1 A Pre-existing Condition. However, injury or Illness for which treatment has not been rendered or treatment medically recommended during the thirty consecutive months prior to the date of entry of the Insured Person into this insurance, shall not be considered a Pre-existing Condition unless otherwise specifically excluded.
- 2 Treatment which is deemed by our medical advisors to be routine management or palliative treatment in respect of a chronic condition.
- 3 The policy excess specified in the certificate of insurance for all eligible expenses incurred for each insured person per policy year. The policy excess does not apply to the dental or the evacuation/repatriation benefit if purchased.
- 4 Any costs associated with curative Treatment or follow up non emergency Treatment outside the area of cover, even if the insured is deemed unable to travel to a country within the chosen area of cover.
- 5 Any costs incurred in locating a replacement organ, removal of the organ from the donor, transportation costs and all associated administrative costs in respect of Organ Transplant.
- 6 Costs of providing or fitting any external prostheses, corrective devices or appliances.
- 7 Complementary Treatment, other than treatment carried out by registered chiropractors, osteopaths, homeopaths, acupuncturists and Chinese herbalists that are recommended by a medical practitioner or specialist.
- 8 Any second or subsequent medical opinions from a medical practitioner or specialist for the same medical condition.

- 9 Any costs associated with pregnancy or childbirth or any condition associated or arising there from, including terminations on non-medical grounds, elective caesarean section, foetal surgery, birth injuries or congenital anomalies.
- 10 Experimental or unproven treatment, regardless of whether they are medically recommended or prescribed.
- 11 Cosmetic treatment, obesity, removal of fat or other surplus tissue from any part of the body, whether or not for medical or psychological purposes, and any associated treatment costs consequent of such treatment.
- 12 Routine physical examinations, including gynaecological investigations and tests, inoculations, vaccinations and other preventative medicines. Routine eye tests and the provision of visual aids, routine hearing tests and the provision of hearing aids.
- 13 Treatment to change the refraction of one or both eyes (laser eye correction) including refractive keratectomy (RK) and photorefractive keratectomy (PRK).
- 14 Treatment received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a hospital where the hospital has effectively become the insured person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
- 15 Any costs associated with Rehabilitation.
- 16 Investigations, diagnostics and treatment directly or indirectly arising from or connected with male or female birth control, infertility and any form of assisted reproduction.
- 17 Investigations, diagnostics and treatment of impotence or any consequence thereof, treatment for sterilisation or fertilisation, vasectomy or other sexually related conditions or gender reassignment.
- 18 Treatment for hormone replacement therapy (HRT) or bone densitometry.
- 19 Treatment of a newborn baby when birth/delivery takes place prior to 37 weeks gestation.
- 20 Any costs associated with dental treatment.
- 21 Treatment directly or indirectly associated with sexually transmitted diseases.
- 22 Treatment resulting in any way from attempted suicide or any wilful, self-inflicted injury.
- 23 Treatment for dependency on or abuse of alcohol, drugs or any other addictive substances and any injury or illness arising directly or indirectly from such abuse or addiction.
- 24 Out-patient treatment for a psychiatric illness or mental illness of any kind.
- 25 Care and treatment for learning or developmental difficulties in children, hyperactivity, attention deficit disorder and behavioural problems.
- 26 Treatment for cryopreservation, implantation or reimplantation of living cells or living tissue, whether autologous or provided by a donor.
- 27 Treatment directly or indirectly arising from or required as a consequence of war, invasions, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution,

insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any acts of terrorism, unless the insured person sustains bodily injury whilst an innocent bystander.

- 28 Treatment directly or indirectly arising from or required as a result of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion or nuclear fuel, asbestosis or any related condition.
- 29 Treatment when performed by a medical practitioner or specialist who is in any way related to the insured person.
- 30 Treatment costs which are incurred outside of the period of cover or after termination of the policy for whatever reason, including non-renewal and non-payment of premium.
- 31 Any costs not incurred as a day-patient, in-patient or out-patient in a hospital or recognised medical facility.
- 32 Costs associated with any criminal act.
- 33 Costs directly or indirectly resulting from the release of weapon(s) of mass destruction, whether such involves an explosive sequence(s) or not.
- 34 Costs and expenses incurred where an insured person has travelled against medical advice.
- 35 Any costs associated with Evacuation & Repatriation unless this optional cover has been chosen.
- 36 Any costs incurred outside the area of cover, other than eligible emergency treatment costs covered under the in-patient and day-patient benefit.
- 37 Any treatment for cosmetic pedicures, surgical footwear including but not limited to corrective footwear, consumables purchased in isolation from any source including but not limited to corn plasters, insoles, dressings etc.
- 38 Birth injuries or congenital anomalies

Exclusions to Evacuation & Repatriation

If Evacuation & Repatriation has been chosen the following exclusions apply in addition to the General Exclusions herein.

We do not cover the following:

- 1 Travel and subsequent accommodation costs unless specifically agreed by us, or our appointed Assistance Company, in writing prior to travel. Any costs incurred without our prior agreement shall not be considered for reimbursement.
- 2 The cost of any airline tickets other than economy class, unless we have provided written approval in advance of the date of travel.
- 3 Burial and cremation costs shall not include the costs of a religious practitioner, floral tributes, musical provision or food and beverages.

- 4 Any costs incurred where the death has occurred within the insured person's country of nationality.

General Conditions

These conditions apply to all sections of this insurance.

- 1 **Policy Duration**
This policy is an annual contract and is operative for twelve months from the commencement date. The contract can be renewed each year, on the renewal date, subject to the policy terms, conditions and premium rates in force at that time and as notified to you in the renewal invitation.
- 2 **Premium Payment**
Premiums are payable quarterly, monthly or annually and are due to be paid by the commencement date or renewal date. However, as your policy is an annual contract you are responsible for the whole years' premium even if we have agreed that you may pay by instalments. Failure to comply with this will result in automatic termination of your cover. Reinstatement upon subsequent receipt of funds shall warrant re-application of General Exclusion 1 with effect from the date of reinstatement. No insured person shall have automatic right to continue the cover with us.
- 3 **Taxes**
We reserve the right to reflect any changes in insurance premium tax or other government levies as may be imposed upon us.
- 4 **Alterations**
At each renewal date, we reserve the right to alter or discontinue the benefits, terms, conditions and premiums of this policy and we shall notify you of such changes at least one month prior to the renewal date to your last known address. Failure to receive notice for whatever reason shall not invalidate the change.
- 5 **Change of Risk**
The policyholder must inform us as soon as reasonably practical of any material change relating to any insured person covered under this policy which may affect information given in connection with the original application. This includes any information as documented on the Application Form which may have altered prior to the commencement date of the policy.
- 6 **Cancellation**
Whilst we will not cancel this policy because of eligible claims made by any insured person, we may at any time terminate the policy if an insured person has:
 - a. misled us by mis-statement; or
 - b. submitted a claim which is false or fraudulent, or if

fraudulent means or devices are used by the insured person or anyone acting on their behalf to obtain benefit under this policy.

In such circumstances, cover shall be cancelled void ab initio, without refund of premium. The policyholder may cancel the policy by notifying us in writing within 14 days from the date of entry, and provided no claim has been submitted a full refund of premium will apply. However, if a claim has been incurred within 14 days from the date of entry, we will recover the costs of services provided to you.

If the policy is cancelled by the policyholder at any time other than within 14 days from the date of entry, there will be no return of premium.

- 7 **Governing law**
This policy shall be construed in accordance with the law of Iceland and the Icelandic courts alone shall have jurisdiction in any dispute unless agreed otherwise between you and us or required under mandatory legal regulation.

- 8 **Other Insurance**
If there is any other insurance policy covering any of the same benefits as provided by this policy, you must disclose or ensure that the relevant insured person discloses the same to us. We shall not be liable to pay or contribute more than our rateable proportions.

- 9 **Electronic Date Recognition Exclusion (EDRE)**
This policy does not cover any loss, damage, cost, claim or expense, whether preventative, remedial or otherwise, directly or indirectly arising out of or relating to the calculation, comparison, differentiation, sequencing or processing of data involving a date change for the year, or any other data change, modification or alteration including leap year calculations, by any computer system, hardware programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the insured person or not.

- 10 **Changing your level of cover**
You may amend your optional benefit together with the level of excess and currency in which premiums are paid at each renewal date.

Please follow the guidelines below to help us process your claims promptly and efficiently.

POLICY DOCUMENTS

Within your policy document folder you will have your Certificate of Insurance which tells you the plan you have selected, who is insured under your policy, which benefits you have chosen, and your policy excess. Also any Special Endorsements applicable to your cover will be noted.

MEMBERSHIP CARDS

We also supply membership cards to every insured person, which provide our essential contact numbers and addresses. This means that you and your family are only a phone call away from help. We suggest you keep this card with you at all times.

CLAIM FORMS

Within your policy document folder you will find a Medical Claim Form and a Continuation of Claim Form. A Claim Form will also be enclosed for Dental treatment if you have selected this benefit.

On the Claim Forms and your membership card is the telephone number and address of our claims team, as follows:

Specialty Assistance Europe
5-11 Lavington Street
London SE1 0NZ
T: +44 (0)20 7902 7405
F: +44 (0)20 7928 4748
E: operations@specialty-assist.com

All claims should be submitted to us with a fully completed Claim Form, original invoices and receipts and all other supporting documentation within six months after the end of the period of cover.

Before you make a claim, it is important to ensure that your policy covers the treatment you are seeking (e.g. evacuation & repatriation etc).

Our Helpline staff are happy to assist with any queries you may have. (See the contact details above or your membership card.)

PLANNED IN-PATIENT & DAY-PATIENT TREATMENT

In the event of a planned admission to a hospital, we will arrange for direct settlement with the medical providers where possible. You are requested to contact us at least FIVE DAYS prior to admission so that we can communicate with the hospital to facilitate a smooth admission and guarantee direct payment. This process will ensure that your hospital stay is free from financial worries, allowing you to concentrate on your recovery.

Please note that without sufficient notice and the necessary medical information, we cannot guarantee that we will be able to arrange direct payment.

EMERGENCY ADMISSIONS

To ensure that you, or an insured person, receive quality support and assistance, you should contact us as soon as possible after admission, ideally within 48 hours.

OUT-PATIENT TREATMENT

Out-patient treatment is generally paid for by the patient at the time of receiving treatment and the costs incurred are then recovered from us.

We recommend the following steps in making an out-patient claim:

- Whenever you visit a medical practitioner, physician or specialist on an out-patient basis, please make sure you take a Claim Form with you.
- Fill in the section that is assigned to you, then date and sign the Claim Form. Make sure that your medical practitioner, physician or specialist provides all relevant medical information in the specified section and then dates, signs and stamps the Claim Form.
- Attach all original supporting documentation, invoices and receipts to the Claim Form (e.g. medical practitioner/physician invoices, pharmacy receipts with related prescriptions (if available), and post to the Specialty Assistance claims team. In the case of physiotherapy and complementary medicine where treatment is dependent on recommendation from a Medical Practitioner, the Medical Practitioner must complete the medical certificate on the Claim Form.
- If the amount to be claimed is less than the policy excess under your plan (which only applies to in, day and out-patient treatment) remember to retain the Claim Form and receipts for the costs of treatment for each medical condition - do not destroy or dispose of them. Please collect all out-patient receipts until you reach an amount that exceeds the policy excess. Then forward to us all completed Claim Forms together with original receipts/invoices.

Assistance & Claims Procedure

- Remember a separate Claim Form will be required for each person claiming and for each condition.

- Specify on the Claim Form the currency in which you wish to be paid; otherwise the benefit due to you will be paid in the currency of the invoice. Where a currency conversion is required, the rate will be that prevailing at the date of the invoice.
- Please note that the incurred costs will be reimbursed within the limits of the policy and will be net of any policy excess shown on your Certificate of Insurance.

GENERAL CLAIMS INFORMATION:

All documents and materials (including but not limited to original accounts, certificates and x-rays) that we require to support a claim shall be provided without expense to us (including if requested by us a medical report from the insured person's medical practitioner or specialist and details of the insured person's medical history prior to any claim). In cases where medical information is required by us for consideration of a claim but it is not available to us, it is the responsibility of the insured person to obtain such information from their current or previous medical practitioner, as appropriate.

Claims may only be made for treatment actually given during a period of cover and benefit will only be available for expenditure incurred prior to expiry or termination of such cover.

An insured person must, without delay, give us written notification of any claims or right of action against any third party arising out of circumstances which gave rise to a claim under this policy and must continue to keep us fully informed in writing and take all steps reasonably required in making a claim upon that other party. To the extent permissible under the laws of your country of residence, we shall be entitled to take legal action in any insured person's name for our own benefit and claim for indemnity or damages or otherwise which relates to any benefits and costs paid or payable under this policy. We shall have full discretion in the conduct of any such proceedings and in the settlement of any claim Complaints

We are dedicated to providing you with a high quality service and we want to ensure that we maintain this at all times. If you feel that we have not offered you a first class service please write and tell your insurance advisor and we will do our best to resolve the problem.

If you have any questions or concerns about your insurance or the handling of a claim you should, in the first instance, contact your insurance advisor.

If you have a problem concerning any aspect of your insurance please contact your insurance advisor.

IF YOU ARE STILL NOT SATISFIED

In the event you remain dissatisfied and wish to make a complaint you can do so at any time by referring the matter to:

Policyholder and Market Assistance
Lloyd's Market Services
One Lime Street
LONDON EC3M 7HA
Telephone: +44 (0)207 327 5693
Fax: +44 (0)207 327 5225
Email: complaints@lloyds.com.

Or

The Compliance Officer
Travelers Syndicate Management
Exchequer Court

LLOYD'S



33 St Mary Axe
London
EC3A 8AG
Email: customerrelations@travelers.com

Tryggja ehf., Stórhöfða 23, 110 Reykjavík
Tel +354 414 1999