



SCHEDULE FOR INSURED BENEFITS AND PREMIUMS SEASON 1.1.-31.12.2020

Divisions and Age groups	COMPETITION ACTIVITY / ADULTS - Born 2000 or before					COMPETITION ACTIVITY / YOUTH AND CHILDREN - Born 2001 or later			HOBBY ACTIVITY *		
	Men: League and 1st division		Men: 2nd and lower divisions		Referees	Youth 1 Born 2001-2004 V20	Youth 2 Born 2005-2008 V21	Children Born 2009 or later V22	Adults Born 2000 or before V40 Restricted	Youth Born 2001-2008 V30	Children Born 2009 or later V31
	Women: League		Women: 1st and lower divisions JKKI (Born 1985 or before)								
Types of compensation	V12 Extended	V13 Restricted	V10 Extended	V11 Restricted	V50						
A. Treatment - Dental injuries excluded (covered in D) - Surgery in private clinics excluded - Medical treatment up to 2 years	3 000 €	1 500 €	3 000 €	1 500 €	3 000 €	3 000 €	3 000 €	3 000 €	1 500 €	3 000 €	3 000 €
Deductible for treatment	200 €	100 €	200 €	100 €	100 €	100 €	100 €	-	100 €	100 €	-
B. Surgery Private Clinics	6 000 €	-	6 000 €	-	6 000 €	6 000 €	6 000 €	6 000 €	-	6 000 €	6 000 €
Additional deductible for surgery	10% of the costs	-	10% of the costs	-	-	-	-	-	-	-	-
C. Physiotherapy After surgery or plastering	600 €	600 €	600 €	600 €	600 €	600 €	600 €	600 €	600 €	600 €	600 €
D. Dental injury - Caused by accident injury - Treatment on sound teeth	3 000 €	500 € Emergency treatment	3 000 €	500 € Emergency treatment	3 000 €	3 000 €	3 000 €	3 000 €	500 € Emergency treatment	3 000 €	3 000 €
E. Progressive disability indemnity The indemnity is paid progressively according to table of disability	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €	30 000 €
F. Athletic death / accidental death Caused by accident injury	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €
Additional indemnity in case of accidental death on the field during match	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €	15 000 €
Insurance Premium	490 €	245 €	290 €	100 €	30 €	140 €	40 €	4 €	50 €	20 €	4 €

* Children's and youths' hobby activity insurance is not valid for the matches organised by Finnish Football association.

In case you are buying the insurance on behalf of a group, please make sure they all know which insurance cover they have and that they get the Product description and insurance terms and conditions.

Football association of Finland (FAF) Sports insurance product specification (1.12.2019)

Inception of insurance

If an insurance application is made before January 1st, the insurance will come in force January 1st. If an insurance application is made later than January 1st the insurance will come into force when the application is made. Players that do not have cover for the previous period and who buy the insurance in December, are covered starting from the date of application. The insurance will terminate at the end of insurance period December 31st.

Validity of insurance

The insurance is valid for football and futsal players and referees under 70 years of age who have bought license insurance. For children under 12 years old the licence insurance covers all licenced sports organized by Finnish sports associations. Insurance covers in Finland events organized by FAF including districts, affiliated clubs and teams, related to:

- Games
- Practice organized by the team and carried out under a training supervision
- Training, physical exercise and coaching camps in the sphere of sporting activity but not at other times
- Round trips directly relating to above-mentioned activity events.

This cover also applies abroad to tournament/practice trips organized by FAF including districts, affiliated clubs and teams. Insured person can extend the insurance to cover also personal accidents during leisure time for an additional premium.

What is covered

- Accidental injury, injury on the body arising from a sudden external physical occurrence and
- Immediate muscle or tendon strain or sprain injury caused by individual exertion or movement. The injury must be treated by a doctor within 14 days of the injury.

Types of compensation

Treatment costs

The insurance covers the following types of compensation depending on the chosen insurance option. The insurance options are presented in the

separate Schedule for Insured Benefits and Premiums.

a) Treatment costs

The following costs are compensated as treatment costs:

- Examinations carried out and treatment given by a doctor or some other health care professional, medicinal products prescribed by a doctor and sold by pharmacies based on authorization by the National Medicines Agency and hospital bed-day charges
- Surgery in public health care
- Costs of obtaining necessary orthopaedic supports due to an injury

b) Surgery (in case the chosen insurance option includes this cover)

Surgery in private medical centre

c) Physiotherapy

Expenses caused by necessary physiotherapy prescribed by a doctor after surgery or plastering caused by an injury or in case orthopaedic recommends physiotherapy as an alternative to surgery. In case surgery is necessary after the compensated physiotherapy, the compensated physiotherapy costs will be deducted from compensation of the surgery costs.

d) Dental injury

Dental treatment costs are compensated to sound teeth up to two (2) years, in basic coverage only acute treatment is covered.

e) Handicap benefit

A handicap benefit is paid for a permanent general physical injury caused by an accident. The agreed sum is paid for full invalidity. For partial invalidity partial insurance value is paid based on the degree of medical invalidity.

f) Death benefit

If injury causes death within a year, indemnity according to the policy is paid. Any invalidity indemnity due to the same injury already paid will be deducted.

g) Travel expenses

Travel expenses are covered by least expensive way of transportation between the place of injury and the nearest place of treatment.

Existing limitations

- Insurance does not cover injury relating to illness, or predisposition
- Insurance does not cover a player playing against medical advice or whilst signed off by a doctor
- Injury to the shin is only covered if the insured person is wearing shin pad
- Repair or replacement expenses of spectacles, contact lenses, hearing aid or dental prostheses broken in connection with an injury are not covered
- Repair or replacement expenses of clothing or sports equipment are not covered
- Physiotherapy cover is limited. It is compensated e.g. after surgery or plastering
- Loss of earnings or other consequential losses are not covered
- The insurance does not cover participation on Men's or Ladies' National A Team or during event not organized by FAF, it's districts or affiliated clubs
- The insurance does not cover injuries gradually emerging as result of strain or wear and tear of joints and tendons including but not limited to strain rheumatism (arthritis), or tendonitis and the like.
- The insurance does not cover professional sports.

The insurance does not cover occupational accidents or student accidents that grant entitlement or would have granted entitlement to compensation. The insurance does not cover injuries for which entitlement to compensation is granted under the Third Party Motor Liability Insurance Act, the Military Accidents Act or some other equivalent act. Treatment expenses are compensated to the extent that they do not or would not have granted entitlement to compensation under the Sickness Insurance Act or some other act.

The insurance does not cover injury to the mind, for instance shock and the like are not characterised as accidental injury. The insurance does not cover injuries occurring during parties, end of season celebrations or the like organized by FAF including districts, affiliated clubs and teams

It is expected that prior claiming compensation from this insurance, compensation from Social Insurance Institution has been claimed. Most medical centres will claim this using power of attorney directly from Social Insurance Institution.

The compensation for immediate muscle or tendon strain or sprain injury caused by individual exertion or movement is paid for maximum six weeks starting from the date of the injury and it does not cover surgery.

Primary place to get treatment is a FAF contract medical centre, which has agreed to FAF rates for various medical treatments, or alternatively a

municipal medical centre. If treatment for surgery or plastering is given to individuals by a private hospital or clinics other than a FAF contract medical centre, a pre-approval for treatment needs to be received from the claims administrator.

Medical treatment costs are compensated up to two (2) years from time of injury. In case of alternatives involving a deductible, treatment expenses are compensated only for the proportion exceeding the deductible or the deductibles.

Notification of injury

Injury is to be reported using claim report within sixty (60) days of the accident. Reported claim caused by an injury needs to be confirmed/signed by team leader or coach.

General terms and conditions, sums insured and deductibles

General terms and conditions and terms and conditions can be found on the internet pages of Football Association of Finland. Sums insured and deductibles are presented in the separate Schedule for Insured Benefits and Premiums, which equally can be found on the internet pages of Football Association of Finland.

Group Benefit Insurance Scheme - Football Association of Finland (FAF) Terms and Conditions for Individual Licence Insurance Cover (effective 1.12.2019)

Conditions of insurance

Table of content:

1	Insured.....	1
2	When the cover is valid	1
3	Where the cover is valid	1
4	What activities are covered	1
5	What injuries are covered.....	1
6	Benefits covered	1
7	Limitations (what is not covered)	2
8	Change of risk and safety regulations.....	2
9	Claims.....	3
10	Compensation procedure	4
11	Complaints procedure	6
12	Insurance company information.....	6
13	Data protection.....	7

1 Insured

The insurance is valid for football and futsal players and referees under 70 years of age who have bought an Individual licence insurance. For children under 12 years old the licence insurance covers all licenced sports organized by Finnish sports associations. Insurance covers in Finland and abroad events organized by FAF including affiliated clubs and teams

Football Association of Finland (FAF) is the Policyholder of the Group Benefit Insurance Scheme under which any Individual licence insurance is issued.

Chubb European Group SE Finnish Branch (1855034-2) (sivuliike Suomessa) is the Insurer of the Group Benefit Insurance Scheme and each Individual licence insurance.

2 When the cover is valid

If insurance application is made before January 1st, the insurance will come in force on January 1st, except for the players who do not have cover for the previous season and who buy the insurance in December for the upcoming season – for these players the cover starts from the date of application. If insurance application is made later than January 1st, the insurance will come into force when the application is made. The insurance will terminate at the end of insurance period December 31st.

If the premium isn't paid in due time, the Insurer has the right to terminate the Individual licence insurance 14 days from sending the Individual policy holder information about this. An Individual licence insurance that has been terminated due to failure to pay the premium, can be revived by paying the premium within 6 months from the termination of the Individual licence insurance.

3 Where the cover is valid

The insurance cover is valid worldwide.

4 What activities are covered

4.1 Organized sport

The insurance covers organized sports of the type of sport the agreement covers, including exercises/drills which is natural to this sport:

- a) During games, competitions, exhibitions/shows
- b) During recognized practice on sports fields/hall.
- c) During mutual practice outside sports fields/hall by instructor.
- d) During practice outside field/hall which is a natural part of officially organised exercise program.
- e) All warming up/down during any of points a through above.
- f) During training, physical exercise and coaching camps in the sphere of sporting activity but not at other times.

During organized sport the insurance covers accidental injury (see point 5.a) and immediate individual exertion or caused by movement of a muscle or tendon strain or tear injury (see point 5.b).

4.2 Travel

During direct travel to/from organized sports event/participation and during a stay there, insurance covers Accidental injury, see point 5.a.

4.3 Stay

During stay at place of organised sport event/practice, see point 4.1, Accidental injury see point 5.a is covered.

5 What injuries are covered

- a) Accidental injury, sudden external, unforeseen, bodily injury due to physical incident during organized sports (see point 4.1), travel (see point 4.2) and stay (see point 4.3). Accidental injury is an injury on the body arising from a sudden external physical occurrence – during the insurance period, or during travel and stay in connection with organised sports.
- b) During organised sports (see point 4.1), in addition to the accidental injury, the insurance covers immediate muscle or tendon strain or sprain injury caused by individual exertion or movement. The injury must be treated by a doctor within 14 days of the injury. The compensation is paid for maximum six weeks starting from the date of the injury and it does not surgery.

6 Benefits covered

The insurance covers the following types of compensation depending on the chosen insurance product. The insurance products available for each licence category are presented in the Schedule for insured benefits and premiums.

- 6.1 Benefit in the event of accidental death.
- 6.2 Benefit in the event of permanent injury of medical invalidity of more than 5%.
- 6.3 Benefit in the event of dental injury to sound and whole teeth.
- 6.4 Benefit in respect of physiotherapy/chiropractor if necessary after surgery. Physiotherapy is compensated in case orthopaedic recommends physiotherapy as an alternative to surgery. In case surgery is necessary after the compensated physiotherapy, the compensated physiotherapy costs will be deducted from compensation of the surgery costs.
- 6.5 Benefit in respect of medical treatment, surgery, medicines and travel.

Insurance values and deductibles are written in the insurance policy. The insurance value at the time of the injury is the value to be used in calculating the benefit taking into account the deductibles.

7 Limitations (what is not covered)

7.1 Strain, wear and tear

The insurance does not cover injuries gradually emerging as a result of strain or wear and tear of joints and tendons including but not limited to strain rheumatism (arthritis), or tendonitis and the like.

7.2 Injury influenced by illness, illness like condition or predisposition.

The insurance does not cover stroke, fainting or other illness like condition including heart attack. If it is believed illness like condition or predisposition together with injury can have had a contribution cause to the death, invalidity or treatment costs, the benefit will be reduced. It will be reduced accordingly to the extent of the illness like condition or predisposition has had to the death, invalidity or treatment costs.

7.3 Injury by medical treatment or use of medical drugs

The insurance does not cover injury caused by medical examination or treatment or by the use of medical drugs unless the Insured is being treated for an injury already covered by the Insurers. Under no circumstances does the insurance cover injuries caused by drugs on the List of Prohibited Substances and Prohibited Methods in Sports by the Finnish Anti-doping Agency FINADA.

7.4 Deliberately causing of injury

The Insurers are not liable if the Insured has deliberately caused the injury. However, it is liable if the individuals could not be blamed for the bodily injury due to his/her age or mental state.

The Insurers are not liable to suicide or attempted suicide due to mental disease. The claimant must prove the suicide or attempted suicide was caused by sudden mental illness – due to age or mental state could not understand the circumstances of his/her action – and not a mental disease.

7.5 Gross negligence caused by Insured

If the insured has shown gross negligence or increased the frame of the injury, the Insurers might reduce or cancel its liability. Same if the Insured by gross negligence has caused the injury by neglect of a safety regulation.

7.6 Other limitations

- a) Physiotherapy is covered only after surgery or plastering. Exceptions, see 6.4
- b) Initial place to get treatment is FAF contract medical centre at FAF agreed risk rates for medical doctors or municipal medical centre.
- c) Insurance does not cover injury relating to illness, or predisposition.
- d) Insurance does not cover a player playing against medical advice or whilst signed off by a doctor.
- e) Injury to the shin is only covered if the insured person is wearing shin pad
- f) Damage to glasses or contact lenses is not covered.
- g) If surgery or plastering is treated by private hospital or clinics other than FAF contract medical centre, pre-approval for treatment need to be received from claims administrator.
- h) The insurance does not cover participation on Men's or Ladies' National A Team or during event not organised by FAF and its affiliated clubs.
- i) The insurance does not cover injuries where the insured person can directly claim from the perpetrator of the injury or their insurance company, this does not apply to injuries occurred in normal playing situations.
- j) The insurance does not cover occupational accidents or student accidents that grant entitlement or would have granted entitlement to compensation under the Third Party Motor Liability Insurance Act, the Military Accidents Act, Workers Compensation Act or some other equivalent act.
- k) The Insurers do not cover injury obtained during participation of scuba diving with oxygen or breathing gas, speed racing by motor vehicle/ vehicle, air sports, mountain climbing and expedition like events.
- l) The insurance does not cover personal accidents in professional sport that grant entitlement or would have granted entitlement to compensation under the Finnish Act for sportsmen's personal accident and pension cover (2009/276).
- m) Injury to the mind for instance shock and the like, is not characterised as accidental injury
- n) The insurance does not cover injuries occurring during parties, end of season celebrations or the like organized by FAF including affiliated clubs and teams

8 Change of risk and safety regulations

8.1 Liability limitations due to change of risk.

The Insurers are not liable to accident, see point 5., caused by:

- a) Voluntary participation in any criminal activity.
- b) Hang gliding, flying by micro light and ultra-light air planes, sky diving, paragliding and ballooning.

8.2 Safety regulations

It is an absolute condition of the policy that the insured follow the rules and regulations set by the FAF.

If the insured deliberately does not follow the rules and regulations set by the FAF the right to benefit may be lost or reduced.

9 Claims

9.1 Combined rules

- a) When injured the insured must see a medical doctor immediately, attend regular follow ups, and follow the doctor's orders.
- b) Individuals putting forward a claim must provide all accessible information they have to the Claims handler to enable them to process the claim and pay the benefit.
- c) Information is submitted on claims form developed by the Claims handler. The claims form must include the insured birth date, social security number and player number.
- d) Claims form must be confirmed/ signed by team leader or coach.
- e) Anyone giving false or wrong information, might lose any claim right by the Insurers in this or any other case. Both the insured and Claims handler has the right to collect medical- and specialty statements significant to the amount of benefit. If the Claims handler finds it necessary to collect new statement from specialist this should be argued thoroughly in writing.
- f) If an improvement of the injury by surgery is possible, but the insured without reasonable cause does not want to have the surgery, the final level of invalidity will be established accordingly to the improvement the surgery might have caused.

Claims will be time-barred according to:

- g) Claim to be reported within (60) days from the injury.
- h) Any claims based on an insurance contract shall be made to the insurer within one year from the date at which the claimant becomes aware of an in-force insurance policy, of the occurrence of an insured event and of the loss, damage or injury that resulted from the occurrence. In any event, the claim shall be made within ten years from the occurrence of the insured event or, if the insurance has been taken out to cover against bodily injury or liability for damages, from the occurrence of the loss, damage or injury. Reporting the occurrence of an insured event is considered to equal the making of a claim for this purpose.

If no claim is made within the period provided under Subsection 1, the claimant loses his entitlement to compensation. (Finnish Insurance Contracts Act 14.5.2010/426 Section 73)

9.2 Death

If injury causes death within a year, benefit according to the policy is paid. Any invalidity benefits already paid will be deducted. If the insured should die by any other cause, neither death nor invalidity benefit will be paid. No death benefit will be paid after one year, only invalidity benefit. Death benefit not to named spouse/child is paid in accordance with Finnish inheritance law.

9.3 Lifelong medical invalidity

- a) To be paid if injury results within 2 years in permanent lifelong medical invalidity. Occupation, individual predisposition or social rank is not to be allowed for. By full invalidity the full insurance value is paid. Partially invalidity is partially paid.
- b) Invalidity is based on table of invalidity at the time of settlement. The Insurers are only liable to invalidity of 5% or above, for each insurance event.
- c) For combined injury in one body part/ organ, the whole loss of function is estimated according to rates of total loss of function in that body part/ organ. The level of invalidity in one insurance case cannot exceed 100%, even if more than one body part/ organ is injured.
- d) Loss or damage on body part or organ completely inoperative before the injury does not give right to benefit. If partly useless a deduction of the same grade/size is made. When illness like condition or predisposition is a significant cause of increase of invalidity level regulation in point 7.2 is in use.
- e) Dental injury does not apply to invalidity benefit.

9.4 Treatment expenses

- a) **General about treatment expenses**

The Insurers will pay necessary medical treatment of injury within 2 years from date of injury. Covers expenses according to FAF own risk rates for medical expenses, according to the Finnish National Health Insurance act, hospital stay, bandages, medicine and supports given by medical doctor. The reimbursements paid by KELA (The Social Insurance Institution of Finland) are subtracted from compensations. Travel expenses are covered by least expensive way of transportation between home/place of injury and nearest place of treatment, limited to one return trip only. The condition of the insured is to be taken into consideration. Expenses covering private hospitals/clinics/medical doctors are covered according to the Schedule for insured benefits and premiums and based on FAF contract medical centres at FAF own risk rates for medical doctors. Copies of original receipts must be provided.
- b) **Dental injury**

The Insurers cover dental injury to sound and whole teeth within 2 years from date of injury with insurance value according to insurance policy. The Insurers also cover

first permanent treatment even if this is later than 2 years from date of injury subject to recommendation from dentist or dental technician that treatment should be delayed. Final dental settlement is based on quote by dentist or dental technician within 2 years of date of injury. Dental injury due to eating is not covered.

- c) **Physiotherapy**
Covers necessary treatment on requisition by medical doctor after surgery or plastering.
- d) **Non-agreement private clinics**
Use of private clinics is allowed where considered necessary for the timely healing of the patient and where no alternative is available from another source at chosen FAF contract medical centres at FAF own risk rates for medical doctors. Other private clinics need to be pre-approved by FAF claims administrator.

10 Compensation procedure

The claimant shall submit all documents and information necessary to determine the Insurer's liability. The documents shall be submitted as soon as possible Pax Verum Oy (PL 130, 00171 Helsinki, email vahinko@pvvahingonkasittely.fi, tel. 010 843 9930) who will handle the claims and claims payment on behalf of the Insurer.

A notification of claim shall include the following information:

- Name of the Insured;
- Short description of the loss event;
- Receipts or other evidence of the medical expenses and service charges; and
- Appropriately dated and signed doctor's certificate where necessary

Pax Verum Oy may request other information and documents where needed.

A written claim must be presented to the Insurer within one year of the date on which the claimant was informed on her/his right to compensation, and at the latest, within ten years from the occurrence of the loss event.

CONTINENTAL SCALE

The following Table of Benefits details the Benefits applicable in respect of specific parts of the body with the Percentage Benefit being stated as a percentage of Benefit as detailed in the applicable Schedule of Benefits:-

<u>Disability</u>		<u>Percentage Benefit</u>	
Total disorientation of mind			100%
Loss of bony substance of the skull in all its thickness:-	1) 6 sq.cm. or more		40%
	2) 3 to 6 sq.cm		20%
	3) less than 3 sq.cm.		10%
Loss of Hearing in one ear			30%
<u>Upper Limbs</u>		<u>Right</u>	<u>Left</u>
Complete immobility to shoulder joint		40%	35%
Complete immobility to elbow:-	1) in favourable position (within 15 degrees of right angle)	25%	20%
	2) in unfavourable position	40%	35%
Complete immobility of wrist:-	1) in straight position	20%	15%
	2) in awkward position	30%	25%
Total loss of thumb		20%	15%
Partial loss of thumb: one phalange		10%	6%
Complete immobility of thumb		15%	10%
Total loss of forefinger		15%	10%
Partial loss of forefinger:	1) two phalanges	10%	8%
	2) one phalange	5%	3%
Total loss of any other finger		5%	3%
<u>Lower Limbs</u>		<u>Right or Left</u>	
Loss of half of foot			30%
Complete immobility of hip			40%
Complete immobility of knee			25%
Total or partial loss of kneecap with considerably restricted movement			30%
Total or partial loss of kneecap with full movement preserved			15%
Shortening of lower limb:-	1) by 5 cm. or more		30%
	2) by 3 to 5 cm.		20%
	3) by less than 3 cm.		10%
Loss of big toe			15%
Complete immobility of big toe			10%
Loss of any other toe			3%

Provided that:-

- 1) if the Insured Person is left handed, the Percentage Benefit applicable to the Right Upper Limb shall be deemed to apply to the Left Upper Limb and vice versa.
- 2) the Percentage Benefit payable in respect of any part of the body not specified shall be calculated by the Company in accordance with its severity as compared to those listed in the Table of Benefits without taking into account the Insured Person's Business occupation or pursuits
- 3) the total Benefit payable in respect of each Insured Person for all Bodily Injury arising from one accident shall not exceed 100% of Benefit as stated in the applicable Schedule of Benefits
- 4) the total Benefit payable for more than one of the separate parts of a single body member shall not exceed the Benefit which would have been payable in respect of that entire body member
- 5) if Benefit becomes payable in respect of an entire body member then Benefit for parts of that body member cannot also be claimed
- 6) the amount of Benefit payable for Bodily Injury in respect of any part of the Insured Person's body already affected by a permanent disability shall be reduced by the Percentage Benefit that would have been payable if such pre-existing permanent disability had qualified for Benefit hereunder.

11 Complaints procedure

Insurance broker

**Aon Finland Oy
Mannerheimintie 18
00100 Helsinki**

Insurance broker has organized this insurance on behalf of the insured. There is a fee agreed between FAF and the insurance broker.

Insurance company

**Chubb European Group SE, Finnish Branch (1855034-2)
PL 687, 00101 Helsinki**

Complaints procedure

If the Insured is not satisfied with any aspect of the claims service received from the claims handler Pax Verum Oy, any complaint should be addressed in the first instance to:

Chubb claims department
Chubb European Group SE, Finnish branch
PL 687, 00101 Helsinki
e-mail: Asiakaspalvelu@acegroup.com
Tel: 09 6861 5151

If the Insured is not satisfied with the way a complaint has been dealt with, they should contact:

Chubb Complaints officer
Chubb European Group SE, Finnish branch
PL 687, 00101 Helsinki
e-mail: Asiakaspalvelu@chubb.com
Tel: 09 6861 5151

Please state the nature of the complaint. Quote the policy and/or claim number, the name of any claim handling organization with whom they have been dealing and their reference number.

If the matter is still not resolved to the Insured's satisfaction they may request assistance from:

Kuluttajariitalautakunta
Hämeentie 3
PL 306
00531 HELSINKI
puh. 029 566 5200
kril@oikeus.fi
Website – <http://www.kuluttajariita.fi>

or

Vakuutuslautakunta
Porkkalankatu 1
00180 HELSINKI
Tel: 09 6850 120
fax: 09 6850 1220
info@fine.fi

The Insured may also bring a suit against the Insurer in the Finnish courts in accordance with the applicable Finnish laws.

12 Insurance company information

Chubb European Group SE, branch in Finland, is registered with the Registry of the National Board of Patents and Registration of Finland with the corporate registration number 1855034-2, and the visiting address Museokatu 8, 00100 Helsinki. Chubb European Group SE is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre and the following registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Chubb European Group SE has fully paid share capital of € 896,176,662 and is supervised by the Autorité de contrôle prudentiel et de résolution (ACPR) 4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09. The branch's operations are also subject to supervision by the Finnish FSA (Finanssivalonta).

13 Data protection

Chubb uses personal information which you supply to us, in order to write and administer this Policy, including any claims arising from it.

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

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

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

This section represents a condensed explanation of how Chubb uses your personal information. For more information, Chubb strongly recommends you read Chubb user-friendly Master Privacy Policy, available at: <https://www2.chubb.com/uk-en/footer/privacy-policy.aspx>.

You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at: dataprotectionoffice.europe@chubb.com.

14 Sanctions clause

Chubb shall not be deemed to provide cover and insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose insurer, or its parent company Chubb Limited, to any sanction, prohibition or restriction implemented pursuant to resolutions of the United Nations or the trade and economic sanctions, laws or regulations of the European Union, United Kingdom, Finland or United States of America.

15 Applicable law

The policy is subject to the terms and conditions of the Policy Wording as well as the Finnish Insurance Contract Act and other Finnish law.