

Form for the Special Terms and Conditions of Insurance for EURO26 POLSKA Cardholders
Information prepared in accordance with Article 17 (1) of the Act of 11 September 2015 on Insurance
and Reinsurance Activity (ustawa z dnia 11 września 2015 r. o działalności ubezpieczeniowej
i reasekuracyjnej)

Type of information	Sectioning numbering of the contract template
Conditions for payment of indemnity and other benefits or the surrender value	§ 4 (1) and (2)
	§ 5 (1)
	§ 6
	§ 7 (1)
	§ 8 (1)
	§ 9
	§ 10
	§ 14
	§ 19
	taking into account the definitions contained in § 2
	Limitations and exclusions of insurer's liability entitling it to refuse to pay indemnity or other benefits or to reduce them
§ 7 (2–4)	
§ 11 (3–6)	
§ 13	
§ 16 (2)	
§ 18	
§ 21 (2)	
§ 23	
§ 25	
§ 28 (4)	
§ 29	
taking into account the definitions contained in § 2	

CHAPTER I

General Provisions

§ 1

Special Terms and Conditions of Insurance for EURO26 POLSKA Cardholders shall apply to the Group Insurance Contract for EURO26 Cardholders between UNIQA Towarzystwo Ubezpieczeń S.A. and the Youth Projects Foundation.

§ 2

Whenever the following terms are used in the STCI, they shall be understood as:

- 1) **amateur summer and winter sports** – practicing recreationally in summer or winter conditions in designated places (on slopes, trails, bodies of water) the following sports: skiing, snowboarding, surfing, windsurfing, kitesurfing, wakeboarding, as well as team building activities;
- 2) **declaration of accession** – a statement of intent of the EURO26 Cardholder to join the insurance contract submitted to the policyholder;
- 3) **insurance document** – EURO26 Card with a certificate for it, if the EURO26 Cardholder submits a declaration to join the insurance contract;
- 4) **disability** – permanent impairment of the Insured Party's bodily functions as defined in the table of disability contained in § 6 of the STCI;
- 5) **EURO26 Card** – a card confirming an individual's membership in the Youth Projects Foundation Club as a member, issued in the following versions: POLSKA, POLSKA EXTRA, POLSKA SPORT, or POLSKA SPORT EXTRA;
- 6) **rehabilitation costs** – costs incurred by the Insured Party in the Republic of Poland (hereinafter also: RP) for rehabilitation treatments and consultations recommended by the attending physician, as well as the rental or purchase of minor rehabilitation and orthopaedic equipment recommended and entered in the medical records;
- 7) **accident** – a sudden incident which takes place while the Company is liable, resulting from an external cause, due to which the Insured Party or the Co-Insured Party suffered, regardless to their will, permanent health damage or disorder of health, or death;
- 8) **bodily injury** – damage to the Insured Party's organs or organ systems resulting from an accident;
- 9) **next of kin** – spouse, cohabitant, common-law partner, children (including adopted), siblings, and parents of the Insured Party;
- 10) **hospital stay** – an uninterrupted stay of at least 24 hours of the Insured Party in a hospital for treatment of bodily injuries suffered; under the STCI, the period of hospital stay begins on the day the Insured Party is admitted to the hospital and ends on the day the Insured Party is discharged from the hospital;
- 11) **EURO26 Cardholder** – a person who is at least 5 years old on the date of joining the Youth Projects Foundation Club, and is under 30 years old;
- 12) **extreme sports** – sports disciplines, the practice of which requires above-average skills, courage, and action under high-risk conditions, in particular air sports (skydiving, jumping from high buildings or rocks, paragliding, gliding, piloting any powered aircraft), and mountain biking, caving, ski jumping, mogul skiing, acrobatic ski jumping, heliskiing;
- 13) **high-risk sports** – motor sports (on quads, snowmobiles, and other land vehicles), motorboat sports (watercraft, jet skis, motorboats, and other water sports that use powered watercraft), horseback riding, polo, hunting, scuba diving with air apparatus, freediving, rafting or other water sports practiced on mountain rivers, mountaineering, rock climbing, martial arts and all types of defensive sports, trekking at an altitude of more than 3,500 metres above sea level, staying at an altitude of more than 3,500 metres above sea level, skiing or snowboarding outside of ski slopes designated for this purpose;
- 14) **sum insured** – the upper limit of the Company's liability set for individual risks;
- 15) **STCI** – Special Terms and Conditions of Insurance for EURO26 POLSKA Cardholders;
- 16) **hospital** – an inpatient care facility operating in accordance with relevant laws and regulations, the purpose of which is to provide round-the-clock medical care, treatment and surgical procedures by qualified nursing and medical staff; within the meaning of the STCI, a hospital is not considered to be an assisted living facility, a facility for the mentally ill, a hospice, an alcohol, drug, medication and other addiction treatment facility, a sanatorium, a resort, a spa, or a rehabilitation centre;
- 17) **Company** – UNIQA Towarzystwo Ubezpieczeń S.A. with its registered office in Warsaw, Poland;
- 18) **Policyholder** – Youth Projects Foundation;
- 19) **Insured Party** – EURO26 Cardholder who has joined the insurance contract;
- 20) **stroke** – sudden, permanent damage to brain tissue as a result of extravasation of blood, ischemia, or embolism of an intracranial artery with material from the bloodstream, resulting in neurological deficits lasting no less than 24 hours and confirmed by a medical examination; episodes of transient ischemia of the central nervous system (CNS) or a stroke not resulting in permanent loss of CNS function are not considered a stroke within the meaning of the STCI; diagnosis of permanent damage to the CNS must be confirmed by an examination by a specialist in neurology and the result of a CT or MRI scan no earlier than 8 weeks after the first symptoms;
- 21) **insurance contract** – Group Insurance Contract for Euro Cardholders concluded between the Policyholder and the Company;
- 22) **Beneficiary** – a person entitled to receive a benefit in the event of the Insured Party's death, designated by name by the Insured Party; if there are no Beneficiaries at the time of the Insured Party's death or all Beneficiaries have forfeited their right to the benefit, the persons entitled to receive the benefit are listed below in the following order:
 - a) spouse – in full, and in the absence thereof
 - b) children – in equal shares in the absence of a spouse, and in their absence
 - c) parents – in equal shares in the absence of a spouse and children, and in their absence
 - d) siblings – in equal shares, in the absence of a spouse, children and parents, and in their absence
 - e) heirs – in the parts in which they inherit from the Insured Party, in the absence of a spouse, children, parents, and siblings;
- 23) **health impairment** – permanent impairment of the Insured Party's bodily functions determined by percentage based on the table of impairments contained in § 7 of the STCI;
- 24) **loss** – amputation or complete and permanent loss of function of an organ;
- 25) **congenital defect** – arising during intrauterine life, present at birth, internal or external morphological abnormality;
- 26) **performance of work** – undertaking of activities by the Insured Party for profit; performance of work within the meaning of the STCI is also understood as non-profit activity (volunteer work, apprenticeship);
- 27) **myocardial infarction** – diagnosis of necrosis of a part of the myocardium caused by sudden interruption of blood supply to a specific area of the myocardium; the diagnosis must be based on the finding of an increase or decrease in the concentration of cardiac biomarkers in the blood (troponin I, troponin T or CK-MB), with at least one value exceeding the 99th percentile of the upper reference limit range, with coexistence of at least one of the following clinical exponents of myocardial ischemia:
 - a) typical clinical signs of myocardial infarction,
 - b) one of the following ECG signs indicating fresh myocardial ischemia: newly formed ST-T elevation or depression, T-wave inversion, new pathological Q-waves, or newly formed left His bundle branch block;insurance coverage does not include other acute coronary syndromes;
- 28) **professional and competitive sports** – practicing sports regularly and intensively, i.e. participating in training, competitions, and conditioning camps within the framework of membership in sports clubs, as well as deriving income from the sport practiced, as well as participating in expeditions to places characterised by

extreme climatic or natural conditions or in expeditions, i.e. organised expeditions aimed at accomplishing set tasks of a sporting or scientific nature;

- 29) **insured event** – an accident (in personal accident insurance) and an act or failure to act on part of the Insured Party that caused damage (in private life and sports liability insurance), respectively.

Subject and Scope of Insurance

§ 3

- The subject of insurance for EURO26 Cardholders in POLSKA or POLSKA EXTRA version are:
 - results of accidents;
 - civil liability of the Insured Party in private life.
- The subject of insurance for EURO26 Cardholders in POLSKA SPORT or POLSKA SPORT EXTRA version are:
 - results of accidents;
 - civil liability of the Insured Party in private life;
 - civil liability of the Insured Party related to sports activities.
- In addition, the EURO26 Cardholder (regardless of version), upon payment of an additional premium, may be covered for rehabilitation costs arising from the consequences of an accident.
- The POLSKA, POLSKA EXTRA, POLSKA SPORT, and POLSKA SPORT EXTRA versions of the insurance differ in terms of insurance coverage, sums insured and sports activities insurance.
- The insurance version is indicated in the insurance document.

CHAPTER II

A. RESULTS OF ACCIDENTS

Subject and Scope of Insurance

§ 4

- The subject of insurance are results of accidents of the Insured Party during their stay in the Republic of Poland, resulting in injury, disability, health impairment, or death.
- The Company undertakes to pay benefits in the event of:
 - death of the Insured Party in result of an accident;
 - disability of the Insured Party in result of an accident;
 - health impairment of the Insured Party in result of an accident;
 - stay of the Insured Part in a hospital as a result of an accident;
 - costs of purchase or repair of prostheses and aids for the Insured Party following an accident;
 - costs of rehabilitation of the Insured Party in result of an accident – upon payment of an additional premium (additional option).
- The Company shall pay the benefits referred to in paragraph 2 up to the amount of accident insurance.

Types of benefits

§ 5

Benefit due to the death of the Insured Party in result of an accident

- If the Insured Party dies as a result of an accident, and the death occurs within 180 days from the date of the accident, the Company will pay the benefit to the Beneficiary in the amount of the sum insured for death in result of an accident.
- The benefit for death in result of an accident shall be paid to the beneficiary after submitting to the Insurance Company a death certificate, a medical certificate on the cause of death, or a death card, a document confirming the identity of the beneficiary, and other documents indicated by the Insurance Company, necessary to properly consider the claim, especially to establish a causal link between the death of the Insured Party and the personal accident and its circumstances.

§ 6

Disability benefit for the Insured Party in result of an accident

If the Insured Party suffers a disability in result of an accident, the Insurance Company shall pay the Insured Party a benefit in the amount result-

ing from multiplying the sum insured for disability due to an accident by the percentage of disability suffered, as determined by a physician appointed by the Insurance Company, determined in accordance with the disability table below. The adjudicated percentage of disability for each type of disability resulting from one accident shall be aggregated, however, the sum of the adjudicated percentage of disability for one accident shall not exceed 100%.

Disability Table

Type of disability	Percentage of disability
Total blindness of both eyes	100%
Total blindness of one eye or enucleation of the eyeball	40%
Total deafness	50%
Deafness in one ear	20%
Loss of speech (includes complete loss of language and motor and sensory aphasia)	40%
Permanent hemiplegia or paralysis of the lower limbs	100%
Paresis of one limb	40%
Four limb palsy – permanent	100%
Paralysis of two upper or lower limbs – permanent	90%
Permanent quadriplegia or two upper limbs or two lower limbs	80%
Loss of both lower limbs	100%
Loss of lower limb at the hip	75%
Loss of lower limb at the thigh	70%
Loss of a lower limb at the knee joint	65%
Loss of a lower limb at the shin	60%
Loss of the whole foot	50%
Metatarsal loss	25%
Loss of a big toe	10%
Loss of toes II–IV, for each toe	4%
Loss of both upper limbs	100%
Loss of an upper limb at the shoulder	75%
Loss of an upper limb at the brachium	70%
Loss of the upper limb at the elbow joint	65%
Loss of an upper limb at the forearm	60%
Loss of an upper limb at the wrist	50%
Loss of thumb	15%
Loss of fingers II–IV, for each finger	5%

§ 7

Benefit for health impairment of the Insured Party as a result of an accident

- If the Insured Party suffers an injury as a result of an accident that is not considered a disability as defined in § 2 (4) and § 6 of the STCI, but constitutes a health impairment as defined in § 2 (23) of the STCI, the Insurance Company shall pay a benefit to the Insured Party in the amount resulting from multiplication of the sum insured for permanent health impairment as a result of an accident by the percentage of health impairment suffered, as determined by a physician appointed by the Insurance Company, determined in accordance with the impairment table below, provided that:
 - for EURO26 Cards in the POLSKA version, Tables No. 2A and 2B apply;
 - for EURO26 Cards in the POLSKA EXTRA, POLSKA SPORT and POLSKA SPORT EXTRA versions, Tables 2A, 2B and 2C apply.

Table no. 2A – assessment of permanent health impairment as a result of an accident

Item	Type of impairment	Percentage of permanent health impairment
I. HEAD INJURIES		
1.	Damage to the bones of the vault and base of the skull depending on the extent of the injury, indentation, fragmentation	1–10
2.	Losses in the bones of the cranial vault with a total area – depending on the size:	
a)	less than 10 cm ²	1–10
b)	10 to 50 cm ²	11–15
c)	over 50 cm ²	16–25
NOTE: If the resulting bone loss has been repaired by plastic surgery with good results, the percentage of permanent impairment, assessed according to the above rule, should be reduced by half.		
II. FACIAL INJURIES		
3.	Fractures of the nasal bones, nasal septum, damage to the cartilaginous part:	
a)	visible, disfiguring deformation of the nose, persisting after correction, without breathing disorders or dysosmia – depending on the extent of the damage	1–5
b)	damage to the cartilage-bone structure of the nose with breathing disorders persisting after correction – depending on the extent of the damage and the degree of breathing disorders	6–15
c)	damage to the cartilaginous and bony structure of the nose with breathing disorders and dysosmia, persisting after correction – depending on the degree of disorders	10–20
d)	loss of a significant part of the nose or total loss (including the nasal bones)	20–30
4.	Loss of teeth:	
a)	permanent incisors and canines – for each tooth:	
–	partial crown loss (less than ½ of the crown)	0,5
–	total loss of the crown with preservation of the root (at least ½ of the crown)	1
–	total loss of the tooth including the root	2
b)	other teeth – for each tooth:	
–	loss of the crown (at least ½ of the crown)	0,5
–	total loss of the tooth including the root	1
5.	Fractures of orbital bones, maxillary bones, zygomatic bones, depending on fusion in displacement, permanent deformities, bite asymmetry, impaired mastication, sensory impairment:	
a)	mild	1–5
b)	severe	6–10
6.	Fractures of the mandible with fragment displacement:	
a)	without mandibular-temporal joint dysfunction	3
b)	with mandibular-temporal joint dysfunction	8
III. CHEST INJURIES		
7.	Fractures of (at least two) ribs:	
a)	with deformities and without reduction of respiratory capacity	1–5

Item	Type of impairment	Percentage of permanent health impairment
b)	with moderate degree of restriction of thoracic mobility – with slight reduction in respiratory capacity – depending on the degree of reduction in respiratory capacity	6–10
c)	with medium degree of restriction of thoracic mobility – with medium degree of reduction in respiratory capacity – depending on the degree of reduction in respiratory capacity	11–25
d)	with a significant degree of restriction of thoracic mobility, with a significant reduction in respiratory capacity – depending on the degree of reduction in respiratory capacity	26–40
8.	Sternal fracture:	
a)	without deformity, with confirmed chronic pain syndrome	1–3
b)	with a fusion in the displacement, depending on the degree of deformity and discomfort	3–10
9.	Lung and pleural damage (pleural adhesions, lung tissue damage, lung tissue defects, foreign bodies, etc.):	
a)	lung and pleural damage without features of respiratory failure	1–5
b)	with minor symptoms of respiratory failure – depending on the degree of reduction in respiratory capacity	5–10
c)	with symptoms of medium respiratory failure – depending on the degree of reduction in respiratory capacity	10–25
d)	with significant respiratory failure – depending on the degree of reduction in respiratory capacity	20–40
NOTE: The degree of lung tissue damage and reduction in respiratory capacity has to be confirmed by a spirometry test and an X-ray.		
IV. ABDOMINAL INJURIES		
10.	Damage to the stomach, intestines, omentum, mesentery of the intestine:	
a)	requiring surgical treatment, without gastrointestinal dysfunction	1–5
b)	with a minor degree of functional impairment and sufficient nutritional status – depending on the degree of nutritional status impairment	6–10
c)	with digestive disorders and insufficient nutritional status – depending on the severity of the nutritional status disorder	11–40
11.	Damage to the anus, anal sphincter causing permanent total incontinence of faeces and gas	60
12.	Damage to the spleen:	
a)	loss in people over the age of 18	15
b)	loss in people under the age of 18	20
13.	Damage to the liver, biliary tract, pancreas – depending on complications and dysfunction:	
a)	without functional impairment, post-traumatic loss of gallbladder	1–5
b)	Child-Pugh grade A liver dysfunction, minor exocrine pancreatic dysfunction or loss of part of the organ	6–15

Item	Type of impairment	Percentage of permanent health impairment
c)	Child-Pugh grade B liver dysfunction, moderate degree of pancreatic extra- and endocrine dysfunction or loss of a significant portion of the organ	16–40
d)	Child-Pugh grade C liver dysfunction, severe extra- and endocrine pancreatic dysfunction	41–60
V. DAMAGE TO GENITOURINARY ORGANS		
14.	Damage to one or both kidneys causing impairment of their function – depending on the severity of the function impairment	5–25
15.	Loss of one kidney when the other kidney is healthy and functions properly	30
16.	Loss of one kidney and impairment of the function of the other kidney – depending on the degree of impairment of the function of the remaining kidney	35–75
17.	Damage to the bladder – depending on the degree of reduction in its capacity, urination disorders:	
a)	requiring surgical treatment, without dysfunction	3–5
b)	minor and moderate impairment of function	6–15
c)	significant degree of dysfunction	16–30
18.	Total penile loss	40
19.	Damage to or loss of one testicle, ovary and other structures of the reproductive system (not included in the following sections of the table) – depending on the degree of damage and functional impairment:	
a)	under 50 years of age	2–20
b)	over 50 years of age	1–10
20.	Loss of both testicles:	
a)	under 50 years of age	40
b)	over 50 years of age	20
VI. SPINAL INJURIES		
21.	Bone and ligamentous injury of the cervical spine confirmed by additional examinations (functional X-ray, CT, MRI):	
a)	with up to 25% mobility impairment	3
b)	with 26–50% mobility impairment	10
c)	with 51–75% mobility impairment	17
d)	with more than 75% mobility impairment	25
22.	Bone and ligamentous damage to the thoracic spine (Th1–Th10) confirmed by additional examinations (X-ray, CT, MRI):	
a)	with up to 50% mobility impairment	5
b)	with more than 50% mobility impairment	15
23.	Bone and ligamentous damage to the thoracolumbar spine (Th11–L5) confirmed by additional examinations (X-ray, CT, MRI):	
a)	with up to 25% mobility impairment	4
b)	with 26–50% mobility impairment	10
c)	with more than 50% mobility impairment	20
VII. PELVIC INJURIES		
24.	Fracture of the pelvis with interruption of the pelvic girdle, single or multiple locations – depending on the deformity and gait impairment:	

Item	Type of impairment	Percentage of permanent health impairment	
a)	unilateral in the anterior segment (pubic bone, pubic bone and ischium)	1–10	
b)	bilateral in the anterior segment	5–15	
c)	in the anterior and posterior segments (Malgaigne type)	10–30	
d)	in the anterior and posterior segments bilaterally	20–40	
25.	Isolated fractures of the pelvic bones and sacrum without disruption of the lower limb rim:		
a)	single-location fracture of the pelvic bones (e.g., fracture of one branch of the pubic bone or ischium), sacrum – without significant deformity and with minor functional impairment	1–3	
b)	single-location fracture of the pelvic bones (e.g., fracture of one branch of the pubic bone or ischium), sacrum – with deformity and functional impairment	4–8	
c)	multiple fractures of the pelvic and/or sacral bones – without significant deformity and with minor functional impairment	2–7	
d)	multiple fractures of the pelvic and/or sacral bones with deformity and impaired function	5–15	
VIII. INJURIES TO THE UPPER LIMB			
SCAPULA		Right (dominant)	Left
26.	Fracture of a scapula:		
a)	fracture of the scapula with slight displacement and minor impairment of limb function	1–5	1–3
b)	fracture of the scapula with pronounced displacement and slight impairment of the limb's function – with restriction of mobility up to 30% – depending on the degree of impairment of the limb	6–12	4–9
c)	fracture of the scapula with pronounced displacement and moderate impairment of limb function – with 31–50% limitation of mobility – depending on the degree of impairment of the limb	13–20	10–15
d)	fracture of the scapula with pronounced displacement and significant impairment of limb function – with restriction of mobility of more than 50% – depending on the degree of impairment of the limb	21–40	16–30
CLAVICLE		Right	Left
27.	The condition after defective healing of a clavicle fracture depending on the degree of deformity and limitation of mobility:		
a)	minor deformity with up to 20% restriction of mobility of the scapular joint	1–8	1–6
b)	deformity with pronounced restriction of mobility of the scapular joint above 20%	9–20	7–15
SHOULDER – SCAPULAR JOINT		Right	Left
28.	Fractures – of the head, proximal epiphysis of the humerus – depending on the restriction of movement, displacement and deformity of the fractured head of the humerus, etc.:		
a)	minor lesions with up to 30% mobility limitation	1–11	1–7

Item	Type of impairment	Percentage of permanent health impairment	
b)	medium lesions with mobility limitation in the range of 31–50%	12–19	8–14
c)	significant lesions with mobility limitation of more than 50%	20–35	15–30
ARM		Right (dominant)	Left
29.	Fracture of the shaft of the humerus – depending on displacement, restrictions of movement in the scapular joint:		
a)	impaired function of the limb with limited mobility in the scapular or elbow joint up to 30%	1–15	1–10
b)	impaired function of the limb with restricted mobility at the scapular or elbow joint of more than 30%	16–30	11–25
ELBOW JOINT		Right (dominant)	Left
30.	Fractures in the elbow (distal epiphysis of the humerus, proximal epiphysis of the radius and ulna) – depending on the disruption of the axis, restriction of movement in the elbow joint:		
a)	minor lesions with up to 20% mobility limitation	1–5	1–4
b)	medium lesions with mobility limitation in the range of 21–50%	6–15	5–10
c)	large lesions with mobility limitation of more than 50%	16–30	11–25
FOREARM		Right (dominant)	Left
31.	Fractures of the distal epiphyses of one or both forearm bones, causing restrictions of wrist mobility and deformity – depending on the degree of functional impairment:		
a)	minor lesions with up to 30% mobility limitation	1–6	1–5
b)	medium lesions with 31–60% mobility limitation	7–15	6–10
c)	large lesions with mobility limitation of more than 60%	16–25	11–20
32.	Fractures of the shafts of one or both bones of the forearm – depending on the deformity and functional impairment:		
a)	slight lesions	1–6	1–5
b)	moderate lesions	7–15	6–10
c)	significant lesions, secondary and other	16–30	11–25
WRIST		Right (dominant)	Left
33.	Fracture of the carpal bones – depending on deformity, instability, functional impairment and other secondary changes:		
a)	minor lesions with up to 30% mobility limitation	1–6	1–5
b)	medium lesions with 31–60% mobility limitation	7–15	6–10
c)	large lesions with mobility limitation of more than 60%	16–25	11–20
METACARPUS		Right	Left
34.	Fracture of the metacarpal bones – depending on the deformity and impairment of the function of the hand, fingers and other secondary changes:		

Item	Type of impairment	Percentage of permanent health impairment	
a)	1st metacarpal bone (depending on the function of the thumb):		
–	with up to 30% mobility impairment	1–6	1–5
–	with 31–60% mobility impairment	7–12	6–9
–	with more than 60% mobility impairment	13–20	10–15
b)	2nd metacarpal bone (depending on the mobility of the index finger):		
–	with up to 30% mobility impairment	1–5	1–3
–	with 31–60% mobility impairment	6–9	4–6
–	with more than 60% impairment	10–15	7–10
c)	3rd metacarpal bone (depending on the mobility of the 3rd finger and other secondary lesions):		
–	with 20–50% mobility impairment	1–2	1
–	with more than 50% mobility impairment	3–5	2–4
d)	4th, 5th metacarpal bones (depending on the mobility of the respective fingers and other secondary lesions) – evaluation separately for each metacarpal bone:		
–	with 20–50% mobility impairment	1–2	1
–	with more than 50% mobility impairment	3–4	2
THUMB		Right (dominant)	Left
35.	Fracture of the thumb – depending on the impairment of thumb mobility and hand function and secondary lesions:		
a)	minor lesions with up to 25% mobility limitation	1–5	1–3
b)	medium lesions with 26–50% mobility limitation	6–10	4–8
c)	significant lesions with 51–75% mobility limitation	11–15	9–12
d)	very significant lesions with mobility restriction of more than 75%	16–20	13–15
INDEX FINGER		Right (dominant)	Left
36.	Fracture in the index finger – depending on deformity, sensory impairment, restriction of finger movement, impairment of hand function, joint contractures and other secondary lesions – depending on the degree:		
a)	minor lesions with up to 20% mobility limitation	1–3	1–2
b)	medium lesions with 21–40% mobility impairment	4–6	3–4
c)	significant lesions with 41–70% mobility impairment	7–11	5–7
d)	very significant lesions with mobility impairment of more than 70%	12–15	8–10
THIRD, FOURTH AND FIFTH FINGER		Right (dominant)	Left
37.	Fractures of the 3rd, 4th, or 5th finger – depending on deformities, sensory impairment, finger mobility impairment, joint contractures and other secondary lesions – for each finger depending on the degree:		
a)	3rd finger		
–	up to 50% mobility impairment without secondary lesions	1–2	1–2

Item	Type of impairment	Percentage of permanent health impairment	
	– more than 50% mobility impairment without secondary lesions	3–5	3–4
	– up to 50% mobility impairment with secondary lesions	1–5	1–4
	– more than 50% mobility impairment with secondary lesions	6–10	5–8
b)	4th and 5th finger:		
	– up to 50% mobility impairment without secondary lesions	1–2	1
	– more than 50% mobility impairment without secondary lesions	3–4	2
	– up to 50% mobility impairment with secondary lesions	1–4	1–2
	– more than 50% mobility impairment with secondary lesions	5–8	3–4

IX. INJURIES TO THE LOWER LIMB

HIP JOINT

38. Fracture of the acetabulum of the hip joint, fractures of the proximal femoral epiphysis, fractures of the femoral neck, trochanteric fractures, traumatic femur epiphyseolysis – depending on the degree of mobility impairment, deformity and secondary lesions:

a)	minor lesions with up to 30% mobility limitation	2–12
b)	medium lesions with 31–60% mobility limitation	13–24
c)	large lesions with mobility limitation of more than 60%	25–40

THIGH

39. Fracture of the femur – depending on deformity, shortening, mobility impairment at the hip and knee, gait disturbance, limb dysfunction and other secondary lesions:

a)	shortening in the range of 1–3 cm without secondary lesions	5–10
b)	shortening in the range of 3.1–5 cm without secondary lesions	11–20
c)	shortening of more than 5 cm without secondary lesions	21–30
d)	minor lesions with shortening up to 3 cm	10–15
e)	medium lesions with shortening in the range of 3.1–5 cm, medium gait impairment	16–29
f)	significant lesions with shortening of more than 5 cm, severe gait impairment	30–40

KNEE

40. Fractures of the bones that make up the knee joint – depending on deformities, contractures, mobility impairment, joint stability and other secondary lesions:

a)	loss of mobility in the range of 0–40° for every 2° of loss of movement	1
b)	loss of mobility in the range of 41–90° for every 5° of loss of movement	1
c)	loss of mobility in the range of 91–120° for every 10° of loss of movement	1

SHINS

41. Fracture of the shin bones depending on deformity, shortening, mobility impairment in the ankle and knee joint and other secondary lesions:

Item	Type of impairment	Percentage of permanent health impairment
a)	shortening in the range of 1–3 cm without secondary lesions	3–10
b)	shortening in the range of 3.1–5 cm without secondary lesions	11–20
c)	shortening of more than 5 cm without secondary lesions	21–30
d)	minor lesions with shortening in the range of 0–3 cm	5–15
e)	medium lesions with shortening in the range of 3.1–5 cm	16–29
f)	large lesions with shortening of more than 5 cm	30–40
42.	Isolated fibula fracture – depending on displacement, deformity, impairment of limb function	1–3

ANKLE JOINT AND SUBTALAR JOINT, FOOT

43. Fractures of the distal epiphyses of the shinbone, ankle bone or heel bone – depending on the persistent discomfort and limitation of function:

a)	minor lesions with up to 20% mobility limitation	1–4
b)	medium lesions with mobility limitation in the range of 21–50%	5–10
c)	large lesions with mobility limitation of more than 50%	11–20

44. Fractures of the tarsal bones – depending on displacement, deformation of the foot:

a)	minor lesions with up to 20% mobility impairment	1–4
b)	medium lesions with 21–50% mobility impairment	5–10
c)	significant lesions with mobility impairment of more than 50%	11–20

45. Fractures of metatarsal bones – depending on displacement, deformation of the foot, static-dynamic disorders and other secondary lesions:

a)	1st or 5th metatarsal bone:	
	– minor lesions without deformation	1–4
	– significant lesions, deformation, foot mobility impairment	5–10
b)	2nd, 3rd, or 4th metatarsal bone:	
	– slight lesions	1–3
	– significant lesions with deformation and limited mobility of the foot	4–7
c)	fractures of three and more metatarsal bones – depending on deformities and functional disorders	3–15

TOES

46. Fracture of the big toe – depending on the extent of the lesion and mobility impairment:

a)	minor lesions with up to 30% mobility limitation	1–2
b)	medium lesions with mobility limitation in the range of 31–50%	3–4
c)	large lesions with mobility limitation of more than 50%	5–7

47. Fracture of the 2nd, 3rd, 4th, and 5th toe

Table no. 2B

Assessment of permanent health impairment as a result of an accident – burns, frostbite	Percentage of permanent health impairment
1. 2nd degree burn of less than 1% of total body surface area (TBSA)	1
2. 2nd degree burn of 1–2% of total body surface area (TBSA)	2
3. 2nd degree burn of 3–14% of total body surface area (TBSA)	6
4. 2nd degree burn of 15–30% of total body surface area (TBSA)	12
5. 2nd degree burn of more than 30% of total body surface area (TBSA)	35
6. 3rd degree burn of less than 1% of total body surface area (TBSA)	2
7. 3rd degree burn of 1–2% of total body surface area (TBSA)	5
8. 3rd degree burn of 3–10% of total body surface area (TBSA)	10
9. 3rd degree burn of 11–30% of total body surface area (TBSA)	25
10. 3rd degree burn of more than 30% of total body surface area (TBSA)	50
11. Respiratory burn treated in hospital	25
12. 2nd–3rd degree frostbite° of one finger or toe	1
13. 2nd–3rd degree frostbite° of more than one finger or toe	4
14. 2nd–3rd degree frostbite of the nose or auricle	4

Table no. 2C

Assessment of permanent health impairment as a result of an accident – dislocations	Percentage of permanent health impairment
CLAVICLE	
Dislocation of the acromioclavicular joint or sternoclavicular joint	
a) I°	1,5
b) II°	3,0
c) III°	4,5
SHOULDER	
Dislocation of the shoulder joint except habitual dislocations	
	6,5
Sprain of the shoulder joint	
	3,0
ELBOW JOINT	
Dislocation of the elbow joint	
	5,0
Sprain of the elbow joint	
	3,0
WRIST	
Dislocation of the wrist bone	
	5,5
Sprain of the wrist	
	1,5
1st–5th fingers	
Dislocation of the interphalangeal or metacarpophalangeal joints	
	1,5
Sprain of the interphalangeal or metacarpophalangeal joints	
	0,5

Assessment of permanent health impairment as a result of an accident – dislocations	Percentage of permanent health impairment
HIP	
Dislocation of the hip joint	
	20
KNEE	
a) damage to one collateral or cruciate ligament as a result of a knee sprain	5
b) damage to two ligaments – collateral or cruciate ligaments as a result of a knee sprain	8
c) damage to three or more ligaments – cruciate or collateral as a result of a knee sprain	12
d) total knee joint dislocation	12–20
FOOT – TALOCRURAL JOINT AND SUBTALAR JOINT	
a) ankle joint sprain	3
b) total ankle joint dislocation	10
c) total dislocation of the joints of the foot, excluding metatarsophalangeal joints and toe joints	6
TOES	
a) dislocation of metatarsophalangeal joints and toe joints	1,5
b) sprain of metatarsophalangeal joints and toe joints	0,5

- The adjudicated percentage of impairment of each type in result of a single accident shall be aggregated, but the sum of the adjudicated percentage of impairment for a single accident shall not exceed 100%.
- In the event that injuries to different organs qualify for payment under both disability in result of an accident and permanent health impairment in result of an accident, the amount of benefits due shall be aggregated.
- If the Insured Party has received a permanent health impairment benefit following an accident, and the injury suffered subsequently results in disability in result of an accident, then the benefit due for disability will be paid if it is higher than the benefit paid to the Insured Party for permanent health impairment, with the amount of the benefit paid for permanent health impairment being reduced by the amount of the benefit paid for permanent health impairment.

§ 8

Benefit for hospital stay of the Insured Party as a result of an accident

- If the Insured Party is hospitalised as a result of an accident, the Insurance Company will pay the Insured Party a one-time hospital stay benefit in the amount shown in the table below:

Table of benefits for hospital stay

Type of benefit	One-off benefit amount
Hospital stay of no more than 7 days	PLN 80
Hospital stay of more than 7 days	PLN 160

- Entitlement to a hospital stay benefit is determined on the basis of medical records, in particular, the hospital treatment information sheet.

§ 9

Benefit for the cost of purchase or repair of prostheses and aids for the Insured Party arising from an accident

The Insurance Company shall reimburse the Insured Party for expenses incurred by the Insured Party for the repair or acquisition of prostheses and aids, provided that the repair or acquisition was recommended by a physician following the accident. Expenses shall be reimbursed on the basis of receipts or invoices documenting expenses for the repair or purchase of prostheses and aids, in the amount shown in these documents.

§ 10

Benefit for the Insured Party's rehabilitation costs resulting from an accident

The Insurance Company shall reimburse the Insured Party for rehabilitation expenses incurred by the Insured Party resulting from the consequences of the accident, provided that they are incurred within 12 months from the date of the accident. Cost reimbursement is made on the basis of receipts or invoices documenting rehabilitation expenses, in the amount shown in these documents.

Determination of benefits

§ 11

1. The type and percentage of health impairment or disability shall be determined after the completion of the treatment and rehabilitation process, however, if the treatment or rehabilitation has not been completed within 360 days from the date of the accident, the Insurance Company shall, at the request of the Insured Party, determine the type and percentage of health impairment or disability before the completion of the treatment and rehabilitation, provided that the degree of health impairment or disability is indisputable.
2. The type and percentage of impairment or disability shall be determined on the basis of medical records and, in doubtful cases, on the basis of medical examinations ordered by the Company and conducted by a physician designated thereby. The cost of ordered examinations shall be borne by the Insurance Company.
3. The next benefit payable for health impairment or disability cannot be higher than the amount of the benefit resulting from the difference between the amount of the benefit payable in the case of 100% health impairment or disability and the sum of benefits paid to date for health impairment resulting from the accident.
4. In case of loss of or damage to an organ, or system, the functions of which were already limited due to illness or disability before the accident, the degree of permanent impairment shall be determined by the difference between the degree of permanent impairment applicable to the organ, or system after the accident and the degree of permanent impairment existing before the accident.
5. If the Insured Party died for reasons unrelated to the accident, and the degree of permanent impairment or disability has not been previously determined, the determination of the degree shall be made by physicians appointed by the Insurance Company.
6. If the Insured Party has suffered permanent health impairment or disability as a result of an accident and subsequently dies as a result of the same accident, the Insurance Company shall pay only the death benefit. If the Insurance Company has paid a benefit for permanent health impairment or disability in result of an accident to the Insured Party, the amount of the benefit for death as a result of an accident shall be the difference between the sum insured for death as a result of an accident and the amount of the benefit for permanent health impairment or disability as a result of an accident already paid.

Sums insured for the consequences of an accident

§ 12

The sums insured for the consequences of an accident for individual insurance options are specified in the table in § 25 (3) of the STCI.

Limitations of liability

§ 13

1. Notwithstanding the general exclusions referred to in § 29 of the STCI, the Company shall not be liable in the event of:
 - 1) the Insured Party undergoing procedures of a medical nature, unless the performance of such procedures was related to the treatment of the consequences of accidents and was ordered by a physician;
 - 2) poisoning by solid or liquid substances that have ingested orally
 - 3) occupational disease or other diseases, even those occurring suddenly or manifesting themselves after the occurrence of an accident;
 - 4) disruption of pregnancy or childbirth;

- 5) the Insured Party driving a vehicle or other means of transport by without required licences;
 - 6) congenital defects or tropical diseases;
 - 7) infections, with the proviso that coverage exists if the Insured Party has been infected with a pathogenic virus or bacteria as a result of wounds sustained in an accident, whereby wounds sustained in an accident do not include insignificant abrasions of the epidermis or mucous membranes; the consequences of viral or bacterial infections resulting from abrasions at the time of the accident or thereafter are not covered, however, rabies and tetanus are not subject to this limitation;
 - 8) abdominal hernias or inguinal hernias, intervertebral disc damage;
 - 9) bleeding from internal organs, however, coverage exists if the cause of the aforementioned injuries was an accident;
 - 10) haemorrhages to the brain, myocardial infarctions, strokes.
2. In the POLSKA card version, the following risks are also not covered:
 - 1) amateur summer and winter sports;
 - 2) engaging in high-risk sports;
 - 3) professional and competitive sports practice or taking part in sports competitions, races, performances, and training;
 - 4) practicing extreme sports.
 3. In the POLSKA EXTRA card version, the following risks are also not covered:
 - 1) engaging in high-risk sports;
 - 2) professional and competitive sports practice or taking part in sports competitions, races, performances, and training;
 - 3) practicing extreme sports.

B. CIVIL LIABILITY OF THE INSURED PARTY IN PRIVATE LIFE

Subject and Scope of Insurance

§ 14

The subject of insurance is the civil liability of the Insured Party in private life for personal injury (death, bodily injury or health disorder) or property damage (damage to or destruction of property), caused by a tortious act to third parties in the territory of the Republic of Poland.

§ 15

Under civil liability insurance in private life, the Company shall only be liable for damage resulting from an insured event that occurred during the period of the Insurance Company's liability, and a claim was filed against the Insured Party as a result.

§ 16

1. Within the limits of its liability, the Company shall:
 - 1) investigate the validity of claims made against the Insured Party;
 - 2) cover reasonable costs to prevent an increase in the extent of the damage;
 - 3) cover the costs of opinions of experts appointed with the approval of the Insurance Company to determine the circumstances or extent of the damage;
 - 4) payment of benefit or indemnity that the Insured Party is obliged to pay to the injured party for damage covered by the insurance contract on the basis of a settlement, recognition or final court decision concluded or approved by the Insurance Company.
2. The upper limit of the Insurance Company's liability with respect to one Insured Party, with respect to all insured events occurring during the insurance period, shall be the guarantee sum, regardless of the number of persons who caused or contributed to the damage.

Sum guaranteed

§ 17

The sum guaranteed for the Insured Party's liability in private life is specified in the table in § 25 (3) of the STCI.

Limitation of liability

§ 18

1. Notwithstanding the exclusions referred to in STCI § 29, the Company shall not be liable for damage:
 - 1) arising in connection with the possession of dogs, horses, wild or exotic animals, as well as chopping and stabbing weapons or firearms, and in connection with their use for sport or self-defence;
 - 2) caused to nest of kin, relatives, or in-laws;
 - 3) intentionally caused by persons with whom the Insured Party is in a common household;
 - 4) for which compensation is due under compulsory liability insurance;
 - 5) resulting from owning, using or driving motor vehicles, aircraft or watercraft;
 - 6) resulting from the transmission of disease to another person;
 - 7) caused by normal operation of an object or due to technical wear and tear;
 - 8) resulting from contractual liability (for non-performance or improper performance of an obligation);
 - 9) arising from activities related to the Insured Party's performance of any type of work, profession or business;
 - 10) related to amateur sports;
 - 11) related to high-risk sports;
 - 12) related to professional or competitive sports or taking part in competitions, races, performances, and sports training;
 - 13) related to extreme sports;
 - 14) resulting from the loss of or damage to property belonging to the Insured Party or property of another party used by the Insured Party under a rental, lease, use, storage, or other similar agreement (however, this does not apply to the rental of a room in a hotel or guesthouse);
 - 15) caused by the Insured Party while under the influence of alcohol.
2. The Insurance Company shall not cover damage not exceeding the equivalent of PLN 500 with respect to each insured event occurring during the term of the Insurance Company's liability, and benefits and compensation payable to the injured party for each of the above events shall be reduced by such amount (franchise).

C. CIVIL LIABILITY OF THE INSURED PARTY IN CONNECTION WITH THE PRACTICE OF SPORTS

Subject and Scope of Insurance

§ 19

The subject of insurance is the civil liability of the Insured Party for personal injury while practicing sports (death, bodily injury or health disorder) or property damage (damage or destruction of property), caused by a tortious act to third parties in the territory of the Republic of Poland in connection with amateur sports practice, practicing high-risk sports, professional or competitive sports practice or taking part in competitions, races, performances, and sports training, as well as practicing extreme sports.

§ 20

Under civil liability insurance for practicing sports, the Insurance Company shall only be liable for damage resulting from an insured event that occurred during the period of the Insurance Company's liability, which resulted in a claim against the Insured Party.

§ 21

1. Within the limits of its liability, the Company shall:
 - 1) investigate the validity of claims made against the Insured Party;
 - 2) cover reasonable costs to prevent an increase in the extent of the damage;
 - 3) cover the costs of opinions of experts appointed with the approval of the Insurance Company to determine the circumstances or extent of the damage;
 - 4) payment of benefit or indemnity that the Insured Party is obliged to pay to the injured party for damage covered by the insurance contract on the basis of a settlement, recognition or final court decision concluded or approved by the Insurance Company.

2. The upper limit of the Insurance Company's liability with respect to one Insured Party, with respect to all insured events occurring during the insurance period, shall be the guarantee sum, regardless of the number of persons who caused or contributed to the damage.

Sum guaranteed

§ 22

The sum guaranteed for the Insured Party's civil liability related to sports and its sub-limit are specified in the table in § 25 (3) of the STCI.

Limitation of liability

§ 23

1. Notwithstanding the exclusions referred to in STCI § 29, the Company shall not be liable for damage:
 - 1) arising in connection with the possession of dogs, horses, wild or exotic animals, as well as chopping and stabbing weapons or firearms, and in connection with their use for sport or self-defence;
 - 2) caused to nest of kin, relatives, or in-laws;
 - 3) intentionally caused by persons with whom the Insured Party is in a common household;
 - 4) for which compensation is due under compulsory liability insurance;
 - 5) resulting from owning, using or driving motor vehicles, aircraft or watercraft;
 - 6) resulting from the transmission of disease to another person;
 - 7) caused by normal operation of an object or due to technical wear and tear;
 - 8) resulting from contractual liability (for non-performance or improper performance of an obligation);
 - 9) arising from activities related to the Insured Party's performance of any type of work, profession or business;
 - 10) resulting from the loss of or damage to property belonging to the Insured Party or property of another party used by the Insured Party under a rental, lease, use, storage, or other similar agreement (however, this does not apply to the rental of a room in a hotel or guesthouse);
 - 11) caused by the Insured Party while under the influence of alcohol.
2. The Insurance Company shall not cover damage not exceeding the equivalent of PLN 500 with respect to each insured event occurring during the term of the Insurance Company's liability, and benefits and compensation payable to the injured party for each of the above events shall be reduced by such amount (franchise).

CHAPTER III. COMMON PROVISIONS

Accession to the insurance contract

§ 24

1. Any EURO26 Cardholder may join the insurance contract by submitting an accession declaration to the Policyholder.
2. Accession to the insurance contract shall be confirmed by an insurance document that contains at least the following data:
 - 1) first and last name of the Insured Party;
 - 2) the validity period of the EURO26 Card;
 - 3) EURO26 Card number.

Sums insured and guaranteed and their sublimits

§ 25

1. Sums insured and sums guaranteed, as well as their sublimits, shall be the upper limit of the Company's liability with respect to one Insured Party for all insured events during the period of the Company's liability.
2. Sums insured and sums guaranteed, as well as their sublimits, shall be reduced by any amount of benefit or indemnity paid on account of the insurance for which these sums were determined.
3. Sums insured and sums guaranteed and their sublimits are shown in the table below:

Sum insured or guaranteed and sublimits of liability

Scope of Insurance	POLSKA Card	POLSKA EXTRA Card	POLSKA SPORT Card	POLSKA SPORT EXTRA Card
Consequences of accidents – permanent impairment	PLN 20,000	PLN 30,000	PLN 15,000	PLN 30,000
Consequences of accidents – death	PLN 10,000	PLN 15,000	PLN 7,500	PLN 15,000
Consequences of accidents – disability	PLN 20,000	PLN 30,000	PLN 15,000	PLN 30,000
Consequences of accidents – costs of purchasing prostheses and aids	PLN 2,500	PLN 2,500	PLN 2,500	PLN 2,500
Consequences of an accident – costs of the rehabilitation (additional option)	PLN 1,000	PLN 1,000	PLN 1,000	PLN 1,000
Civil liability in private life – personal injury	PLN 80,000	PLN 80,000	PLN 80,000	PLN 80,000
Civil liability in private life – property damage	PLN 40,000	PLN 40,000	PLN 40,000	PLN 40,000
Civil liability related to sports – personal injury	–	–	PLN 10,000	PLN 10,000
Civil liability related to sports – property damage	–	–	PLN 5,000	PLN 5,000

Insurance Period

§ 26

1. The Insurance Company's liability towards a given Insured Party shall commence on the date specified in the declaration of accession, however, not earlier than on the day following the date of issuance of the EURO26 Card and the day of notifying the Insurance Company of the Insured Party's accession to an insurance contract.
2. The Insurance Company's liability to the Insured Party shall end on the date indicated in the insurance document (EURO26 Card) as the end of validity of the EURO26 Card.

Determination and payment of indemnity and benefits

§ 27

1. Determination of the validity of the claim and the amount of the benefit and indemnity shall be made on the basis of the complete documentation, as specified in the STCI or indicated by the Company, submitted by the Insured Party, the Beneficiary or a third party.
2. The Insurance Company shall notify the Policyholder or the Insured Party within 7 days of receiving a notice of the occurrence of an event covered by insurance, if they are not the persons making the notification, and shall also inform the person making the claim – in writing or in another form to which the person agreed – what documents are necessary to determine the liability of the Insurance Company and the amount of service or compensation, insofar as it is necessary for further proceedings.
3. The Company is obliged to pay the due benefit or compensation within 30 days from the date of notification of the insured event.
4. In case it is impossible to explain circumstances required for determining Insurance Company's liability or the amount of benefit or indemnity within the term defined in item 3, the benefit or indemnity shall be paid within 14 days from the day it was possible to explain these circumstances with due diligence, however, the undisputed part of the benefit or compensation shall be paid by the Insurance Company within the term defined in item 3.
5. If the Insurance Company does not pay the benefit or indemnity within the time limits specified in the above paragraphs, it shall notify the claimant and the Insured Party, if they are not the person making the claim, in writing, of the reasons why the claim cannot be satisfied in whole or in part, and shall pay the undisputed portion of the benefit or indemnity.
6. The benefit or indemnity shall be paid on the territory of the Republic of Poland in Polish zlotys.
7. If the benefit or indemnity is not due or is due in a different amount than that specified in the filed claim, the Insurance Company shall inform the person filing the claim and the Insured Party, if they are not the person filing the claim, indicating the circumstances and

the legal basis justifying the total or partial refusal to pay the benefit or indemnity and instructing on the possibility to pursue the claim in court.

8. In the event of the death of the Insured Party after they become entitled to receive the benefit, the Company will pay this benefit to their heirs.

Transfer of claims to the Company

§ 28

1. As of the date of payment of indemnity by the Insurance Company, claims of the Insured Party against a third party responsible for the damage shall be transferred to the Insurance Company up to the amount of indemnity paid.
2. Claims of the Insured Party against persons with whom the Insured Party remains in a common household shall not be transferred to the Company.
3. In the event of an insured event, the Insured Party is obliged to provide for the possibility of pursuing indemnity claims against those responsible for the damage.
4. If the Insured Party, without the consent of the Insurance Company, waived a claim against the person responsible for the damage or improperly performs the duties listed in paragraph 3, the Insurance Company shall be relieved of its obligation to provide benefits to the extent that this prevented the pursuit of recourse claims against the person responsible for the damage. If this was disclosed or took place after the indemnity was paid, the Insured Party shall, at the request of the Insurance Company, reimburse such portion of the indemnity paid from which the Insurance Company would have been relieved in accordance with the rules set forth in the preceding sentence.

General exclusions of the Company's liability

§ 29

1. The Insurance Company shall not be liable for damage resulting from intentional or grossly negligent acts or omissions of the Insured Party, unless payment of the benefit under the circumstances is in equity.
2. The Insurance Company's coverage does not apply to events resulting from:
 - 1) acts of war, acts of terror, martial law, state of emergency or the Insured Party's participation in riots, disturbances, strikes, protests, roadblocks, and brawls, subject to paragraph 4;
 - 2) betting;
 - 3) mental illness, mental retardation, or mental disorders of the Insured Party or their consequences;
 - 4) alcoholism of the Insured Party and its consequences;

- 5) the Insured Party being in a state of drunkenness, exceeding the permissible limits of consumption in accordance with applicable laws, the Insured Party's use of drugs, medicines, or other intoxicants;
 - 6) driving a vehicle by the Insured Party without legally required licences;
 - 7) or a crime attempted or committed by the Insured Party;
 - 8) participation in motor vehicle and motorboat races, driving on sections designed for high-speed driving, rallies, as well as other motor vehicle driving where competition is involved;
 - 9) accidents in which the Insured Party was injured while participating in events as a driver or passenger of a motor vehicle, including exercises or training accompanying these events aimed at reaching top speeds;
 - 10) an airplane accident that occurred while the Insured Party was on board an aircraft other than an air carrier as defined by applicable aviation laws;
 - 11) the Insured Party's active service in the armed forces;
 - 12) suicide or attempted suicide, self-harm by the Insured Party.
3. The Insurance Company shall not be liable if the payment of a benefit or the provision of a service under an insurance contract could expose the Insurance Company to sanctions, prohibitions or restrictions under United Nations resolutions or to any other commercial or economic sanctions under the laws of the European Union, the United Kingdom of Great Britain and Northern Ireland, the United States of America, or the Republic of Poland.
 4. Insurance coverage shall be binding for a period of 7 days from the commencement of military action, or the imposition of martial law or a state of emergency on the territory of the Republic of Poland and covers their effects and the effects of acts of terrorism, including the effects of nuclear, biological, or chemical weapons.

Responsibilities of the Insured Party and proceedings related to accident insurance

§ 30

1. In the event of an accident, the Insured Party shall immediately, no later than within 24 hours, report to a physician and comply with their recommendations and take measures to reduce the effects of the accident; this includes the Insured Party undergoing the treatment recommended by the physician, which shall be understood as all forms of therapy, surgery, rehabilitation and other medical measures aimed at improving the health of the Insured Party in terms of the damage suffered as a result of the accident.
2. The Insured Party shall:
 - 1) report to the Company the occurrence of an insured event within 30 days from the date of the event;
 - 2) obtain medical documentation stating the medical diagnosis;
 - 3) send to the Insurance Company a completed damage report questionnaire and other documents necessary to determine the validity and amount of the benefit, including medical documentation from the scene of the accident, confirming the circumstances of the accident and the type of injury, and in the absence of such documentation – other evidence of the accident and documents authorising the driver to drive the vehicle, bills, invoices, and evidence of their payment;
 - 4) provide any information requested by the Company.
3. In the event of the death of the Insured Party, the named beneficiary of the Insured Party's shall be required to submit, in addition to the documents specified in paragraph 2 (3), an identity document and a copy of the death certificate, and in the absence of a named beneficiary, the family member applying for payment of benefits shall be required to submit documents proving kinship or affinity with the Insured Party.
4. The Insured Party, at the request of the Company, shall:
 - 1) undergo medical or diagnostic examination, with minimal risk, excluding genetic tests, to determine the state of health or to determine the degree of permanent health impairment; the costs of conducting these tests shall be borne by the Company;
 - 2) make available the results of tests or medical documents concerning the course of treatment, or to give permission for the

Company to apply to relevant persons or institutions for access to such data or documents;

- 3) give the Company permission to apply to the entities that provided health services to the Insured Party in order to obtain information related to the verification of the data provided by the Insured Party about their health condition, to determine the right to a benefit under the insurance contract and the amount of this benefit, and to release these entities from the obligation of secrecy related to the provided health services to the extent necessary for damage adjustment;
- 4) consent to obtain from the National Health Fund (Narodowy Fundusz Zdrowia) data on the names and addresses of health-care providers who provided healthcare services in connection with the accident or fortuitous event, which is the basis for determining the liability of the Insurance Company and the amount of indemnity or benefits.

Obligations of the Insured Party and conduct in the event of damage under civil liability insurance for private life and sport

§ 31

1. The Insured Party shall prevent, as far as possible, the increase of the damage and limit its consequences.
2. In the event that the Insured Party has received information that a lawsuit has been filed against them, they shall notify the Company of this fact, even if they have already reported the occurrence of an insured event.
3. The Company shall not be liable for costs resulting from the Insured Party's failure to agree to the Company's settlement with the injured party or to settle their claims.
4. Should an insured event occur, the Insured Party shall:
 - 1) immediately notify the Company, but no later than within 7 days from the date of the event that may incur civil liability, and comply with the recommendations of the Company;
 - 2) not, without the consent of the Company, recognise or settle the claims of the injured party, nor shall they enter into any agreement or settlement with the injured party regarding the claims submitted by the latter;
 - 3) grant a power of attorney to a person designated by the Company to handle the case or appeal to a civil court if the injured party has taken legal action, if such a request is made by the Company;
 - 4) forward to the Company, immediately upon receipt, any summons, lawsuit and any other court letters served on the Insured Party.

Obligations of the Company

§ 32

1. The Company shall provide a benefit in the event of an insured event under the STCI.
2. The Company, in accordance with applicable laws, shall maintain the secrecy of data concerning the persons mentioned in the insurance documentation.
3. The Company has a duty to properly and timely perform its obligations under the insurance contract and the law.

Obligations of the Policyholder

§ 33

If the Insured Party agrees to finance the cost of the insurance premium, the Policyholder shall provide the terms and conditions of insurance to the persons concerned, before they join the insurance contract and before they agree to finance the premium, in writing, or, if the persons concerned agree, on another durable medium.

Complaints, objections and grievances

§ 34

1. In each case, a natural person being the Policyholder, the Insured Party or a person entitled under an insurance contract, as well as a legal entity or a company without legal personality being the

Policyholder, the Insured Party or a party seeking insurance cover, may file a complaint.

2. In the case of natural persons, a complaint shall mean a submission, including objections and grievances, addressed to the Insurance Company as a financial market entity and containing reservations regarding the services provided by the Insurance Company, except for submissions made by natural persons who are customers of an insurance broker or customers of an insurance agent or supplementary insurance agent performing agency activities for more than one insurance company within the same insurance branch in accordance with the Annex to the Act of 11 September 2015 on insurance and reinsurance activity (załącznik do ustawy z dn. 11 września 2015 r. o działalności ubezpieczeniowej i reasekuracyjnej), containing reservations concerning these entities to the extent not related to the insurance cover provided.
3. In the case of legal entities or companies without legal personality, a complaint shall mean a submission, including objections and grievances, addressed to the Insurance Company and containing reservations related to the services provided by the Insurance Company, except for submissions concerning insurance brokers, insurance agents or supplementary insurance agents performing agency activities for more than one insurance company within the same insurance branch in accordance with the Annex to the Act of 11 September 2015 on insurance and reinsurance activity, containing reservations concerning these entities to the extent not related to the insurance cover provided.
4. The complaints referred to above may be filed as follows:
 - electronically to the email: ubezpieczenia.korporacyjne@uniqa.pl
 - in writing – in person, at the branch providing customer service or the headquarters of the Company, or by mail to the following address: 00-867 Warszawa, Poland, ul. Chłodna 51, or to the electronic delivery address referred to in the Electronic Delivery Act of 18 November 2020, entered in the database of electronic addresses as a public register kept by the minister responsible for computerisation), i.e. AE:PL-71235-46013-CSHSF-26,
 - orally – by phone at +48 22 555 04 45 or in person for the record during a visit to a branch providing customer service or at the headquarters of the Company.
5. Complaints shall be submitted to the Management Board of the Insurance Company. A complaint may be filed at any of the Insurance Company's branch providing customer service.
6. The Company's response to a complaint will be provided in writing or, in the case of a complaint filed by an individual – by e-mail, if the individual filing the complaint requests a response in this form. In addition, at the request of the person filing the complaint, the Insurance Company shall confirm that the complaint has been filed in writing or in another agreed manner.
7. Filing a complaint as soon as any reservations appear will facilitate and speed up its fair handling.
8. In the event that the Company does not have contact information for the person making the complaint, the following data must be provided when making a complaint: first name, last name, mailing address, e-mail address (if such form of contact is chosen), and additionally in the case of legal persons or unincorporated companies – the company name.
9. The Insurance Company shall respond to a complaint without undue delay, no later than within 30 days from the date of its receipt.
10. In particularly complicated cases making it impossible to handle a complaint and respond to it within 30 days, the Insurance Com-

pany shall send, within this time limit, information on the reason why handling the complaint is impossible. In such a case, the Insurance Company shall respond to the complaint no later than within 60 days from the date of its receipt.

11. If the individual filing the complaint does not agree with the position of the Company expressed in its response to the complaint, they may apply to the Financial Ombudsman for review of the case, and in addition, file a lawsuit against the Company before a common court of law according to the jurisdiction specified in § 35 of the STCI.
12. Pursuant to Article 31 of the Act of 23 September 2016 on out-of-court resolution of consumer disputes (ustawa z dnia 23 września 2016 r. o pozasądowym rozwiązywaniu sporów konsumenckich), we inform you that the entity authorised for the Company to conduct proceedings on out-of-court resolution of disputes with consumers within the meaning of this Act is the Financial Ombudsman (ul. Nowogrodzka 47A, 00-695 Warszawa, Poland; www.rf.gov.pl).
13. A customer being a consumer may also request assistance from the locally competent District (Municipal) Consumer Ombudsman.
14. Entities which do not have the right to file a complaint in accordance with par. 1–3, shall have the right to file a complaint or grievance. The provisions of par. 4–9 and 13 shall apply accordingly to o and grievances filed by these entities, provided that in particularly complicated cases making it impossible to handle an objection or grievance and respond to them within 30 days, the Insurance Company shall, within this time limit, inform the person filing the objection or grievance on the reason why handling them is impossible, and in such a case, the Insurance Company shall respond to the objection or grievance no later than within 90 days from the date of their receipt.
15. The Insurance Company is supervised by the KNF Board.

Competent court to settle disputes

§ 35

1. An action involving a claim arising from the insurance contract may be brought in accordance with the provisions on general jurisdiction or before the court having jurisdiction over the place of residence or registered office of the Policyholder, the Insured Party or a person entitled under the insurance contract.
2. An action for a claim under the insurance contract may be brought in accordance with the rules of general jurisdiction or before the court having jurisdiction over the place of residence of the Insured Party's heir or other beneficiary under the insurance contract.

Final Provisions

§ 36

1. All notices and declarations in connection with the conclusion and execution of the insurance contract shall be made in writing, unless otherwise provided for in the STCI.
2. In matters not regulated by the STCI, the relevant provisions of Polish law shall apply.
3. The STCI were adopted by a resolution of the Management Board of 13 June 2023.
4. The Form to the STCI – information prepared in accordance with Article 17 (1) of the Act of 11 September 2015 on Insurance and Reinsurance Activities shall form an integral part of the STCI.