

TERMS/POST-PURCHASE INFORMATION SKIIER INSURANCE 1805:02

If there are differences in the conditions, the Swedish version shall prevail.

1.0 GENERAL INFORMATION ABOUT THE INSURANCE

The insurance applies to paid costs when cancelling arrangements with SkiStar if you are forced to cut short your, as well as for new equipment in the event of the theft of or damage to equipment hired from SkiStar. Accident insurance is also included, which compensates for medical disability in the event of an accident. The insurance can be taken out and paid for when booking the arrangement or at the destination.

2. UNUSED COSTS

2.1 INSURANCE PERIOD

The insurance applies during the period of the stay at the destination, which is set out in the booking confirmation or receipt.

2.2. WHAT THE INSURANCE COVERS

The insurance policies reimburse arrangement costs paid by the policyholder that can be seen from the booking confirmation or receipt from SkiStar, if the cancellation is due to the policyholder or close relative who is not a travelling companion:

- being affected by an acute illness or accident
- being affected by fire, water damage or a burglary at their home or business.

Compensation is reduced proportionally between utilised time and the total stay for the arrangement. The reason for cancellation must have occurred after the insurance policy has been taken out and paid for, and must be unforeseen and of such a nature that the policyholder and travelling companions cannot reasonably participate in the arrangement. The insurance must not result in any profit, only compensation for harm suffered.

2.3 INSURANCE AMOUNT

The insurance does not relate to a specific amount.

2.4. EXCESS

The insurance applies with no excess.

2.5 DEFINITIONS

Arrangements can comprise some or all of SkiPass, ski hire or ski school, which are offered to the public by SkiStar and that have a price according to an established price list.

That which is included must be set out in the booking confirmation or the receipt.

Policyholder: The person who takes out the insurance and who is named in the booking or receives a receipt for insurance that has been taken out.

Close relative: Husband, wife, cohabitee, registered partner, children, siblings, parents, grandparents, grandchildren, son-in-law, daughter-in-law, brother-in-law and sister-in-law.

3. SKI INSURANCE

3.1 INSURANCE PERIOD

The insurance applies to the agreed hire period.

3.2 WHAT THE INSURANCE COVERS

The insurance covers damage to or loss of an insured object by means of a sudden and unforeseen event.

Exceptions

The insurance is not valid for:

- theft of objects that, at night, are stored outdoors in a car, in a roof box, on roof bars or in some other unlocked storage area
- embezzlement, fraud or misappropriation of property
- damage that is compensated through a warranty or that has already been compensated by another insurance policy
- damage that has been caused intentionally or through gross negligence.

3.2 INSURANCE AMOUNT

The insurance does not relate to a specific amount.

3.3 EXCESS

Kr 300/Euro 30 for children/young people and kr 700/Euro 70 for adults*.

*According to the currency at the destination.

3.4 DEFINITIONS

Object: Equipment hired from SkiStar, such as skis and snowboards.

Night: 00.00 to 06.00

Children: People up to and including the age of 7 years.

Young people: People from 7 years up to and including 17 years.

4. ACCIDENT INSURANCE

4.1. INSURANCE PERIOD

The insurance applies during the period of the stay at the destination, which is set out in the Booking confirmation or receipt.

4. 2 SCOPE

The accident insurance compensates for medical disability, medical, dental injury and travel costs, as well as death as a result of the accident.

The insurance applies within SkiStar's facilities in Sälen, Åre, Vemdalen, Hammarbybacken, Trysil, Hemsedal and St. Johann in Tirol, 24 hours a day during the stay. International visitors are covered if they are citizens of the EU, EEA countries or Switzerland, i.e. they hold a European Union health card.

Exceptions

The insurance does cover accidents that occur outside of the actual facility area. The insurance does not apply when travelling in motor vehicles.

4.2.1 INSURANCE AMOUNT

The insurance amount specifies the maximum compensation that the injured person can receive for medical disability. The insurance amount is SEK 300,000 and is index-linked to the consumer price index.

4.2.2 EXPLANATION OF TERMS RELATING TO THE SCOPE OF THE INSURANCE

Accidental injury refers to:

- Physical injury sustained by the insured person involuntarily through sudden external event, an extrinsic force against the body – accidental injury.
- Achilles tendon rupture and torsional knee strain.
- Injury arising from the use of medical preparations, surgery, treatment or examination. This only applies when the preparation is taken or when the surgery, treatment or examination is performed as a result of an accidental injury that is covered by this insurance.
- Infection due to insect bite, frostbite*, heatstroke* and sunstroke*.

* Such an injury is considered to have occurred on the day the injury manifested itself.

Accidental injury does not refer to:

- Accidental injury – or the consequences thereof – that has

occurred before the insurance period.

- Physical injury as a result of over-exertion, monotonous movements or repetitive strain injury.
- Infection by bacteria, viruses or other infectious agents.
- Health deterioration if this deterioration, according to medical experience, would probably have arisen even if the accidental injury had not occurred.
- Injury that has arisen from surgery, treatment or examination that has not been occasioned by accidental injury covered by this insurance.
- From the age of 18: Injury that has occurred in conjunction with the insured person having performed or participated in a wilful criminal act that, according to Swedish law, may lead to a prison sentence.

If a physical defect (illness, pathological change, physical or mental disability) existed when the accidental injury occurred, or if it arose later unrelated to the accidental injury, the following applies: If it can be assumed that the physical defect has caused the effects of the injury to worsen, compensation will only be paid for the effects that have arisen independently of the physical defect and solely owing to the accidental injury. Particular restrictions also exist in the relation to treatment costs for dental injuries.

In particular, note the following:

As can be seen above, there are four criteria (physical injury, involuntary, sudden, external event) that have to be satisfied for an accidental injury to exist in the meaning of the insurance terms. This can mean that incidents that in everyday language are referred to as accidents are not an accidental injury.

Medical disability means:

- That the accidental injury has resulted in permanent impairment of physical function.
- Medical disability is physical or mental impairment that is determined independently of the insured person's profession, working conditions or leisure activities. Such impairment must be objectively verified. Medical disability also covers permanent pain, loss of internal organs and sensory function. If a lost body part can be replaced by a prosthesis, the degree of disability will be determined with regard to the function of the prosthesis.

4.3 COMPENSATION ELEMENTS

4.3.1 MEDICAL DISABILITY

The insurance compensates:

- Accidental injury that has resulted in a measurable disability within three years of the accident.
- For the future, permanent impairment of the insured person's physical or psychological function caused by the accidental injury.

The insurance does not compensate:

- More than 100% disability for the same accidental injury.

The degree of medical disability is determined based on the industry-wide set of tables valid at the time of payment.

AMOUNT OF COMPENSATION

Compensation is paid at a proportion of the insurance amount that corresponds to the degree of medical disability.

If the functional capacity was already impaired, the degree of medical disability for this impairment is deducted.

The determination is independent of the degree to which the insured person's capacity for work is impaired.

From the time the insured person reaches the age of 46, the disability amount is reduced by 5 percentage points per year, to a minimum of SEK 200,000.

For accidental injury caused by nuclear reaction with no link to military activities in which the insured person is involved, the total insurance amount is limited to a maximum of SEK 200,000 per insured person, regardless of whether the insured person is covered by insurance cover according to several policies with Trygg-Hansa.

THE RIGHT TO COMPENSATION

The right to disability compensation arises when the accidental injury has caused a permanent impairment of the insured person's physical function and the condition is steady and not life-threatening. A steady condition means that the condition is not changing for better or worse.

With medical disability, the right to disability compensation arises no earlier than 12 months after the accidental injury occurred. However, the disability assessment may be deferred as long as this is necessary according to medical assessment or with respect to the available rehabilitation options.

If, once the disability status has arisen, the definitive medical degree of disability still cannot be assessed, an advance will be paid to

the insured person when possible. This will correspond to the degree of medical disability that can be determined. For final disability assessment, a sum corresponding to the percentage increase in the degree of disability will be paid.

The compensation will be paid to the insured person. If the insured person is a minor and the compensation at the time of payment exceeds one price base amount, the compensation is paid into a trustee account. If death occurs before the right to disability compensation has arisen, no disability compensation will be paid. If the right to disability compensation has arisen, the sum is paid that is equivalent to the confirmed definitive medical disability that is assumed to have existed at the time of death.

OPTION TO REVIEW COMPENSATION IF DISABILITY INCREASES

If the accidental injury means that the insured person's physical function significantly deteriorates after Trygg-Hansa had made a final decision on the insured person's right to compensation as a result of the accidental injury, the insured person is entitled to have the degree of disability re-examined due to the new circumstances.

ADULT ACCIDENT INSURANCE

Re-examination of medical disability is permitted if the insured person, within ten years of the accidental injury, submits a written request to Trygg-Hansa for re-examination and provides information that can entail the right to re-examination.

CHILD ACCIDENT INSURANCE

The right to re-examination of medical disability exists up until the person reaches the age of 30. The insured person must submit a written request for re-examination to Trygg-Hansa and at the same time provide information that can entail the right to re-examination.

4.3.2 MEDICAL, DENTAL INJURY AND TRAVEL COSTS IN THE EVENT OF ACCIDENTAL INJURY

GENERAL

The insurance compensates:

- Costs for care and treatment by a doctor or dentist and for travel in the event of an accidental injury that affects the insured person within five years following the accidental injury.
- Only costs that would have been compensated if the injured person had been a member of a public social insurance scheme in Sweden.

The insurance does not compensate:

- Private hospital care.
- Lost income from work.
- Costs in the event of illness.

Claims for compensation for costs must be supported by original verifications or certificates of paid travel payments.

MEDICAL COSTS IN EVENT OF ACCIDENTAL INJURY

The insurance compensates:

- Necessary and reasonable costs for care and treatment by a qualified doctor, hospital care, as well as treatment and remedies prescribed by a doctor for healing of the injury.
- Care and treatment in Sweden, provided the treatment is provided by a doctor who is a member of a public insurance scheme or has a care agreement with a public health authority.
- Treatment costs in respect of care from a physiotherapist or in respect of other treatment in Sweden, on the condition that treatment is provided as directed by a doctor who is a member of a public insurance scheme or has a care agreement with a public health authority.

The insurance does not compensate:

- Cost for private care and treatment, as well as private operations and associated care costs.
- Medical costs after definitive medical disability compensation has been paid out.
- Costs for hospital care during the period hospital stay compensation is paid.

TREATMENT COSTS FOR DENTAL INJURIES IN THE EVENT OF ACCIDENTAL INJURY

The insurance compensates:

- Necessary and reasonable costs for treatment that has been performed by an authorised dentist who is a member of the public insurance scheme in Sweden.

The insurance does not compensate:

- Damage caused by chewing or biting.

AMOUNT OF COMPENSATION

For treatment involving a single implant, compensation will be paid up to a maximum of 50% of the price base amount. For implants in the form of bridgework, compensation will be paid up to a maximum of 50% of the price base amount per implant support, although at

most 1 price base amount for the entire implant treatment. The relevant price base amount at the time of payment is applied.

Treatment and fees must be approved in advance by Trygg-Hansa. Reasonable costs for necessary emergency treatment are compensated, however, even if there has not been time to obtain approval.

The insured person must visit a dentist and report the injury without delay. After the age of 19, the report must be followed by an investigation on a form that Trygg-Hansa supplies.

If pathological or other changes abnormal for the person's age are present at the time of the accidental injury, compensation will only be paid for the injury that can be assumed to have been the result if the changes had not been present when the injury occurred.

Damage to fixed prosthodontics is compensated as per the rules for damage to a natural tooth. This also applies to removable dentures damaged when in place in the mouth.

Once the policy has paid compensation for final treatment of the dental injury, the insurance does not pay any further compensation. However, compensation can be paid if there is deterioration that could not have been predicted at the time of final treatment, and this is the result of the accidental injury. This must take place within five years of completion of the final treatment.

For an insured person below the age of 25, the following also applies:

If final treatment has to be deferred to a later time due to the age of the insured person, costs for the deferred treatment will also be compensated, provided Trygg-Hansa has reached a decision before the insured person has reached the age of 25 and has approved the deferred treatment, although at most until the age of 30.

TRAVEL COSTS IN EVENT OF ACCIDENTAL INJURY

The insurance compensates:

- Travel costs for necessary travel for such care and treatment that has been occasioned by the accidental injury. Travel must be verified by a qualified doctor or dentist. Travel costs are compensated at most with the amount that corresponds to the employee contribution that has been determined by the relevant county council.
- Additional costs for travel between permanent residence and workplace or school during the injury's acute treatment period, if the accidental injury has caused such an

impairment of the insured person's ability to move about that special transport has to be arranged in order for the person to carry out their regular occupation or school education. The cheapest means of transport that the person's state of health allows must be used.

- This requirement must be verified by a qualified doctor.

The insurance does not compensate:

- Travel costs after definitive medical disability compensation has been paid out.
- Travel costs to and from private care.
- Travel by private car that has been borrowed free of charge, company car, courtesy car, etc., where there has been no cost.

In particular, note the following: Travel to and from a permanent workplace can be compensated by the employer or the Swedish Social Insurance Agency. Travel to and from care can be compensated by the County Council. Compensation must therefore be requested from these bodies in the first instance.

4.3.3 DEATH COMPENSATION

The insurance compensates:

- SEK 50,000 is paid out if the insured person dies within three years of the accidental injury as a result of this injury.

The insurance does not compensate:

- Death due to the accidental injury later than three years after the accident.
- Death from a cause other than accidental injury.

WHO RECEIVES THE COMPENSATION

The compensation is paid to the insured person's estate, unless specific beneficiary arrangements have been notified to Trygg-Hansa. Specific beneficiary arrangements can be made from the age of 18. A special beneficiary form can be ordered from Trygg-Hansa.

4.4. RESTRICTIONS TO TRYGG-HANSA'S LIABILITY

Invocation of insurance case
If the insured person has intentionally invoked an insurance case, Trygg-Hansa is exempt from liability. This restriction does not apply if the insured person was below the age of 18 or seriously psychologically disturbed.

If the insured person has invoked an insurance case or exacerbated its consequences through gross negligence, the compensation may be

reduced according to what is deemed reasonable with regard to other conditions and circumstances. This also applies if the injury can be assumed to have been caused by the person being under the influence of alcohol, other intoxicants, sleeping pills, narcotic preparations or through the incorrect use of medications. The same applies to those cases where the insured person in some other way must be assumed to have acted or failed to act in the knowledge that this would entail a significant risk of the injury occurring.

These restrictions do not apply if the insured person was below the age of 18 or seriously psychologically disturbed. The reduction is normally 25%. This deduction can be increased in more serious cases, such that no compensation at all is paid. The deduction can be reduced if should be unreasonably large or if there are mitigating circumstances.

False statements in the event of an injury
If the injured person or someone else requesting compensation from Trygg-Hansa, following an insurance case, intentionally or through gross negligence has incorrectly stated, suppressed or concealed anything relevant to assessment of the right to compensation from the insurance, the compensation otherwise payable may be reduced, according to what is deemed reasonable in the circumstances.
The reduction is normally 25%. This deduction can be increased in more serious cases, such that no compensation at all is paid. The deduction can be reduced if should be unreasonably large or if there are mitigating circumstances.

4.5 LIMITATION

There are limitation rules regarding how long after the injury occurs you may report an injury to us.
It is therefore important that you do not wait to report an injury.

Limitation provisions as from 1 January 2015
A person who wishes to receive insurance compensation or other insurance cover must bring a case to court within ten years from the time when the situation* occurred that, according to the insurance agreement, grants entitlement to such cover.

If the person who wishes to have insurance cover has submitted the claim to the insurance company within the time specified in the first paragraph, the deadline for bringing the case to court is always at least six months from the time when the company has declared that it has adopted a final position regarding the claim. If the claim is not brought to court as described above, the entitlement to insurance cover is lost.

*Situation refers to the time when the accidental injury occurred according to this condition.

5.0 CLAIM REGISTRATION AND PAYMENT OF COMPENSATION

UNUSED COSTS

Contact Trygg-Hansa on tel. +46 75-243 15 40 or make an application directly via the claim form that can be found at skistar.com. The claim application must be submitted at the latest one month after the time to which the booking relates. The policyholder must confirm, in a satisfactory manner, the reason for the cancellation by means of a certificate from a doctor, insurance company, relevant authority, etc. Claim applications that are not made in accordance with that set out above may result in compensation being reduced or not being paid at all.

Compensation will be paid within one month of the insured person having fulfilled his obligations according to this policy. After this time, penalty interest will be payable in accordance with the Swedish Interest Act. Interest will not be paid if it amounts to less than kr 100.

SKI INSURANCE

As soon as possible, contact SkiStar, the reception at the destination or make an application directly via the claim form that can be found at skistar.com. Enclose a copy of the hire agreement. In the event of the theft of objects, a copy of the police report must also be enclosed.

ACCIDENT INSURANCE

A claim regarding accidental damage that can grant entitlement to compensation must be submitted to Trygg-Hansa as soon as possible. The claim is submitted most easily by calling Trygg-Hansa's Claims department on tel. + 46 75-243 15 40. In the event of damage, the group representative, SkiStar AB, must verify insurance affiliation.

The person who claims compensation must, if requested by Trygg-Hansa, submit a doctor's certificate and other documents that are of significance for determining the right to compensation. The costs for the doctor's certificate and other documents will be paid by Trygg-Hansa. Claims for compensation for costs must be supported with original verifications. A precondition for the right to compensation is that the insured person, without delay, appoints a qualified doctor and remains under continual medical supervision throughout the sick period.

Trygg-Hansa is entitled to stipulate that the insured person attends an examination by a doctor that Trygg-Hansa instructs, if this is

deemed necessary in order to establish the right to compensation. The costs for this examination, including necessary travel, will be paid by Trygg-Hansa. Consent for Trygg-Hansa to obtain information from a doctor, hospital, other care institution, public social insurance scheme or other insurance institution, in order to assess the entitlement to compensation, must be granted if Trygg-Hansa requests this. Claim applications that are not made in accordance with that set out above may result in compensation being reduced or not being paid at all.

Date for payment of insurance compensation
Trygg-Hansa must pay insurance compensation, which does not refer to periodic payments, at the latest one month after the time when the entitlement to compensation has arisen and the person claiming the compensation has completed that which is required in the section on Registration and compensation claims. If the person making the claim for compensation is apparently entitled to at least a certain amount, this must be paid out immediately and deducted from the final compensation. Trygg-Hansa must pay interest in accordance with § 6 of the the Swedish Interest Act (1975:635) if payment is not made on time. Interest will not be paid if it amounts to less than kr 100.

Costs compensated by others
Compensation will not be paid according to this insurance policy for costs that are compensated by another party according to a specific law or statute, international convention, collective agreement or other compensation institute, which can be used for the insurance case. Neither will compensation be paid for costs that are paid according an insurance policy other than health and accident insurance

Double insurance
If the same interest has been insured against the same risk with several insurance companies, each insure company is liable to the insured person as if that company alone had provided insurance. When it comes to costs, however, the insured person is not entitled to higher combined compensation from the companies than that which corresponds to the damage or loss. If the sum of the companies' liability amounts for costs exceeds the damage or loss, the liability is divided between the insurance companies according to the ratio between the liability amounts.

Right of recourse
Trygg-Hansa takes over the insured person's entitlement to damages or other compensation from the party that is responsible for the accident, in respect of

compensation for healthcare costs and other expenditure and losses that Trygg-Hansa has compensated according to the insurance agreement.

6.0 APPLICABLE LAW

Swedish law applies to the insurance agreement. The most important provisions can be found in the Swedish Insurance Contracts Act. Disputes arising from insurance agreements must be handled in a Swedish court.

7.0 GENERAL PROVISIONS

7.1 WAR INJURY

The insurance does not cover injuries linked to war, warlike events, civil war, revolution or unrest.

7.2 TERRORIST ACTS

Amending that which is specified in the insurance conditions regarding the scope or validity of the insurance, the insurance does not apply to injuries caused by or associated with or otherwise a consequence of the dispersion or use of biological or chemical substances, nuclear substances, nuclear waste or other substances emitting harmful radiation in conjunction with or as a consequence of a terrorist act. In the event of terrorist acts other than those listed above, however, the insurance applies to disability and death due to accidents.

Terrorist acts refer to actions that cause injuries, that are punishable where they are committed or where the injury occurs, and that appear to be carried out with the aim of:

- seriously frightening a population,
- improperly forcing public bodies or an international organisation to carry out or refrain from carrying out a particular measure, or seriously destabilising or destroying the fundamental political, constitutional and economic or social structures in a country or in an international organisation.

7.3 NUCLEAR-RELATED INJURIES

The insurance does not apply to injuries that have been directly or indirectly caused by nuclear processes (does not apply to the accident insurance).

7.4 FORCE MAJEURE

The insurance does not apply to losses that can arise if a claim investigation, repair measure or the payment of compensation is delayed due to war, warlike events, civil war, revolution or unrest, or due to measures by public authorities, strike, lockout, blockade or similar incident.

8.0 MISCELLANEOUS

8.1 INSURANCE PROVIDER AND SUPERVISORY AUTHORITY

The insurance provider for this insurance is Codan Forsikring A/S through the Trygg-Hansa Försäkring branch. The Danish FSA is the supervisory authority.

8.2 JOINT CLAIMS REGISTER

Trygg-Hansa is entitled to register claims arising from this insurance in a joint claims register.

9.0 IF YOU DO NOT AGREE WITH US

First contact the claims adjuster who is dealing with the case. A call can provide supplementary information and any misunderstandings can be cleared up. If you do not feel you have received a satisfactory answer, please contact the claims adjuster's immediate superior. If, after making contact with us again, you are still not satisfied, you have the following options to have your case re-examined.

9.1 EU COMMISSION PLATFORM ONLINE DISPUTE RESOLUTION

Here you can find a neutral third party, a dispute resolution body, for help to find a solution and reach a settlement out of court. <http://ec.europa.eu/odr/>

9.2 NATIONAL BOARD FOR CONSUMER DISPUTES

The National Board for Consumer Disputes is a state body that examines consumer issues. One of the Board's departments examines insurance cases. Its decisions are presented in the form of a recommendation to the insurance company and the injured party. Trygg-Hansa generally follows the Board's recommendations in individual injury cases.

The Board's address is:
Allmänna Reklamationsnämnden
Box 174
101 23 Stockholm
Tel. +46 8-508 860 00, e-mail: www.arn.se

9.3 BOARD FOR INSURANCE OF PERSONS

The Board for Insurance of Persons is tasked, at the request of the policyholder, with providing advice in disputes between policyholders and insurance companies within health, accident and life insurance. The Board's authority is limited to cases in which the Board requires support from advisory doctors on medical insurance issues. The examination is free of charge and you request reconsideration from:

Personförsäkringsnämnden
Box 24067
104 50 Stockholm
Tel. +46 8-522 787 20

9.4 INSURANCE BOARD FOR TRYGG-HANSA

The Insurance Board examines disputed claims arising from insurance agreements, which have been referred for assessment by the Board at the request of the insured person. In the event of liability claims where the injured party requests assessment, approval is required from the insured person. The Insurance Board comprises four members, including a secretary and a chairman. The chairman is a judge and the secretary is a Trygg-Hansa employee. The other members are externally recruited and have specialist expertise within their field. The Insurance Board is prevented from examining certain types of cases. This includes cases that should be assessed by another authority and cases where the outcome has been due to lack of confidence in the insured person's details. Furthermore, the Board does not examine cases where the disputed claim is for an amount higher than SEK 1 million. The Insurance Board's procedure is performed solely in writing, which means that the parties in dispute may not participate in the meeting. The Board notifies its decision in writing to the party that has requested the examination. Examinations by the Insurance Board are free of charge. Decisions reached by the Insurance Board are binding for Trygg-Hansa, but naturally the party that has initiated the appeal may take the matter further for assessment in another forum. Before you report your case to the Insurance Board, it is important for the claims adjuster's manager or a specialist to have expressed their opinion on the matter in question. A request for examination by the Insurance Board must be submitted to the Board by means of a specially designed form, which you can find on our website, www.trygghansa.se, or by calling + 46 75-243 10 31. Your request for examination must be received at the latest six months after the company notified its final decision.

9.5 ORDINARY COURT

Regardless of whether the matter has been examined by a Board or not, you can take the dispute to an ordinary court of law for legal examination in most cases.

9.6 SWEDISH CONSUMERS' INSURANCE BUREAU

You can also receive information and guidance on insurance issues from the Swedish Consumers' Insurance Bureau:

Konsumenternas försäkringsbyrå
Karlavägen 108
Box 24215
104 51 Stockholm
Tel. +46 8-22 58 00
www.konsumenternasforsakringsbyra.se