

Group Sickness & Child
Benefit Cover

MASTER POLICY

Belgium – Ireland

Policy document



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A. INTRODUCTION

In return for the premium paid to **Us** by the **Master Policyholder** and/or its **Affiliated Companies**, **We** will provide the cover outlined in this **Information Notice** to the **Master Policyholder** for each **Insured Person**. The **Master Policyholder** and/or its **Affiliated Companies** agree, via the **Administrator**, to provide a website (Deliveroo.qover.com) to the **Insured Person** where he/she can access the Terms and Conditions and other supporting documents in relation to the **Master Policy**.

THIS **MASTER POLICY** IS DESIGNED TO PROTECT THE **INSURED PERSON** AGAINST THE FINANCIAL CONSEQUENCES DUE TO A **SICKNESS** OCCURRING AT ANY TIME (24/7) ACCORDING TO THE TERMS & CONDITIONS DEFINED BELOW.

This **Master Policy** is made up of the following:

1. The present Terms and Conditions valid as **Information Notice** (titled 'Group Sickness Cover Master Policy Terms & Conditions') which sets out exactly what is and is not covered under the **Master Policy**, the conditions of the **Master Policy**, how to make a claim, how to make a complaint and other important information,
2. the Master Policy Schedule (titled 'Master Policy Schedule - Group Sickness Insurance') which sets out what is covered with the benefit relating to it, and
3. any endorsement(s).

You should read these Terms and Conditions, the Master Policy Schedule and any endorsement(s) together and keep them all in a safe place.

Certain words have special meanings wherever they appear in bold type (other than in section headings) and are listed as "Definitions".

How to contact the Administrator?

This **Master Policy** is managed by the **Administrator** who will be there to help **You** or the **Insured Persons** throughout the lifetime of this **Policy**, answer any questions **You** or the **Insured Persons** might have about this **Policy**. Sedgwick, the claims handler will be handling the claim of the **Insured Persons**.

If **You** or the **Insured Persons** have any disabilities that make communication difficult, please tell the **Administrator** or the claims handler who will be pleased to help.

If **You** or the **Insured Persons** wish to discuss this **Master Policy**, or the **Insured Person** wishes to make a claim or discuss an ongoing claim, **You** or the **Insured Person** can contact the **Administrator**, the contact details are below :

Customer Care	Claims
CUSTOMER CARE BELGIUM <ul style="list-style-type: none">- Phone: +32 (0)2 808 36 52- E-mail: contact@qover.com	ONLINE CLAIMS FORM : http://deliveroo.qover.com
CUSTOMER CARE IRELAND <ul style="list-style-type: none">- Phone: +353 1800 816 037- E-mail: contact@qover.com (price of a local call from a landline - between 9am and 4pm)	CLAIMS HANDLING SEDGWICK BELGIUM <ul style="list-style-type: none">- Phone: +32 (0)2 808 36 52- E-mail: Info.tpa@be.sedgwick.com
WEBSITE: www.qover.com	CLAIMS HANDLING SEDGWICK IRELAND <ul style="list-style-type: none">- Phone: +353 1800 816 037- E-mail: travel@ie.sedgwick.com
BY POST QOVER SA/NV Rue du Commerce 31 – 1000 Brussels – Belgium	

All communication with **You** or the **Insured Person** will be in English or local language of the country insured, as chosen by **You** or the **Insured Person**. Please try to use email where possible when contacting the **Administrator**.

B. ELIGIBILITY CRITERIA

The **Insured Person** is eligible for cover under this **Master Policy** if:

- a. he/she is under 74 years of age; and
- b. he/she is affiliated to the compulsory social security system; and
- c. he/she is legally resident and permitted to **Work** in Belgium and Ireland; and
- d. he/she holds a valid rider supplier agreement with the **Master Policyholder** to undertake deliveries; and
- e. he/she has made the appropriate number of deliveries during the required time; and
- f. he/she maintains the means of transport and only uses it if it is in a roadworthy condition; and
- g. he/she complies with the regulations imposed by the legally competent authority; and
- h. he/she shows the necessary skill and care when he/she carries out deliveries on behalf of the **Policyholder** and/or **Affiliated Companies**.

The **Substitute** is eligible for cover under this **Master Policy** and is therefore considered an **Insured Person** if he/she has been approved by the **Insured Person**, meets the requirements of the **Insured Person**'s valid rider contract and satisfies the eligibility criteria (a, b, c, f, g and h) set out above.

C. WHAT IS COVERED

A. Which Riders are covered?

I. Sickness:

- The **Insured Person** who has made at least 30 deliveries for the **Master Policyholder** during the last 8 weeks.

II. Incidental coverage: Additional costs Dependent Child benefit:

- The **Insured Person** who has made at least 60 deliveries for the **Master Policyholder** in the last 6 months.
- **Waiting Period**: 41 weeks from the start date of **Period of Insurance** or the start date of the Insured Person's supplier agreement with the Master Policyholder, whichever is the latest.

The **Substitute** is excluded and cannot benefit from this coverage.

B. When are the Riders covered?

The **Insured Persons** are covered 24/7.

B. Benefits

I. Sickness:

We will pay, in the event of **Total Work Incapacity** due to a **Sickness**, from the first day it has been certified by a **Medical Practitioner**, subject to a 7-day **Waiting Period**.

After this period, **We** will pay retroactively from the first day of **Total Work Incapacity**, up to 15 days of absence, for a maximum of EUR 35 per day.

Under **Total Work Incapacity**, the **Insured Person** may only benefit for a maximum of 2 claims over a period of 12

months.

The **Waiting Period** will not apply in respect of a recurring sickness but the period for which benefit had already been paid for the previous period of disability will be taken into account in calculating the benefit period.

We do not compensate for a new **Total Work Incapacity** due to the same **Sickness** that has already given rise to compensation from us within the past 60 days of the previous **Total Work Incapacity**.

The **Substitute** is excluded and cannot benefit from this coverage.

Pre-Existing Conditions:

No benefits will be paid in relation to and/or aggravated by **Pre-Existing Conditions** which existed prior to the inception of this policy, or before a valid rider contract with the **Master Policyholder** to undertake deliveries was signed and the **Rider** was first registered.

II. Incidental coverage: Additional costs Dependent Child benefit:

Subject to the **Waiting Period**, if the **Insured Person** has made at least 60 deliveries during the last 6 months, he/she will receive per **Dependent Child** in the event of the occurrence of **Additional Costs** an indemnity of EUR 1000.

Waiting Period: 41 weeks from the start date of **Period of Insurance** or the start date of the **Insured Person's** rider agreement with the **Master Policyholder**, whichever is the latest.

The proof of the **Additional Costs** may be reported by any means by the **Insured Person**.

This coverage is limited to one indemnity per **Dependent Child** and per contract.

The **Substitute** is excluded and cannot benefit from this coverage.

D. WHAT IS NOT COVERED

We will never cover under this Master Policy the Total Work Incapacity :

- resulting from the consequences of professional harassment and burn-out;
- resulting from and/or aggravated by a **Pre-existing Condition**.

E. GENERAL PROVISIONS

How to make a claim

In order to make a claim as a result of **Sickness** or for **Additional costs for Dependent Child**, the **Insured Person** shall provide all documents that will allow **Us** to establish the **Insured Person's** right to a benefit. The **Insured Person** shall commit to ask their **Medical Practitioner** to give them all information regarding their health condition.

The claim must be reported within 10 days of the first day of **Total Work Incapacity** or as soon as it is reasonable to do so. Failing this, no compensation will be due.

The claims management company reserves the right to verify the statements made to them and the answers provided to their inquiries. **Our** medical consultant can help the **Insured Person** request a medical examination with a **Medical Practitioner** designated by him. Costs for this exam will be at **Our** expense.

Items the **Insured Person** should keep in mind when claiming:

- A. Consult a **Medical Practitioner** as soon as possible.
- B. Provide the claims management company permission to see the case specific medical records as set out in any relevant legislation.
- C. Provide the evidence the claims management company requests to establish the circumstances surrounding the **Sickness**.
- D. Provide assistance and co-operate with claims management company in obtaining any additional medical and any other records the claims management company requires to evaluate the claim. If the **Insured Person** does not do so, **We** shall not be liable to pay the claim.
- E. Must agree to be examined by any medical advisor **We** appoint and as often as **We** feel necessary throughout the claim. **We** will pay for any such examination.
- F. The **Insured Person** will not be entitled to any benefit for any period of incapacity that the **Insured Person** does not provide evidence of. If a benefit has already been paid, the **Insured Person** will be required to pay back any amount that the **Insured Person** is not entitled to.
- G. The **Insured Person** must consent to personal data, including medical records, being shared with all parties involved in the claims handling process, including **Us**. It may also be necessary to share such data with the **Master Policyholder**.
- H. In case of **Mental Illness**, the **Insured Person** must provide a medical certificate from a psychiatrist.

Medical certificates & notification

Within 10 days of the beginning of the **Total Work Incapacity** due to the **Sickness** or as soon as reasonably possible, it is necessary to send **Us** a certificate of first observations from the **Insured Person's Medical Practitioner**.

All medical certificates relating to the **Sickness**, the treatment, the **Insured Person's** current or previous status as well as any other information requested by **Us**, also has to be provided to **Us** within 30 days or as soon as reasonably possible.

Measures in case of non-compliance with obligations in case of claim

In case of non-compliance with obligations in case of claim, **We** can reduce the indemnity or benefit or recover it if it has been paid to the extent that **We** have suffered a harm.

If **We** establish that the **Insured Person** deliberately or recklessly provided **Us** with false or misleading information relating to any claim, **We** may refuse to pay such claim and recover any benefit already paid and cancel this insurance in respect of such **Insured Person** from the date such false information was provided.

Complaints

What to do in the event of a complaint?

We aim to provide **You** and the **Insured Persons** with the best quality of service at all times.

Dissatisfaction may however arise during the relationship between **You** or the **Insured Person** and **Your** insurer, and we remain anytime open to complaints.

If **You** or the **Insured Person's** complaint relates to the management of **Your** contract, first consult the **Administrator** of your contract, Qover SA :

- Phone for Belgium: +32 (0)2 808 36 52
- Phone for Ireland: +353 1800 816 037
(price of a local call from a landline - between 9am and 4pm)
- E-mail: mediation@qover.com
- Mail:
QOVER SA/NV
Mediation Department
Rue du Commerce 31, 1000, Brussels
Belgium

For complaints specific related to the claims, **You** or the **Insured Person** can contact the claims management company Sedgwick :

- Phone: +44 2920 320967
- E-mail: deliverooclaimsint@uk.sedgwick.com

You or the **Insured Person** may also contact the Insurer Zurich Insurance Europe AG ("Zurich"), by writing to the following address:

Zurich Insurance Europe AG, Belgian branch
Complaints Department
Building Caprese - Da Vincilaan 5
1930 Zaventem
Belgium

Zurich undertakes to acknowledge receipt of **Your** or the **Insured Person's** correspondence within 10 working days (unless Zurich has already provided **You** with a reply within this period), and to process **Your** or the **Insured Person's** claim within a maximum period of 60 working days from receipt of **Your** correspondence.

Finally, in case **You** are still not satisfied, **You** may also refer the matter in writing to the Ombudsman des Assurance in Belgium or the Financial Services and Pensions Ombudsman Ireland at the following address:

Belgium
Insurance Ombudsman
Square de Meeûs 35
1000 Brussels
Belgium
Telephone: +32.2.547.58.71
Fax: +32.2.547.59.75

E-mail: info@ombudsman-insurance.be

Website: www.ombudsman-insurance.be

Ireland

Financial Services and Pensions Ombudsman

Lincoln House

Lincoln Place

Dublin 2

D02 VH29

Telephone: +353 1 567 7000

Email: info@fspo.ie

Website: www.fspo.ie

The Mediator is a separate personality from outside Zurich who carries out his mission in complete independence.

The provisions for handling complaints mentioned above are without prejudice to Your or the Insured Person's right to initiate legal proceedings.

Sanctions endorsement

We shall not be deemed to provide cover and **We** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Data protection

Who controls your personal information

This notice tells you how Zurich Insurance Europe AG ('Zurich'), as data controller, will deal with your personal information. Where Zurich introduces you to a company outside the group, that company will tell you how your personal information will be used.

You can ask for further information about our use of your personal information, or complain about its use in the first instance, by contacting our Data Protection Officer at: Zurich Insurance Europe AG, Belgian Branch, Da Vincilaan 5, 1930 Zaventem, Belgium or by emailing the Data Protection Officer at [_privacy.belgium@zurich.com](mailto:privacy.belgium@zurich.com).

If you have any concerns regarding our processing of your personal information, or are not satisfied with our handling of any request by you in relation to your rights, you also have the right to make a complaint to the Data Privacy Authority.

What personal information we collect about you

We will collect and process the personal information that you give us by phone, email, filling in forms, including on our website, and when you report a problem with our website. We also collect personal information from your appointed agent such as your trustee, broker, intermediary or financial adviser in order to provide you with the services you have requested and from other sources, such as credit reference agencies and other insurance companies, for verification purposes. We will also collect information you have volunteered to be in the public domain and other industry-wide sources.

We will only collect personal information that we require to fulfill our contractual or legal requirements unless you consent to provide additional information. The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions

information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

If you give us personal information on other individuals, this will be used to provide you with a quotation and/or contract of insurance and/or provision of financial services. You agree you have their permission to do so. Except where you are managing the contract on another's behalf, please ensure that the individual knows how their personal information will be used by Zurich. More information about this can be found in the 'How we use your personal information' section.

How we use your personal information

We and our selected third parties will only collect and use your personal information (i) where the processing is necessary in connection with providing you with a quotation and/or contract of insurance and/or provision of financial services that you have requested; (ii) to meet our legal or regulatory obligations, or for the establishment, exercise or defence of legal claims; (iii) for our "legitimate interests". It is in our legitimate interests to collect your personal information as it provides us with the information that we need to provide our services to you more effectively including providing you with information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

Examples of the purposes for which we will collect and use your personal information are:

- to provide you with a quotation and/or contract of insurance
- to identify you when you contact us
- to deal with administration and assess claims
- to make and receive payments
- to obtain feedback on the service we provide to you
- to administer our site and for internal operations including troubleshooting, data analysis, testing, research, statistical and survey purposes
- for fraud prevention and detection purposes.

We will use your health information and information about any convictions for the purposes of providing insurance, and this includes arranging, underwriting, advising on or administering an insurance contract between you and us.

We will contact you to obtain consent prior to processing your personal information for any other purpose, including for the purposes of targeted marketing unless we already have consent to do so.

Who we share your personal information with

Where necessary, we share personal information for the purposes of providing you with the goods and services you requested with the types of organisations described below:

- associated companies including reinsurers, suppliers and service providers
- intermediaries, introducers and professional advisers
- survey and research organisations
- credit reference agencies
- healthcare professionals, social and welfare organisations
- other insurance companies
- comparison websites and similar companies that offer ways to research and apply for financial services products
- fraud prevention and detection agencies.

Or, in order to meet our legal or regulatory requirements, with the types of organisations described below:

- regulatory and legal bodies
- central government or local councils
- law enforcement bodies, including investigators
- credit reference agencies
- other insurance companies.

We may also share the following data with the types of organisations outlined above, for the purpose of statistical analysis, research and improving services:

- anonymised data - data encrypted to make it anonymous, which protects an individual's privacy by removing personally identifiable information
- pseudonymised data - personally identifiable information replaced with a pseudonym to make the data less identifiable, such as replacing a name with a unique number
- aggregated data - similar groups of data, such as age, profession or income which are expressed as a summary for statistical analysis.

How we use your personal information for websites and email communications

When you visit one of our websites we may collect information from you such as your email address or IP address. This helps us to track unique visits and monitor patterns of customer website traffic, such as who visits and why they visit.

We use cookies and/or pixel tags on some pages of our website. A cookie is a small text file sent to your computer. A pixel tag is an invisible tag placed on certain pages of our website but not on your computer. Pixel tags usually work together with cookies to assist us to provide you with a more tailored service. This allows us to monitor and improve our email communications and website. Useful information about cookies, including how to remove them, can be found on our websites.

How we transfer your personal information to other countries

Where we transfer your personal information to countries that are outside of the European Union (EU) we will ensure that it is protected and that the transfer is lawful. We will do this by ensuring that the personal information is given adequate safeguards by using 'standard contractual clauses' which have been adopted or approved by the EU, or other solutions that are in line with the requirements of European data protection laws.

A copy of our security measures for personal information transfers can be obtained from our Data Protection Officer at: Zurich Insurance Europe AG, Belgian Branch, Da Vincilaan 5, 1930 Zaventem, Belgium or by emailing the Data Protection Officer at [_privacy.belgium@zurich.com](mailto:privacy.belgium@zurich.com).

How long we keep your personal information for

We will keep and process your personal information for as long as necessary to meet the purposes for which it was originally collected.

There are a number of factors influencing how long we will keep your personal information, and these are shown below:

- to comply with applicable laws and regulations or set out in codes issued by regulatory authorities or professional bodies
- our business processes, associated with the type of product or service that we have provided to you
- the type of data that we hold about you
- if your data relates to any ongoing, pending, threatened, imminent or likely dispute, litigation or investigation
- to enable us to respond to any questions, complaints, claims or potential claims
- if you or a regulatory authority require us to keep your data for a legitimate purpose.

Your data protection rights

We will, for the purposes of providing you with a contract of insurance, processing claims, reinsurance and targeted marketing, process your personal information by means of automated decision making and profiling where we have a legitimate interest and/or you have consented to this.

You have a number of rights under the data protection laws, namely:

- to access your data (by way of a subject access request)

- to have your data rectified if it is inaccurate or incomplete
- in certain circumstances, to have your data deleted or removed
- in certain circumstances, to restrict the processing of your data
- a right of data portability, namely to obtain and reuse your data for your own purposes across different services
- to object to direct marketing
- not to be subject to automated decision making (including profiling), where it produces a legal effect or a similarly significant effect on you
- to claim compensation for damages caused by a breach of the data protection legislation
- if we are processing your personal information with your consent, you have the right to withdraw your consent at any time.

You can exercise your rights by contacting our Data Protection Officer at: Zurich Insurance Europe AG, Belgian Branch, Da Vincilaan 5, 1930 Zaventem, Belgium or by emailing the Data Protection Officer at privacy.belgium@zurich.com.

What happens if you fail to provide your personal information to us

If you do not provide us with your personal information, we will not be able to provide you with a contract or assess future claims for the service you have requested.

Changes by Us

We may change non-essential details in these General Policy Conditions and/or the **Master Policy** Schedule at any time by giving **You** at least 30 days written notice.

Non-essential details shall be all modifications which do not have an effect on the insurance coverage or insurance premium such as the formal presentation of the insurance policy or the typography.

If **You** reject or cannot accept the proposed changes of conditions, **You** have the right to cancel this insurance policy within a period of 30 days after the date the written notice was sent by **Us**.

If the cover provided to **You** on behalf of the **Insured Persons** is changed due to legislative or regulatory changes which are outside **Our** control, then **We** may not be able to give **You** 30 days' notice.

The **Insured Persons** have no cancellation rights under this insurance policy.

Law & Jurisdiction

It is agreed that this **Master Policy** shall be governed exclusively by the law and practice of the country where the **Insured Person** is based (either Belgium or Ireland), and any disputes arising under, out of or in connection with this insurance shall be exclusively subject to the jurisdiction of the respective local competent court in Belgium or Ireland.

In the event of any conflict or discrepancy between any translated version of the **Master Policy** and the English version, the English version shall prevail.

F. DEFINITIONS

ADDITIONAL COSTS

Expenses that the **Insured Person** will have to pay for the education of a child not conceived when the contract is taken out or when a child is adopted, the procedures for which began after the date of taking out the contract, during the first year of a **Dependent Child's** life.

ADMINISTRATOR

QOVER SA/nv – RPM 0650.939.878 – FSMA 0650.939.878. QOVER's legal and operating offices are located at "Rue du Commerce 31 – 1000 Brussels".

AFFILIATED COMPANIES

Means the **Affiliated Companies** covered by the **Master Policy**, including Deliveroo Belgium BVBA and Deliveroo Ireland Limited.

DEPENDANT CHILD

- the child is a minor and does not receive any income of his own;
- the child is of age and connected to your tax household.

INSURED PERSON/RIDER

Means the active courier who has a contract with the **Master Policyholder** and/or **Affiliated companies** by way of a valid rider agreement and who is able to accept and execute requests for deliveries by logging in to the Deliveroo App, provided by the **Master Policyholder**.

INFORMATION NOTICE

Description of the benefits and exclusions provided for in the **Master Policy**, its Terms and Conditions, the **Insured Person's** rights and obligations, how to make a claim and file a complaint, and other important information.

MASTER POLICY

The combination of this **Master Policy** document (titled 'Group Sickness Cover Master Policy Terms & Conditions'), the Master Policy Schedule (titled 'Master Policy Schedule - Group Sickness Insurance') with its Appendices, and any endorsement(s) attaching hereto.

MEDICAL PRACTITIONER

Means a qualified person who is registered with the local authorities as a medical practitioner and licensed to practice medicine in the country of coverage. This cannot be the **Insured Person**, anyone related to the **Insured Person** or anyone living with the **Insured Person**.

PERIOD OF INSURANCE

Means the dates stated on the Master Policy Schedule during which insurance benefits agreed under the **Master Policy** between the **Master Policyholder** and **Us** are in force.

PRE-EXISTING CONDITION

Means any condition, illness, disease or related condition and/or associated symptoms, whether diagnosed or not, which prior to the start of this insurance the **Insured Person** suffered and:

- is known or should reasonably be known about by the **Insured Person**; or
- the **Insured Person** had seen, or arranged to see, a **Medical Practitioner** about.

This will not include any **Pre-Existing Condition** for which the **Insured Persons** have been treatment- and symptom-free for a minimum of 12 months.

SICKNESS

A sickness suffered by an **Insured Person** at any time which leads directly to the **Insured Person** being medically certified that he or she is unable to undertake delivery services for more than 7 consecutive days. **Mental illness** is considered to be a **Sickness**.

SUBSTITUTE

Means the person approved by the **Insured Person**, who makes Deliveroo deliveries on behalf of the **Insured Person** and meets the obligations and criteria of the rider contract concluded between the **Insured Person** and the **Master Policyholder** and/or **Affiliated Companies**.

TOTAL WORK INCAPACITY

A period during which an individual, for physical or psychological reasons, is not fully able to engage in the usual activities involved in a professional activity.

WAITING PERIOD

With regard to **Sickness**: the period following the occurrence of the **Sickness** and at the end of which the benefit will be paid retroactively from the first day on which the **Sickness** has been certified by a **Medical Practitioner**.

With regard to **Dependent child** : the period during which no benefits will be granted and during which the **Insured Person** and the **Substitute** do not benefit from insurance coverage.

WE/US/OUR

Means Zurich Insurance Europe AG, Belgian Branch.

WORK

Means the **Insured Person** being contracted to the **Master Policyholder** and/or **Affiliated Companies** and who is able to accept and execute requests for deliveries by logging in to the Deliveroo App, provided by the **Master Policyholder**.

YOU/YOUR/MASTER POLICYHOLDER

Means the **Master Policyholder** and/or its **Affiliated Companies** identified as Deliveroo Belgium BVBA and Deliveroo Ireland Limited, in the Master Policy Schedule, who has concluded the policy and has paid the total amount of the premium to the **Insurer**.

The obligations and duties arisen from the contract correspond to the **Master Policyholder**, except those that by their nature must be fulfilled by the **Insured Person**. The benefits arising from the insurance contract will correspond to the **Insured Person**.

It is expressly stated that the duty to pay the premium is assumed exclusively by the **Master Policyholder**.



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