

General customer information for the tariff Go

1 Identity of insurer

Insurer is:
Squarelife Lebensversicherungs-Aktiengesellschaft ("Squarelife")
Landstrasse 33
9491 Ruggell
Liechtenstein
info@squarelife.li
Entered in the Liechtenstein public register
Register number: FL-0002.197.226-9
www.squarelife.li

2 Main business activity of insurer

Squarelife operates a life insurance business.

3 General Terms and Conditions of Insurance that apply to the insurance policy

The General Conditions of Insurance (GTC) and the Special Conditions applicable to the tariff Go apply to this insurance contract.

4 Guarantee fund

There is no guarantee fund.

5 Complaints office and supervisory body

The policy holder can submit complaints either to the insurer (see paragraph 1) or to the supervisory body:
FMA Finanzmarktaufsicht Liechtenstein
Landstrasse 109,
Postfach 279
9490 Vaduz
Liechtenstein
The possibility of contacting local complaints offices or taking legal action is expressly not affected by this.

General insurance conditions for the tariff Go (GTC)

6 Subject of the insurance

This insurance is a risk life insurance for the sudden and unexpected death after an accident, heart attack, stroke including supplementary insurance for certain accident injuries..

7 Policy holder/insured person

The policy holder is the person stated in the insurance certificate. Where not otherwise determined, the policy holder is also the insured person.

8 Information about the conclusion of the insurance policy

The insurance policy is considered concluded upon transfer of the acceptance confirmation to the e-mail address stated by the policy holder.

9 Start of insurance coverage

Insurance coverage begins at the time stated in the insurance certificate if you pay the premium in good time as defined by paragraph 10 .

10 Payment and consequences of late payment

The insurance premium is due at the time of aquisition of the policy.
If the contribution is not paid in time, there is no insurance cover.

11 Information about conversion into premium-free or reduced-premium insurance

The insurance policy cannot be premium-free in whole or in part.

12 End of insurance policy

The insurance contract ends with the date specified in the insurance confirmation.

13 Information about surrender value, determination of surplus and surplus participation

No surrender value applies upon termination of the insurance policy.
There is no participation in any surplus and valuation reserves.

14 Precontractual duty of disclosure

The policy holder is to answer truthfully and in full all of the questions asked in writing by the insurer before conclusion of contract. A violation of the precontractual duty of disclosure exists if circumstances that are relevant to the granting of insurance coverage and which the insurer has requested in writing and which have not been reported or have not been correctly reported by the policy holder. The legal consequences depend on whether the precontractual duty of disclosure was violated wilfully, through gross negligence, through ordinary negligence or innocently.

15 Obligations following the start of the insured event

15.1

Any insured event is to be reported to the insurer immediately.

15.2

The insurer has the right to have an expert assess a diagnosis. The insured person must comply with the request for an expert assessment. The resulting costs including any loss of earnings resulting from this are assumed by the insurer.

15.3

The policy holder or insured person is to provide the insurer with detailed and truthful reports of damage and to provide support in assessing and settling the claim. All circumstances that are important in the view of the insurer when processing the claim must be reported by the policy holder to the insurer and all written documents requested for this sent.

16 Legal consequences upon violation of the obligations

16.1

If the policy holder or the insured person wilfully violate an obligation, the insurer is released from its obligation to indemnify. In the event of a grossly negligent violation of an obligation, the insurer is entitled to reduce the indemnification in relation to the severity of your culpability.

16.2

Upon violation of a duty to notify or clarify that exists before the insured event, the complete or partial elimination of insurance coverage takes place on the prerequisite that the insurer has informed the policy holder of this legal consequence through a separate notification in writing. If the policy holder demonstrates that he has not violated the obligation in a grossly negligent manner, the insurance coverage remains in place.

Insurance coverage also remains in place if the policy holder demonstrates that the violation of the obligation was not the cause for either the occurrence or the determination of the insured event or for the determination or the scope of the indemnification owed by the insurer. This does not apply if the policy holder fraudulently violates the obligations.

17 Right to cancel

The insurance policy can be cancelled by the policy holder within 31 days, although at the latest before the start of the contract. To observe this period, it is sufficient to transfer the cancellation to the insurer by e-mail or by post in good time (see paragraph 1 of the general customer information).

The cancellation period only begins when the policy holder has received the following documents:

- The insurance certificate,
- The AVB and associated special terms and conditions,
- The product information sheet and the general customer information.

Premiums already paid are refunded to the policy holder in full.

18 Payment of indemnification

The insurance indemnification becomes payable when the insurer has completed its findings into the reason for and extent of the claim.

19 Limitation

The insurance claims expire once a period of three years elapses from the occurrence of the fact on which the obligation to provide indemnification is based.

20 Non-assignment clause

The insurance claims cannot be transferred or pledged before becoming payable without the consent of the insurer.

21 Communication

The language of correspondence is English.

All of the notices and declarations intended for the insurer should be addressed to the main headquarters or to the body designated as responsible in the insurance certificate.

The insurer sends mail by e-mail. The policy holder can also send mail by e-mail. Any documents to be sent (e.g. invoices or medical reports) can be sent digitally as an e-mail attachment (e.g. scanned or photographed). If requested by the insurer, the original documents must be submitted.

22 Expenses

The contract and administration costs are taken into account at a flat rate. The insurer does not issue invoices for other expenses.

23 Taxes and duties

All taxes and duties that are payable now or in the future based on the insurance relationship are exclusively to be borne by the policy holder. The insurer reserves the right here to invoice these separately or offset them with the indemnification. The invoiced premium already includes insurance tax, where this is to be paid by law.

24 Responsible court

Legal responsibility for complaints from the insurance policy against the insurer is determined according to the headquarters of the insurer.

Legal responsibility for complaints from the insurance policy against the policy holder is determined according to the place of residence and headquarters of the policy holder. If the policy holder moves his place of residence or headquarters into a state outside of Switzerland or the EEA, legal responsibility is determined according to the headquarters of the insurer.

25 Severability clause

If individual provisions of this insurance policy are invalid or unfeasible or become invalid or unfeasible following conclusion of this contract, this shall not affect the validity of the remaining provisions in this insurance policy. The invalid or unfeasible provision must be replaced by a valid, feasible provision, the effects of which come closest to the economic objective of the invalid or unfeasible provision as intended by the contractual parties. The preceding provisions apply accordingly in the event that the insurance policy is shown to have a loophole.

Special Conditions applicable to the tariff Go

26 Insured event

An insured event occurs if the insured person suffers an accident, heart attack or stroke within the duration of the insurance cover.

An accident occurs when the insured person involuntarily suffers a health injury due to an event (accident event) which is suddenly acting on the body from outside.

27 Death Benefit (main risk)

The insurer pays the agreed sum insured if, as the result of an insured event, the insured person dies within three months of the occurrence of the insured event.

28 Instant benefit

28.1

If the insured person suffers an insured event mentioned in the assessment table for instant benefit (section 28.2) as a result of an accident in accordance with section 26, a right to instant benefit arises. The presence of an injury or disease must be demonstrated by an objective medical report based on medical findings.

The injury must be determined immediately by a doctor and the right to instant benefit be registered with the insurer within one month after the medical examination. If death occurs within 72 hours of the event, there is no claim to instant benefit.

28.2

Instant benefit is paid according to the following valuation table. If the accident or an acute illness has resulted in several of the physical damage listed in the evaluation table, the amount of the benefit will be determined by the physical injury, for which the maximum amount is set in the table.

Coverage 100% of the agreed insurance sum:

pelvic ring fracture (without coccyx, incl. Sacrum)

hip fracture

humeral head fracture

skull fracture with brain injury of second grade

burn of min. 10% of body surface, from grade 3

vertebral fractures with complete cross-section paralysis

Coverage 50% of the agreed insurance sum:

elbow joint fracture

wrist fracture (without hand)

patella fracture

Upper / lower leg fracture

Humeral shaft fracture

ankle fracture

forearm fracture

burn of min. 20% of body surface, from grade 2

Coverage 10% of the agreed insurance sum:

Achilles tendon rupture

biceps tendon rupture

Internal or external ligament rupture at the knee joint

Internal or external ligament rupture at the ankle

Jawbone, nasal bone, upper jaw, lower jaw fracture

cruciate ligament rupture

patella tendon rupture

Rib series fractures (at least 3 ribs)

skull fracture without brain involvement

vertebral body fractures without complete cross-section paralysis

Supplementary explanations on the diagnoses indicated:

- Fractures are complete bone fractures (discontinuity of a bone with formation of fragments). This does not include incomplete fractures, fissures, infraction, bony scraping and sprains, as well as bony band tears.
- The coccyx and the sacrum do not belong to the spine in the sense of these conditions
- Band and tendon ruptures in the sense of these conditions are complete ruptures of stabilizing capsule structures and complete rupture of tendons as well as complete osseous ligament tears; The above description applies only to the diagnoses mentioned here and the damage must be confirmed by an MRI examination, CT examination.
- Partial ruptures, meniscus fissures, muscle and muscle fiber cracks do not fall under the insurance cover.

29 Bike protection

If the insured person has suffered an injury or acute illness specified in the assessment table for immediate benefits (see Section 28.2) and his or her own insured racing bicycle has been damaged, destroyed or lost, a claim for payment of the agreed sum insured arises.

The accident and the resulting damage or loss of the insured bike must be reported immediately by the insured person.

30 Insurance sum

The insurer shall reimburse the insured benefits according to points 27 and 28 to a maximum of the agreed insurance sum. The agreed insurance sums are shown in the insurance confirmation.

31 Exclusions

31.1 Dangerous activities in work and leisure

The insurer shall not pay if the accident occurs by one of the following activities:

- Professional sport, i.e., sport as the main source of income or as a core activity in the profession
- Dealing with explosives or weapons
- Competitions, e.g. car or bicycle races
- Motorsport, except normal motorcycling on roads in leisure time
- Flying (professionally or hobby), except normal passenger airlines
- Dangerous leisure activities, e.g. Mountaineering, rock climbing, caving, combat sports, bungee jumping, parachute jumping and other extreme sports (normal skiing on holiday is not a dangerous leisure activity)
- Underwater activities, except diving as a hobby up to 30 meters without special risk such as hollow dives or ice diving

31.2 Special cases

The insurer does not pay if the accident or the acute illness is caused:

- by foreseeable, acute deterioration of an existing condition.
- by riots, if the insured person has participated on the part of the agitator peers.
- by warlike events, if the insured person was actively involved.
- by intentional execution or the criminal attempt of a crime or offense by the insured person. Negligent and grossly negligent violations are not affected by this exclusion.
- by intentional self-harm or attempted suicide. However, if it is proven that these actions have been committed in a state of morbid disturbance of the spirit, excluding the free determination of will, the exclusion is not valid.
- by radiation caused by nuclear energy which endangers or damages the lives or health of many people in such a way that the use of the disaster control authority of a European state or comparable institutions of other countries is necessary to defend and combat them.

32 Beneficiary

The insurance benefit is paid to the insured person or to his/her legal heirs. The insured person may change this provision in writing at any time until the occurrence of the insured event and determine a beneficiary as eligible.