



**Product Sheet for Group Insurance Safe Business
for BNP Paribas Bank Polska S.A.'s Clients**

**The insurance is protective in nature and operates under Silver and Gold Cards
issued to a bank account,
and applies to the Insured who joined the insurance contract from 10/08/2020.**

1.	Insurer	Inter Partner Assistance S.A. with registered office in Brussels operating in Poland through Inter Partner Assistance S.A. Branch in Poland, ul. Prosta 68, 00-838 Warsaw
2.	Policyholder	BNP Paribas Bank Polska S.A. in Warsaw, ul. Kasprzaka 2, hereinafter referred to as the Policyholder and the Bank, which concludes with the Insurer group insurance contract. The Bank is the Policyholder and offers its Clients possibility to enter the insurance contract concluded between the Bank and the Insurer. The Bank's responsibility includes informing the Insured about the terms of the insurance.
3.	Beneficiary	The Cardholder is entitled to receive the benefit.
4.	Subject and scope of insurance cover	<ol style="list-style-type: none"> Subject of corporate insurance is: <ol style="list-style-type: none"> Unauthorized Card use; ATM Mugging; Fraudulent Card use. Territorial scope of the insurance covers the Insurance Event occurred in the whole world. <p>The detailed scope of the insurance cover can be found in the Special Terms and Conditions of the Bezpieczny Biznes + Insurance (hereinafter also referred to as "STCI").</p>
5.	Benefits to which the customer or other persons are entitled under the insurance contract	Tabel of benefit and limits – appendix no. 1 to this Product Sheet.
6.	Insurance Premium.	<p>The Client does not pay the insurance premium or bear any other costs related to the insurance coverage provided by the Insurer. The obligation to pay the premium is borne by the Policyholder under the insurance contract.</p> <p>The insurer determines the amount of the insurance premium on the basis of the tariff in force on the date of conclusion of the insurance contract, based on the insurance risk.</p>
7.	Principles of determining the value of the benefit	<ol style="list-style-type: none"> Should the Insured event occur, the Insured must immediately call the 24h Assistance Call Center at +48 22 529 85 20 and notify the Insurer about the event occurrence by providing true information about the occurrence and consequences of such event and all other insurance contracts pertaining to the same risks Determining the legitimacy of claims and the amount of benefits due is carried out on the basis of the complete documentation submitted by the Insured. In the event of a claim for the provision of medical services under the insurance contract, the Insurer may request that medical documentation is delivered, further consents and statements are submitted, necessary to determine the Insurer's liability and benefits. The Insurer will pay the benefit within 30 days from the day on which the occurrence of the Insured event is reported. If it is impossible to clarify the circumstances necessary to determine the Insurer's liability or the value of the benefit within the above deadline, the benefit will be paid within 14 days from the day on which, taking all due care, it became possible to clarify those circumstances, with a reservation that the indisputable part of the benefit will be paid by the Insurer within the deadline stipulated in par. 4 of this Article. If the benefit is not due or is due at a different amount from the one specified in the claim, the Insurer will inform the claimant in writing, indicating the circumstances and legal basis justifying total or partial refusal to pay the benefit. The benefit is paid in Polish zlotys. The conversion into Polish zlotys of expenses incurred in foreign currencies is made at the average NBP exchange rate binding on the day the benefit payment decision is issued.

8.	Value of the sum insured and the prerequisites for its potential change	<p>The insurer pays the benefit up to the sum insured and the limits appropriate for individual benefits, in accordance with the scope of insurance.</p> <p>Sum insured for individual risk is given in the Table of benefit and limits – appendix no. 1 to this Product Sheet.</p> <p>Changing the sum insured or amount of benefits is not possible.</p>
9.	Period and scope of insurance cover	<ol style="list-style-type: none"> 1. The insurance protection and right to benefit from insurance coverage according to the insurance contract starts with the moment of entering the insurance contract by the Cardholder. 3. The insurance protection lasts only when the Card is active, subject to par. 3 below. 4. The Insurer's liability expires: <ol style="list-style-type: none"> a) upon exhausting the sum insured for a given risk or limit for a benefit; b) on the day the Policyholder withdraws from the insurance contract; c) on the day of the Insured's death with regards to that Insured; d) on the last day of the insurance period; e) the last day of calendar month in which the Card will be blocked, subject to par. 4 below whatever happens first. 5. If a Card is blocked, insurance coverage for a Card issued as replacement for the blocked Card does not require the filing of a new declaration form and continues uninterrupted, provided that the replacement Card is activated not later than during the month following the date of blocking the original Card.
10.	Exclusions and limitations of Insurer's liability	<ol style="list-style-type: none"> 1. The Insurer is not liable for events being a consequence of: <ol style="list-style-type: none"> a) hoodlum behavior, participation in fights or committal of a crime by the Insured or an attempt of the Insured to commit a crime; b) active participation of the Insured in mutinies, demonstrations, uprisings or unrests, public acts of violence, strikes or as a result of intervention or decision of public authorities; c) mental disorders; d) the Insured remaining in the state of intoxication or after drinking alcohol or other psychoactive substances. 2. Moreover, the insurance does not cover cases where the event: <ol style="list-style-type: none"> a) took place as a result of a suicide, attempted suicide or as a result of intentional self-inflicted bodily injury, regardless of the state of sanity; b) was caused by epidemics, chemical or biological contamination or a nuclear threat 3. Additionally the Insurer does not have responsibility for events related to: <ol style="list-style-type: none"> a) deliberate actions of the Carduser or a person with whom the Card User lives in a common household; b) gross negligence of the Carduser, unless the performance of the service corresponds to fairness in the given circumstances; c) being under the influence of alcohol, drugs or other intoxicants by the Carduser; d) leaving the Card unsecured in a generally accessible public place; e) using the Card after the employment contract with the Card User is terminated.
11.	Resignation from insurance cover	<p>The insured is entitled to withdraw from the insurance protection at any time by submitting an appropriate declaration.</p> <p>The resignation from the insurance cover before the end of the insurance period does not involve any costs for the Client.</p>
12.	Reporting insured events and lodging Complaints	<p>Reporting Insured event:</p> <ol style="list-style-type: none"> 1. Should the Insured event occur, the Insured must immediately call the 24h Assistance Call Center at +48 22 529 85 20 and notify the Insurer about the event occurrence by providing true information about the occurrence and consequences of such event and all other insurance contracts pertaining to the same risks 2. In case of an Insured Event, the Insured is obliged: <ol style="list-style-type: none"> a) immediately, at the latest within 48 hours, contact the Assistance Call Center. This obligation does not apply to situations where the Insured was objectively unable to contact the Assistance Call Center due to the health condition; b) to supply all available information necessary to determine the right to benefits, in particular: PESEL number or date of birth, first and last name of the Insured; c) to clearly explain the circumstances of the Insured Event, in particular, the date and place of its occurrence; d) to provide a phone number at which the Assistance Call Center may contact the Insured; <p>Complaints:</p> <ol style="list-style-type: none"> 1. Complaints are filed: <ol style="list-style-type: none"> 1) in writing:

		<p>a) in person at the Insurer's registered office or the Agent's branch;</p> <p>b) by post to the Insurer's address: Quality Department of Inter Partner Assistance Polska S.A. ul. Prosta 68; 00-838 Warsaw</p> <p>2) electronically to the e-mail address: quality@axa-assistance.pl.</p> <p>2. The Complaint should contain the following data:</p> <p>1) Customer's first and last name; company's name;</p> <p>2) the Customer's full correspondence address, or</p> <p>3) e-mail address to which the reply should be sent;</p> <p>4) indication of the insurance contract referred to in the Complaint;</p> <p>5) description of the problem being reported as well as the subject and circumstances justifying the Complaint;</p> <p>6) actions expected by the Customer;</p> <p>7) if the Customer expects that the reply be sent by electronic mail – the Customer's request in this regard.</p> <p>3. If in the process of considering the Complaint it is necessary to obtain additional information related to the notification, the Insurer will ask the Customer to provide such information.</p>
13.	Examining Complaints and grievances	<p>1. The Insurer will reply without unnecessary delay, not later though than within 30 days of receiving the Complaint. To observe the deadline, it is sufficient to send the reply before the deadline is up.</p> <p>2. In particularly complicated cases which make it impossible to consider the Complaint and to reply to it within the deadline referred to in par. 4, the Insurer:</p> <p>1) explains the reason for the delay;</p> <p>2) indicates the circumstances which must be clarified in order for the case to be examined;</p> <p>3) indicates the anticipated date by which the Complaint will be examined and a reply given, which can take no longer than 60 days.</p> <p>3. The Insurer's reply will be sent to the postal address, unless the Customer asked that the reply be sent by electronic mail, in this case the reply will be sent electronically to the e-mail address.</p> <p>4. The Customer may take legal action. The action for claim under the insurance contract may be brought before a competent court in accordance with the law on general jurisdiction or before a court having jurisdiction over the place of residence or registered office of the Policyholder, or the place of residence of the Insured, the person entitled or their heirs.</p> <p>5. The Customer being a consumer may also ask a competent local District (Municipal) Consumer Ombudsman for assistance.</p> <p>6. The Customer has the right to apply to the Financial Ombudsman to conduct a procedure aimed at settling a consumer dispute associated with the insurance contract out-of-court. More information about this subject is available on the Financial Ombudsman's website at https://rf.gov.pl/.</p>
14.	Taxation of benefits	Not applicable.
15.	The impact of insurance on the availability of banking products	Insurance is an integral part of the Account and does not affect its cost.

IMPORTANT: This Product Sheet is informational material and does not constitute an integral part of the insurance contract, it's not an agreed standard nr marketing material. The Product Sheet was prepared by Inter Partner Assistance S.A. Branch in Poland on the basis of Recommendation U on good practices in bancassurance issued by the Polish Financial Supervision Authority in June 2014 and on the basis of SCTI, which are valid for Insured events occurred from 04/01/2021 and which includes full information about rights and obligations of the Insured.

The Insured shall have the right to request the Insurer to provide him with information and explanations on the provisions of the concluded insurance contract and the terms and conditions of the insurance to the extent that they relate to his rights and obligations.

Appendix no. 1 – Table of limits and benefits

Benefit		Sum insured
Unauthorized Card use		50 EUR per Insured Event
	+ cost of issuing new Card	500 PLN in insured year

ATM		2 000 PLN per Insured Event
Mugging	+ cost of issuing new Card	500 PLN in insured year
Fraudulent Card use		10 000 PLN per Insured Event