Terms and Conditions Loss of Licence

Insurance terms
Valid from 01.12.2025

1. What the insurance covers

The company is liable for loss of medical certificate (license) arising as a result of accidental injury or illness that results in permanent loss of medical certificate, such that the insured person can no longer perform duties on board. This also applies even if the insured person can find other work on land. Compensation is paid at the agreed sum insured as stated in the policyholder's insurance certificate.

The insured event is deemed to have occurred on the day the valid medical certificate is withdrawn with permanent effect, i.e. the day the "Declaration of Unfitness" is issued with permanent effect.

If the insured event occurs during a continuous period of sick leave that continues after the employer has terminated the insured person's employment, the insured person shall be covered by the insurance at the time of the declaration of incapacity, as long as the reason for issuing the certificate of incapacity coincides with the reason for the sick leave and the person concerned was covered by the insurance on the first day of the relevant period of sick leave.

It is also a condition that the insured event occurs no later than one (1) year after the termination of employment.

2. Duty of disclosure

The policyholder and the insured shall provide correct and complete answers to the company's questions, cf. section 13-1 of the Norwegian Insurance Contracts Act.
If the insured and/or policyholder has provided incorrect information, the company's liability may be reduced or lapse, cf. section 13-2 of the Norwegian Insurance Contracts Act.

3. When the company's liability begins

3.1 The insured has submitted a health declaration to the company

For employees who are permanently employed when the insurance contract comes into force, the company's liability commences upon the contract coming into force, provided that the insured person submits a valid health certificate and submits a health declaration that is approved by the company.

For employees hired after the agreement comes into force, the company's liability shall commence on the date on which the employee takes up permanent employment, provided that the insured person submits a valid health certificate and makes a health declaration that is approved by the company.

Based on information received about the insured person's health, the company may reject the application for insurance or make reservations regarding liability for illness existing at the time of subscription, cf. section 13-5 of the Norwegian Insurance Contracts Act.

If the insured person's health declaration is approved with reservations, the insurance does not cover illness, disability or injury for which reservations have been made.

3.2 The insured person has not submitted a health declaration to the company

For employees who are permanently employed when the insurance agreement enters into force, the company's liability commences at the effective date of the agreement provided that the insured presents a valid medical certificate and the policyholder submits a written declaration that the employee was fully fit for work at that time.

For employees hired after the agreement enters into force, the company's liability commences on the day the employee assumes a permanent position, provided that the insured presents a valid medical certificate and the policyholder submits a written declaration that the employee is fully fit for work at the time of commencement.

The company is not liable for loss of license within two years after the liability commenced, if such loss is due to illness, defect, or infirmity that the insured had at that time and which must be assumed to have been known by the insured, cf. section 19-10 of the Norwegian Insurance Contracts Act.

4. What is to be compensated

Compensation for loss of health certificate is paid based on the agreed sum insured as stated in the policyholder's insurance certificate. Compensation is calculated based on the insured person's age and G (the basic amount under the National Insurance Scheme) at the time the insured event occurred.

If the insured person is over 50 years of age at the time of the insured event, compensation shall be paid according to the following scale:

Age	Benefit in relation to the full sum insured
50 years	100
51 years	90
52 years	85
53 years	80
54 years	75
55 years	65
56 years	50
57 years	20
58 years	0

For pensionable service (employment) of less than 5 years, the compensation is reduced:

Number of years of service	Percentage of insurance sum
1 year of service	20%
2 years of service	40%
3 years of service	60%
4 years of service	80%
5 years of service	100%

In the case of part-time employment, the compensation amount is reduced pro rata in relation to the size of the position in relation to full-time employment.

5. Exceptions and general conditions for the company's liability

The company is not liable for loss of health certificate due to:

- illness, disability or injury for which a reservation has been made. This limitation only applies in cases where the insured has submitted a health declaration to the company in connection with enrolment in the scheme, cf. section 3.1.
- disability that occurs within two years after the company's liability commenced and is due to illness, disability or injury that the insured had at the time and which must be assumed that the person concerned was aware of. This limitation only applies in cases where the insured has not submitted a health declaration to the company, cf. section 3.2.
- illness without clear symptoms that the doctor can observe or record. The company is also not liable for anxiety about staying on or travelling to vessels, mobile facilities or permanently placed facilities, or for the consequences of abuse of alcohol or other intoxicants or abuse of such medicines that are only sold on prescription.
- Pregnancy and childbirth are not considered illnesses.
- Accidental injury suffered by the insured person while committing or attempting to commit a crime, or while under the influence of narcotics or intoxicated, unless it can be proven that there is no causal connection between the insured person's impaired state and the accidental injury.
- Illness or accidental injury caused by intent or gross negligence.
- illness or accidental injury caused by boxing, wrestling, judo and karate, hang gliding, parachuting, ballooning, scuba diving and motor vehicle racing.
- Death from any cause.
- Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS) and/or HIV- or AIDS-related illness.

6. Claims settlement - payment of compensation

The agreed insurance amount becomes payable on the day the valid medical certificate is permanently withdrawn. If there is any doubt as to whether the loss of the medical certificate is permanent, the decision shall be submitted to the Appeals Board. In such cases, the compensation becomes payable on the day the withdrawal is deemed final and permanent.

If the insured is entitled to compensation for the same injury or illness under occupational injury insurance, accident insurance (Safety Insurance), or other insurance schemes financed by the employer, the compensation under the license insurance will be reduced by a corresponding amount.

However, disability pension payments do not lead to a deduction from the compensation under the license insurance.

If the license insurance is paid out first, this is to be regarded as an advance payment (on account) to be deducted from the final settlement under other employer-financed insurance policies.

The policyholder and the insured are responsible for providing information about other employer-financed insurance schemes that may be paid as a result of the injury or illness causing the loss of the license.

Compensation for loss of a medical certificate will only be paid once. Upon payment, the insured exits the insurance.

7. Claims

Claims must be submitted without delay when it is assumed that the right to receive compensation exists.

Anyone claiming compensation must consult a doctor without delay, undergo regular medical treatment and comply with the doctor's instructions.

All claims must be reported to:
Norwegian Underwriting Agency AS
Fru Kroghs Brygge 8
0252 Oslo Norway
Email: post@norua.com

8. Subrogation

The insurer shall assume the rights of the insured with regard to recourse and legal remedies, both before and after payment has been made by the insurer, for such amount paid, and the insured shall take all reasonable steps to protect such rights and legal remedies.

9. Recourse

insurance company (cf. section 8-5, paragraph 1 of the Norwegian Insurance Contracts Act), the insurance company has the right to seek recourse from the insured in cases where the insurance company has paid compensation directly to the injured party.

10. In the event of disagreement about the insurer's handling of a case, assistance may be sought from:

Should the policyholder have any complaints regarding the insurance contract or services, notification may be sent to:

Norwegian Underwriting Agency AS
Fru Kroghs Brygge 8
0252 Oslo Norway
Telephone: 22 120 130
Email post@norua.com

The notice may also be sent directly to the insurance company at the address given in section 7.

11. Insurer's right of recourse

If the policyholder fails to comply with his or her obligations under the agreement between the policyholder and the insurer, and the insurer is still obliged to pay the sum insured in accordance with the rules, the insurer may seek recourse from the policyholder in accordance with general rules on compensation.

12. Changes to the terms and conditions and premium rates

No later than one month before the expiry date of the policy, the insurer may demand that the insurance terms and conditions and premium rates for the group cover be changed with effect from the beginning of the following insurance year.

13. Privacy

Information relating to privacy can be found at norua.com.

14. Obligations under money laundering regulations

As an insurance company, the company is subject to strict regulations to prevent their products and services from being used for financial crime and/or to finance terrorist activities. As a result, it is required to obtain information about its customers in order to fulfil its obligations under the money laundering regulations. Before the agreement can be established, it must have received the information and documentation that the company deems necessary to comply with money laundering regulations.

The company may choose not to enter into the agreement or change the scope of the agreement if the aforementioned requirements are not met or if there is suspicion of money laundering, terrorist financing or financial crime. Furthermore, the company may terminate existing customer relationships if there are objective grounds/suspicion that the company's products or services are being used as a tool for money laundering, terrorist financing or financial crime.

15. Assistance in complaints

If a dispute arises between the policyholder and the company, the dispute may be brought before the Norwegian Financial Services Complaints Board. The Board's decision is not final, and the dispute may be brought before the courts. Further information on this can be obtained by contacting the company or the Norwegian Financial Services Complaints Board, PO Box 53 Skøyen, 0212 Oslo, tel. 23 13 19 60.

Any disputes between the parties arising from the insurance relationship shall be brought before the District Court/Conciliation Board.