



**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 Executive, World Elite and Platinum Cards issued to a bank account, and applies to the Insured who joined the insurance contract from 19/01/2026.

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. Giełdowa 1, 01-211 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	In the case of travel insurance, the Carduser is entitled to receive the benefit. In the case of corporate insurance, the Cardholder is entitled to receive the benefit.
4.	Subject and scope of insurance cover	<ol style="list-style-type: none"> 1. Subject of the travel insurance is: <ol style="list-style-type: none"> 1) Medical expenses and medical assistance; 2) Personal accident; 3) Baggage delay; 4) Flight delay and flight cancellation; 5) Baggage loss. 2. Subject of corporate insurance is: <ol style="list-style-type: none"> 1) Unauthorized Card use; 2) ATM Mugging; 3) Fraudulent Card use. 3. 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. 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"> 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. 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. 3. 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. 4. The Insurer will pay the benefit within 30 days from the day on which the occurrence of the Insured event is reported. 5. 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.

		<ol style="list-style-type: none"> 6. 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. 7. 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. In addition, the following provisions shall apply to define the amount of the benefit in case of the Personal Accident insurance: <ol style="list-style-type: none"> 1) in order to determine the benefits in case of a Personal Accident it is necessary to establish the cause and effect relationship between the Personal Accident and the Permanent health impairment or death of the Insured. 2) permanent health impairment is deemed to be only and exclusively those types of damage, which are listed in the Table of Injuries, constituting Annex 2 to these GTC; 3) When determining the degree of a Permanent health impairment the type of work being performed by the Insured is not taken into account. 4) The degree of Permanent health impairment is determined after the end of treatment, convalescence and rehabilitation procedures, however not later than 24 months after the Personal Accident; 5) The certified degree of Permanent health impairment is expressed as a percentage and constitutes the basis for calculating the value of the benefit which corresponds to the percentage of the sum insured. 6) In a situation where the Insured sustained more than one Permanent health impairment, the overall degree of the health impairments equals to the sum of all percentages determined in case of each impairment, however, the sum cannot exceed 100%. 7) In situations where the Permanent health impairment consists in the loss of or damage to an organ or system whose functioning was impaired already before the Personal Accident, then the degree of the Permanent health impairment constitutes the difference between the percentage of impairment after the Personal Accident and the percentage of impairment before the Personal Accident. 8) When the Insurer paid out the benefit in virtue of Permanent health impairment before the Insured's death, then the death benefit is reduced by the amount of the benefit previously paid. 9. In addition, the following provisions shall apply to define the amount of the benefit in case of Baggage insurance: <ol style="list-style-type: none"> 1) The value of the compensation is determined on the basis of the costs of repairing the baggage – if damaged, or on the basis of the value of the contents of the baggage – if lost, with a reservation that the value of the items is determined on the basis of proofs of purchase (bills, confirmations of payment) or by referring to a new item with identical properties, taking into account the level of wear and tear of the item lost. 2) The extent of the loss is not affected by the sentimental, historical, collector's or scientific value of the given item. 3) If stolen items are recovered, the Insured should notify the Insurer about this fact. If the Insurer has already paid the compensation for the recovered items, he is entitled to claim for the refund of an amount of compensation by the Insured or a claim for the assignment by the Insured of the ownership rights to the recovered items. If the compensation has not been paid yet, the Insurer pays the amount taking into account the fact of the Insured has recovered said items. 4) The Insurer pays a benefit in the amount which is not recognized by a professional carrier or another entity responsible for the baggage the moment it got damaged or lost, up to a maximum amount equal to the Sum insured.
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 contact: <ol style="list-style-type: none"> a) For travel insurance, for every Trip of ten Insured: <ol style="list-style-type: none"> 1) for medical expenses and medical assistance, Baggage delay and flight delay - starts when the Insured crosses the border of the Country of permanent residence upon exit and ends when the Insured crosses the border of his Country of permanent residence upon his return from the Trip, at the latest at the 60. Day of the Trip; 2) for personal accident and Baggage loss - starts not earlier than when the Insured leaves the Place of Residence with the immediate intention of starting the Trip, and ends when the Insured returns to the Place of Residence after the end of the Trip, at the latest at the 60. Day of the Trip' b) for corporate insurance it starts with the moment of entering the insurance contract by the Cardholder. 2. The insurance protection lasts only when the Card is active, subject to par. 4 below. 3. 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. 4. 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 if the Insured: <ol style="list-style-type: none"> a) is acting contrary to the instructions of the attending physician in so far that it has affected the occurrence or increased the injury; b) did not release the attending physician or other institution from the confidentiality obligation, if the Assistance Call Center informs of such a necessity in order to determine the Insurer's liability; c) remains in an area 6500 meters above sea level, in the Antarctic or Arctic. 2. The Insurer is not liable for events being a consequence of: <ol style="list-style-type: none"> a) intentional actions of the Insured or his/her co-habitant; b) gross negligence of the Insured, unless the payment of the benefit in these circumstances complies with the rules of equity. 3. The insurance does not cover cases in which the event occurred as 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) lack of appropriate valid authorizations to perform a given activity, for instance, driving license of a given category, license to dive without an instructor; d) failure to take preventive vaccinations required by the World Health Organization prior to taking a Trip to a given country; e) sexually transmitted diseases, AIDS, HIV; f) mental disorders; g) the Insured remaining in the state of intoxication or after drinking alcohol or other psychoactive substances; h) practicing High Risk Sports, i) performing Manual Labor, j) consequences of Chronic disease, k) practicing sports outside specially designated places; l) participation in animal hunting; m) participation in competitions or rallies as a driver, pilot or passenger of any motor vehicles, also during trial and test runs; n) performance of stunts; o) fulfilling the function of a soldier, policeman, member of other uniformed forces or another unit or security forces. 4. 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) occurred during a Trip commenced by the Insured after the Ministry of Foreign Affairs of the Republic of Poland published a highest degree warning against travels to a given country; c) was caused by epidemics, chemical or biological contamination or a nuclear threat; d) occurred during the use of pyrotechnic. 5. Additionally, medical expenses insurance does not cover: <ol style="list-style-type: none"> a) treatment by a Relative,

- b) events associated with the Insured undergoing hospital treatment or operations for which there were indications prior to the start of the Trip, or associated with a trip for the purpose of obtaining a medical advice concerning an already existing health disorder of the Insured;
 - c) stay and treatment in centers: social welfare, sanatorium and rehabilitation centers, and oncological hospices;
 - d) medical aid given exclusively for aesthetic reasons, plastic surgeries, beautification treatments, as well as any aid required as a result of undergoing the above operations;
 - e) situations where medical care is recommended and appropriate but does not have to be provided immediately and can be provided after returning to the Country of permanent residence;
 - f) medical aid associated with follow-up examinations or preventive vaccinations;
 - g) examinations (including laboratory and ultrasound tests) for the purpose of determining pregnancy, aborting a pregnancy, any complications associated with pregnancy complications after the 26th week of pregnancy and delivery;
 - h) treatment of infertility or artificial insemination, as well as the related hormonal therapies;
 - i) costs of medications purchased without the physician's written recommendations;
 - j) treatments using methods not approved by common medical knowledge, treatments using unconventional methods;
 - k) purchase or repair of corrective glasses, dentures (including dental), equipment for rehabilitation and hearing aids.
6. **Additionally, Personal Accident insurance** does not cover Insured Events related to:
- a) events associated with pregnancy or abortion;
 - b) fractures associated with an in-born bone fragility, metabolic disorders or pathological sprains as well as a result of fatigue fractures and sprains resulting from in-born defects and disorders;
 - c) strokes and consequences of Personal Accidents caused by strokes;
 - d) motor disorders or spine injuries, including slipped disk, if it is a case of deterioration of the symptoms of an illness which already existed before the occurrence of a Personal Accident;
 - e) deterioration of the consequences of a Personal Accident due to deliberate or conscious failure of the Insured to see a Physician for the purpose of obtaining medical care or conscious failure to abide by the Physician's recommendations.
7. **Additionally, Baggage insurance** does not cover:
- a) Theft with Burglary or Robbery from a tent, including cases where the tent was locked using a mechanical or electronic lock;
 - b) means of transport, excluding wheelchairs, strollers and bicycles
 - c) eyeglasses, contact lenses, all types of medical, rehabilitation equipment, artificial limbs and medications;
 - d) losses arisen as a result of self-ignition or leakage of liquids, fats, dyes or corrosive substances carried in the baggage;
 - e) defects and malfunctions of electrical equipment resulting from operation or effects of electricity;
 - f) confiscation, seizure of or damage to baggage caused by customs authorities or other state authorities;
 - g) losses not reported to competent institutions (carrier, police) within 24 hours of detection of the loss, excluding situations where the health condition of the Insured objectively did not allow it to observe that deadline;
 - h) travel tickets and event tickets, cash, cheque books, payment cards, securities and prints of monetary value, keys, precious metals and items made from them, pearls and precious stones, watches;
 - i) collections and items having a collector's value, antiques, numismats, art items, items of cultural and historical value, manuscripts, musical instruments;
 - j) tobacco products and alcohol, intoxicants and psychotropic substances;
 - k) weapons and ammunition;
 - l) samples, exhibition items and items for sale, objects of copyright or industrial property rights;
 - m) plans and design projects, prototypes and image, sound and data media including their contents;
 - n) transported animals;
 - o) breakable items made of glass, porcelain, clay, marble;
 - p) Sports equipment appropriate for the category of High risk sports.
8. **Additionally, in corporate insurance** the Insurer does not have responsibility for events related to:
- 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: <ol style="list-style-type: none"> a) in person at the Insurer's registered office or the Agent's branch; b) by post to the Insurer's address: Quality Department Inter Partner Assistance S.A. Oddział w Polsce ul. Giełdowa 1, 01-211 Warsaw c) to the electronic registered delivery address of the Insurer: AE:PL30648-15425-EVIJG-16; 2) electronically to the e-mail address: quality@axa-assistance.pl. 2. The Complaint should contain the following data: <ol style="list-style-type: none"> 1) Customer's first and last name; company's name; 2) the Customer's full correspondence address, or 3) e-mail address to which the reply should be sent; 4) indication of the insurance contract referred to in the Complaint; 5) description of the problem being reported as well as the subject and circumstances justifying the Complaint; 6) actions expected by the Customer; 7) if the Customer expects that the reply be sent by electronic mail – the Customer's request in this regard. 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.
13.	Examining Complaints and grievances	<ol style="list-style-type: none"> 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. 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: <ol style="list-style-type: none"> 1) explains the reason for the delay; 2) indicates the circumstances which must be clarified in order for the case to be examined; 3) indicates the anticipated date by which the Complaint will be examined and a reply given, which can take no longer than 60 days. 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. 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. 5. The Customer being a consumer may also ask a competent local District (Municipal) Consumer Ombudsman for assistance. 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/.
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 aged 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 on June 26, 2023 and on the basis of SCTI, which are valid for Insured events occurred from 19/01/2026 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 Mugging		2 000 PLN per Insured Event
	+ cost of issuing new Card	500 zł in insured year
Fraudulent Card use		10 000 PLN per Insured Event
Travel insurance		50 000 PLN for every Trip
	Medical expenses	Up to sum insured
	Stemmatological treatment	500 PLN
	transport to/from medical facility	Up to sum insured
	Transport between medical facilities	Up to sum insured
	rescue	Up to sum insured
	Transport to Place/Country of permanent residence	Up to sum insured
	Transport of the body	Up to sum insured
	Extended stay	200 PLN alimantation and accommodation/night
	Transport of the Relative	transport – up to sum insured accommodation – 200 PLN/night
	Stay of Relative called in	transport – up to sum insured accommodation – 200 PLN/night
Personal accident - injury		10 000 PLN for every Trip
Person accident - death		10 000 PLN for every Trip
Baggage delay (6 h)		700 PLN for every Trip
Flight delay (6 h)		700 PLN for every Trip
Baggage loss		1 200 PLN for every Trip