

SLT - 425 - 20

Contract of Insurance

Insured: Ignitis Grupės Paslaugu Centras, UAB

Policy Number: FSCEO2002707

Period: 1st September 2020 to 31st August 2021

Type: Professional Indemnity Insurance

Limit: EUR 1,000,000

RISK DETAILS
Schedule

UNIQUE MARKET REFERENCE	B1526FSCEO2002707
TYPE	Professional Indemnity Insurance
INSURED	Ignitis Grupės Paslaugu Centras, UAB
PRINCIPAL ADDRESS	Juozapaviciaus str 13 Vilnius Lithuania LT-09311
PERIOD OF INSURANCE	From: 1st September 2020 To: 31st August 2021 Both days inclusive at Local Standard Time at the Principal Address of the Insured.
INTEREST	Professional Indemnity Insurance
LIMITS OF LIABILITY	EUR 1,000,000 each and every loss/claim and in the annual aggregate
SITUATION	Worldwide
RETROACTIVE DATE	17/03/2015
CLAIMS PAYABLE IN	EUR
NOTICE OF CLAIM NOMINEE	Notice of all claims and/or circumstances should be made to Insurers via ukfclaims@aon.co.uk . Notifications may be copied in writing to Head of Claims, Financial Services Group, The Aon Centre, The Leadenhall Building, 122 Leadenhall Street, London, EC3V 4AN, England.
CHOICE OF LAW AND JURISDICTION	<p>This contract (including without limitation any issues arising out of or in connection with its negotiation, validity, enforceability or other non-contractual disputes) is in all respects to be construed in accordance with and governed by Lithuania, Latvia, Estonia law only. Subject to any arbitration provision(s) in the contract (which will prevail over this provision), insurers and the insured agree:</p> <ol style="list-style-type: none">i) That any dispute(s) arising out of or in connection with this contract are subject to the exclusive jurisdiction of the Lithuania, Latvia, Estonia Courts ("the Selected Court");ii) To comply with all requirements necessary to give the Selected Court jurisdiction;iii) To waive any objection on the grounds of forum non conveniens or otherwise; andiv) To not issue or cause to be issued any legal proceedings in respect of this contract in any country other than the country of the Selected Court except for legal proceedings to enforce a final judgment of the Selected Court or any interim proceedings to protect the position of either party in support of proceedings commenced or to be commenced in the Selected Court.
PREMIUM	EUR 19,610

**TAXES PAYABLE BY
INSURED AND
ADMINISTERED BY
INSURERS** None

**TAXES PAYABLE BY
INSURERS AND
ADMINISTERED BY
THE INSURED OR
THEIR AGENT** None

PAYMENT TERMS LSW3000 – 60 days Premium Payment Clause

RISK DETAILS - WORDING

PROFESSIONAL AND TECHNOLOGY BASED SERVICES PROFESSIONAL INDEMNITY INSURANCE POLICY SCHEDULE

Draudimo sutarties numeris
Policy number

Draudikas:
The Underwriters

Paladinicas
Name

Lloyd's Insurance Company S.A

Adresas
Address

Bastion Tower
Marsveldplein 5
1050 Brussels
Belgium

Straipsnis 1 / Item 1:

Draudėjas:
The Assured

Pavadinimas
Name

Ignitis grupės paslaugu centras, UAB

Adresas
Address

A. Juozapaviciaus str. 13, LT-09311, Vilnius, Lithuania

Straipsnis 2 / Item 2:

Draudimo laikotarpis:
The Period of Insurance: 01.09.2020 – 31.08.2021

Draudėjo veikla:
The Assured's Business: As per insurance technical specification (data communication, software services, etc.)

Galiojimo teritorija:
Territorial scope: Lithuania, Latvia, Estonia

Pagrindinės sąlygos:
Underlying terms & conditions: AFB MEDIA TECH®

Straipsnis 3 / Item 3:

Draudimo suma:
Limit of Indemnity: 1.000.000 EUR

A. Bendra draudimo išmokų suma pagal visas draudimo apsaugos sąlygas įtraukiant pretenzijų reguliavimo išlaidas / Policy Aggregate Limit of Liability for all coverages combined including Claims Expenses but sub limited to: 1.000.000 EUR

B. Bendra draudimo išmokų suma taikoma Susitarimo D. daliai (Privatumo pažeidimo informavimo kaštai) / Aggregate sublimit of 1.000.000 EUR

liability applicable to Insuring Agreement D. (Privacy Notification Costs):

C. Bendra draudimo išmokų suma taikoma Susitarimo E. daliai (Teisinė gynyba ir baudos) / Aggregate sublimit of liability applicable to Insuring Agreement E. (Regulatory Defence and Penalties): **1.000.000 EUR**

Aukščiau išvardinta išmokų suma yra nesumuojama išmokų suma, kuri negali viršyti bendro draudimo sutartyje numatyto išmokų limito /The above sublimits of liability are part of, and not in addition to, the overall **Policy Aggregate Limit of Liability**

Straipsnis 4 / Item 4:

Išskaita / Retention:

A. Kiekvienos pretenzijos atveju (įtraukiant pretenzijas dėl priežiūros įstaigos inicijuoto nagrinėjimo) bei pretenzijos nagrinėjimo kaštus / Each **Claim Retention** (including each **Claim** in the form of a **Regulatory Proceeding**), includes **Claims Expenses**: **25.000 EUR**

B. Susitarimo D. (Privatumo pažeidimo informavimo kaštai) / Insuring Agreement D. (Privacy Notification Costs) **25.000 EUR**

Kiekvienam įvykiui, nutikimui ar susijusiems incidentams, kurių pasekoje patiriami Privatumo pažeidimo informavimo kaštai / Each incident, event or related incidents or events giving rise to an obligation to pay **Privacy Notification Costs**:

Straipsnis 5 / Item 5:

Įmoka:
The Premium: **EUR 19.610 (payable in 1 installment)**

Pradinė įmoka
Deposit Premium **100%**

Minimali įmoka
Minimum Premium **EUR 19.610 not adjustable**

Straipsnis 6 / Item 6:

A. Retroaktyvus laikotarpis:
A. Retroactive date: **17.03.2015**

B. Tęstinumo data / Continuity date:

Straipsnis 7 / Item 7:

Papildomas išplėstinis pranešimo laikotarpis / Optional Extension Period

A. Įmoka už Papildomą išplėstinį pranešimo laikotarpį / Premium for **XX** of the total
Optional Extension Period: premium for the Policy
B. Išplėstinio pranešimo laikotarpio trukmė / Length of Optional **XX**
Extension Period:

Straipsnis 8 / Item 8:

Žalos pranešimas / Notification under this Policy

(a) Beazley Group

Beazley Claims
Plantation Place South
60 Great Tower Street
London EC3R 5AD
United Kingdom
Email:

(b) Visi kiti pranešimai pagal šią draudimo sutartį turi būti pranešami / All other notices under this Policy shall be given to

Beazley Group
Plantation Place South
60 Great Tower Street
London EC3R 5AD
United Kingdom

(Visos žalos turi būti pranešamos kaip numatyta 8 Straipsnio a. punkte) (All Claims should be reported in accordance with 8.(a) above)

Straipsnis 9 / Item 9:

Terorizmo apsauga / Terrorism Coverage Netaikoma / N/a

Straipsnis 10 / Item 10:

Sutarčiai taikoma teisė / Choice of Law Lietuvos Respublikos / Republic of Lithuania

Straipsnis 11 / Item 11:

Draudiko kontaktai / Service of Suit:	Lloyd's Insurance Company S.A. Bastion Tower, Marsveldplein 5 1050 Brussels Belgium
Draudimo grupė: Group of insurance:	Bendrosios civilinės atsakomybės draudimas General Liability Insurance
Draudimo rūšis: Type of insurance:	Profesinės civilinės atsakomybės draudimas Professional indemnity insurance Informacinių technologijų atsakomybė Technology based services liability
Draudimo objektas: Object Insured:	Draudėjo turtiniai interesai, susiję su jo civiline atsakomybe, atsiradusia dėl vykdančios profesinę veiklą padarytos žalos tretiesiems asmenims The Assured's pecuniary interests related with its legal liability to third parties as a result of professional business
Teisiniai veiksmai	

Jei Draudėjui pateikiamas reikalavimas, kurio pagrindu pareiškiamas ieškinys dėl žalos atlyginimo, Draudikas privalo mokėti draudimo išmoką Draudėjui tik tuomet, jei pradinis ieškinys ir visi vėlesni ieškiniai yra pateikiami šių teritorijų teismuose: Lithuania, Latvia, Estonia

Legal Action

In respect of any Claim made against the Assured which results in an action for damages, Underwriters shall only be liable to indemnify the Assured if the initial action and all subsequent actions are brought in the Courts of the following territories: Lithuania, Latvia, Estonia

Date of Proposal: 10.08.2020

**Liudijimo išdavimo data [•]
Policy Issue Date**

**Mokėdamas draudimo įmoką (ar jos dalį) Draudėjas patvirtina, kad: /
By paying insurance premium (or part) the Assured declares that:**

- informacija ir duomenys, pateikti sudarant Draudimo sutartį, yra teisingi ir tikslūs /
provided data and information to conclude the Policy is corrects and accurate;
- Draudėjas visiškai supranta ir yra supažindintas su Draudimo sutartimi ir jos priedais bei gavo jų kopiją /
the Assured is fully aware and introduced to the Policy and annexes and have received a copy thereof;
- Draudėjas sutinka su Draudimo sutarties ir papildomų sąlygų nuostatomis ir sąlygomis /
the Assured agrees with the Policy and endorsements terms and conditions.

**Draudiko teisėto atstovo spaudas ir parašas
Stamp and signature of the Legal representative of Underwriters**