

**PROPOSAL & EVIDENCE OF TRAVEL INSURANCE / ΠΡΟΤΑΣΗ & ΑΠΟΔΕΙΞΗ ΑΣΦΑΛΙΣΗΣ ΤΑΞΙΔΙΟΥ**

Name of First Applicant Όνομα Πρώτου Αιτούντος	Passport No or ID Αριθμός Διαβατηρίου ή Ταυτότητα	Nationality Ιθαγένεια	Date of Birth Ημ. Γεννήσεως
Michael Ermogenous		Albania	24/05/1979

Address / Διεύθυνση: Larnaka, Λάρνακα, 7080

Telephone / Τηλέφωνο: 99420544

Destination / Προορισμός: Belgium

Names of other Applicants Ονόματα Άλλων Αιτητών	Passport No or I.D. Αιθμός Διαβατηρίου ή Ταυτότητα	Nationality Ιθαγένεια	Date of Birth Ημ. Γεννήσεως

Geographical Area / Γεωγραφική Περιοχή: Worldwide / Παγκόσμια

Package / Πακέτο: Basic

**Period of Insurance:** Shall commence at the time of leaving The Republic of Cyprus and shall terminate on return thereto on completion of the journey or holiday.**Περίοδος Ασφάλισης:** Θα αρχίζει κατά την αναχώρηση από τη Κυπριακή Δημοκρατία και θα τερματίζεται κατά την επιστροφή σε αυτή με την συμπλήρωση του ταξιδιού ή διακοπών.**Period of Insurance / Περίοδος Ασφάλισης**  
**Maximum Period 90 days/ Μέγιστη Περίοδος 90 Μέρες**

30 Days / Μέρες

From / Από: 30/10/2019

**Notification of Claims and Circumstances to**  
**Κοινοποίηση Αιτήσεων και Γεγονότα στους**

Kemter Insurance Agencies Sub-Agencies and Consultants Ltd

claims@kemterinsurance.com

In the event of a serious **illness** or **injury** during **Your Trip** which will require hospitalisation, in the first instance **You** must notify **Our** Medical Assistance Company. Σε περίπτωση σοβαρής **Ασθένειας** ή **Τραυματισμού** κατά τη διάρκεια του **Ταξιδιού σας** που θα απαιτήσει νοσηλεία σε νοσοκομείο, πρέπει πρώτα να ενημερώσετε την Εταιρεία Ιατρικής Βοήθειας.

Tel. / Τηλ.: +44 20 3640 6820

Fax. / Φαξ.: +44 20 8481 7721

E-mail / Ηλεκτρονική Διεύθυνση: internationalhealthcare@healix.com

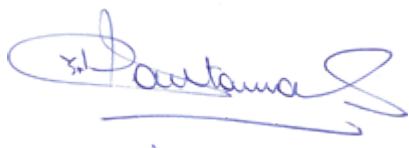
By signing this application, you are confirming that you are in good health and not traveling for Medical Reasons, furthermore, please disclose any other facts that may influence the acceptance of the risk. On acceptance of the Application and payment, a Schedule will be issued and together With the Proposal shall be the basis of this contract.

Με την υπογραφή σας σε αυτή τη αίτηση επιβεβαιώνετε ότι είστε σε καλή υγεία και δεν ταξιδεύετε για ιατρικούς λόγους, επίσης παρακαλώ αναφέρετε οποιαδήποτε άλλα γεγονότα που τυχόν επηρεάζουν την αποδοχή του κινδύνου. Με την αποδοχή της αίτησης και την καταβολή του ασφαλιστρού, θα εκδοθεί ο Πίνακας του Ασφαλιστηρίου που μαζί με την Αίτηση θα αποτελούν αναπόσπαστο μέρος του Ασφαλιστηρίου συμβολαίου

**Data Protection Act** Any information provided us regarding You or any Person Insured will be processed by us in compliance with the provisions of the Processing of Personal Data (Protection of the Individual) Regulation (EU) 2016/679, as amended each time, for the purpose of providing insurance and handling claims or complaints, if any. This may necessitate providing such information to third parties.

**Προστασία Δεδομένων**

Οι όποιες πληροφορίες για Σας ή οποιοδήποτε ασφαλισμένο πρόσωπο δίνονται σε Μας, θα τυγχάνουν επεξεργασίας από Εμάς, σε συμμόρφωση με τις πρόνοιες του Γενικού Κανονισμού Προστασίας Δεδομένων (ΕΕ) 2016/679 ως εκάστοτε τροποποιείται, για σκοπούς παροχής ασφάλισης και χειρισμού των αιτήσεων ή παραπόνων, αν υπάρξουν. Για αυτό, ενδέχεται να χρειαστεί να δοθούν αυτές οι πληροφορίες και σε τρίτους.

**Signed By / Υπογράφηκε από:**Γιάννος Σανταμάς  
Director / Διευθυντής  
Kemter Insurance Agencies, Sub-Agencies and Consultants Ltd  
Authorised Coverholder at Lloyd's**Issued By / Εκδόθηκε από:**  
Unique Market Ref:  
B0750RARSP1900607Issue Date / Ημερομηνία Έκδοσης:  
30/10/2019 16:43:55

P.O.Box 53538, 3033 Limassol Tel.: +357 25755952 Fax: +357 25755953 E-mail: kemter@kemterinsurance.com

PLAN NAME		Basic
Emergency medical & travel expenses Deductible per claimant		€100.000 €100
Emergency medical evacuation & Repatriation of mortal remains		€100.000
Funeral Expenses		€10.000
Hospital Inconvenience Expenses	<b>Daily Limit:</b> <b>Maximum Limit:</b>	€25 €1.500
<b>Personal Accident</b> 1. Accidental Death 2. <b>Loss of Limb</b> (one limb) or <b>Loss of Sight</b> (one eye) 3. <b>Loss of Limb</b> (two limbs) or <b>Loss of Sight</b> (both eyes) 4. <b>Permanent Total Disablement</b> In no case shall <b>Our</b> liability exceed the largest <b>Benefit Amount</b> applicable under any one of the Benefits above. <b>For Insured Persons under the age of sixteen (16):</b> <b>For Insured Persons over the age of sixty-five (65):</b>	Benefit 1 is limited to €5.000 and Benefits 2,3, and 4 are reduced by 50%. Benefit 1 is limited to €5.000 and Benefits 2 and 3 are reduced by 50%, Benefit 4 ( <b>Permanent Total Disablement</b> ) is deleted.	€50.000 €50.000 €50.000 €50.000
Trip Cancellation	<b>Excess for each and every claim</b>	€5.000 €100
Trip Delay	Hourly Limit: Maximum Limit: <b>Excess for each and every claim</b>	€25 €100 Nil
Missed Departure	<b>Excess for each and every claim</b>	€500 €50
Missed Connection	<b>Excess for each and every claim</b>	€500 €50
Baggage Delay	<b>Excess for each and every claim</b>	€250 Nil
Loss/Damage of baggage & personal effects Single Article Limit	<b>Excess for each and every claim</b>	€500 €350 €50
Loss of Money	<b>Excess for each and every claim</b>	€500 €50
Loss of travel documents	<b>Excess for each and every claim</b>	€100 Nil
Legal Expenses	Aggregate Limit: <b>Excess for each and every claim</b>	€25.000 €25.000 €100
Hi-jack and Kidnap	Daily Limit: Maximum Limit: <b>Excess for each and every claim</b>	€200 €5.000 Nil
Emergency medical assistance		Included

Winter Sports Optional Coverage (included only if selected)		
Avalanche	<b>Excess for each and every claim</b>	€250 €50
Equipment Hire	Daily Limit: Maximum Limit: <b>Excess for each and every claim</b>	€25 €250 Nil
Lift Pass	<b>Excess for each and every claim</b>	€200 €50
Piste Closure	Daily Limit: Maximum Limit: <b>Excess for each and every claim</b>	€25 €250 Nil

## Confirmation of Coverage

October 30, 2019

Confirmation of Coverage for: Michael Ermogenous  
Certificate Number: KTRE100002

To Whom It May Concern:

Please be advised that Michael Ermogenous has purchased Travel Single-Trip Worldwide certificate number effective 30-October-2019 to 29-November-2019 .

The policy is administered by Kemter Insurance Agencies Sub-Agencies and Consultants Ltd and underwritten by Lloyd's Insurance Company S.A..

Medical coverage is provided while traveling worldwide (except within the insured person's Country of Residence), per policy provisions. Coverage includes the Schengen states per the policy provisions. Emergency evacuation (also known as Repatriation) is provided up to a maximum benefit of 100,000.00 EUR and Return of Mortal Remains benefits up to a maximum of 100,000.00 EUR are included when coordinated by Kemter Insurance Agencies Sub-Agencies and Consultants Ltd. A copy of the Schedule of Cover and Excesses, which provides an outline of the plan's coverage, limitations, and maximum benefits, as well as a copy of the Certificate of Insurance of the Policy indicated above may be presented as required. This information will verify that Eligible Expenses, including Hospitalisation expenses, are subject to a 100 EUR excess. The maximum limit of coverage for the lifetime of the coverage is 100,000.00 EUR.

If you have any questions or would like to speak to someone regarding the above cover, please feel free to contact our office at the number listed below.

Sincerely,

**Kemter Insurance Agencies Sub-Agencies and Consultants Ltd**