



## DECLARATION OF MEDICAL INSURANCE

<b>Certificate Number:</b>	SCGU084526874	<b>Certificate Type:</b>	0423
<b>Product Type:</b>	EuropeTravel Plus(TM)	<b>Premium:</b>	30.94 USD
<b>Effective Date:</b>	26-Jul-2024	<b>EuropeTravel Plus Personal Property and Liability:</b>	No
<b>Expiration Date:</b>	12-Aug-2024 12:01 AM EST	<b>EuropeTravel Plus Adventure Sports:</b>	No
<b>Deductible:</b>	0.00 USD	<b>Telemedicine Services:</b>	No
<b>Maximum Limit:</b>	50,000.00 USD		
<b>EuropeTravel Plus Accidental Death:</b>	0.00 USD		

These amendments shall at all times be subject to the full terms, conditions, definitions, and exclusions contained in the certificate.

<b>Insured Person(s)</b>	<b>Insured ID</b>	<b>Date of Birth</b>	
KAMWENGU, PAULINE	90372874	06-Jul-1977	<a href="#">ID Card</a>

**Residence Address:** 9 Annabelle - Newark - DE - 19711 - USA

**Phone:** 3024208113

**Administered By:** INTERNATIONAL MEDICAL GROUP, INC. as agent for the Insurer

**Insurer:** SiriusPoint Specialty Insurance Corporation

In witness whereof this certificate has been signed, as authorized by the insurer, by

  
AUTHORIZED SIGNATURE

Please review this information for accuracy. If you find any discrepancies, please contact International Medical Group as soon as possible. Please reference your certificate number noted above when contacting IMG at [info@imglobal.com](mailto:info@imglobal.com).

### FULFILLMENT DOCUMENTS AVAILABLE FOR DOWNLOAD:

Click on any of the documents below to open it in a new browser window.

[Cover Letter, Certificate Wording, & Universal URX Discount Card \(if applicable\)](#)

[Visa Letter](#)

[Privacy Policy](#)

[Claim Filing Instructions and Claim Form](#)

[ID Card](#)

### Other Important Links:

[Online Provider Network](#)

[Pre-certification](#)

[Forms Library](#)

### Your Producer Contact Information:

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