



Travel Insurance Policy Schedule

(Annual)

Issued **6/4/2010**

This schedule forms part of the Policy. Read it in conjunction with the Travel Insurance Policy and keep it in a safe place.

POLICY NUMBER	17175861	
POLICY HOLDER	Mr P E Lisewski 40D Gledstanes Road London W14 9HU Date of Birth: 04/07/67	Phone details: 02076103562
PREMIUM (including Insurance Premium Tax where applicable)	£93.47	
INSURED PERSON(S)		
Mr P Lisewski No Medical Condition Disclosed		
Miss S Antczak No Medical Condition Disclosed		
If we have declined to cover a medical condition for any insured person(s), this policy will not cover any claim directly or indirectly linked to the declined condition. This applies to all insured persons named on the policy schedule and for all sections of cover.		
GEOGRAPHICAL REGION	EUROPE (This includes the Azores, the Canary Islands and countries bordering the Mediterranean Sea)	
PERIOD OF INSURANCE	Start Date : 12/04/2010	End Date : 11/04/2011
	42 days in any one journey 120 days in any period of insurance, including 22 days Winter Sports in any period of insurance	

IMPORTANT HEALTH DECLARATION

Medical Conditions, Cancellations and Curtailment

Except where the words "Medical condition disclosed" appear on this Schedule under the name of the appropriate individual, the policyholder answered "No" to the following questions on behalf of everyone insured under this policy:

1. "Have you suffered or are you suffering from a heart or cancer related condition?"
2. "Are you awaiting any form of surgery, medical investigation or treatment?"
3. "Do you have any medical condition for which you may or may not be taking any form of medication?"

The policyholder also answered "No" on behalf of everyone insured under this policy to the question "Do you know of any reason why the proposed journey could be cancelled or curtailed?"

Should any of these responses be incorrect or the state of your health change at any time during the period of insurance, you must advise us before making any new travel arrangements by calling us as soon as possible. Failure to do so may invalidate the insurance.

Please ensure that all Insured Persons have sight of this declaration to ensure their details are correct and all pre-existing medical conditions have been disclosed to us.

COVER

Please refer to your policy booklet for policy excesses ,terms and conditions and maximum cover limits per section.