



## Travel Insurance Policy Schedule (Annual)

Issued **6/4/2011**

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

<b>POLICY NUMBER</b>	<b>17175861</b>	
<b>POLICY HOLDER</b>	<b>Mr P E Lisewski</b> 40D Gledstones Road London W14 9HU Date of Birth: <b>04/07/67</b>	Phone details: 02076103562
<b>PREMIUM</b> (including Insurance Premium Tax where applicable)	<b>£101.90</b>	
<b>INSURED PERSON(S)</b>	<b>Mr P Lisewski</b> No Medical Condition Disclosed  <b>Miss S Antczak</b> 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.	
<b>GEOGRAPHICAL REGION</b>	<b>EUROPE</b> (This includes the Azores, the Canary Islands and countries bordering the Mediterranean Sea)	
<b>PERIOD OF INSURANCE</b>	Start Date : <b>12/04/2011</b>  End Date : <b>11/04/2012</b>  42 days in any one journey 120 days in any period of insurance, including 22 days Winter Sports in any period of insurance	
<b>IMPORTANT HEALTH DECLARATION</b>	<b>Medical Conditions, Cancellations and Curtailment</b>  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:  <ol style="list-style-type: none"> <li>"Have you suffered or are you suffering from a heart or cancer related condition?"</li> <li>"Are you awaiting any form of surgery, medical investigation or treatment?"</li> <li>"Do you have any medical condition for which you may or may not be taking any form of medication?"</li> </ol> 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.**

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**COVER**

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

**Section**

**A - Personal Belongings**

**B - Delayed Personal Possessions**

**C - Personal Money**

**D - Emergency Medical Expenses and Travel Expenses Abroad**

**E - Emergency Medical Expenses in the UK**

**F - Cancelling a Journey**

**G - Cutting Short a Journey**

**H - Personal Accident**

**I - Personal Liability**

**J - Delayed or Missed Departure**

**K - If You Lose Your Passport**

**L - Legal Assistance**

**M - Winter Sport**



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**Mr P E Lisewski**  
**40D Gledstones Road**  
**London**  
**W14 9HU**

Policy number  
**17175861**

Date  
**6/4/2011**

**Dear Mr Lisewski**

**Your travel policy has been renewed.**

Further to our recent letter, we have automatically renewed your Annual travel insurance to ensure you remain covered. Your policy documents are enclosed.

Unless we hear from you in the meantime, the renewal premium will be deducted from your credit card in 7 days time.

We have also enclosed a new policy booklet.

Please read the policy, schedule and any endorsements carefully to ensure that all details are correct - if not, or if you have any queries about your cover, please call the Hotline number shown above between 8am - 9pm Monday to Friday, 9am - 5pm Saturday and 10am - 5pm Sunday. You'll always find a friendly voice ready to help you.

Thank you for continuing your travel cover with Direct Line

Yours sincerely

***Direct Line Travel Insurance Team***

