



## Travel Insurance Renewal Notice

(Annual)

Issued 12/3/2013

This document forms the basis of the Direct Line Travel Insurance Quotation. Please ensure that the details shown are correct

---

**POLICY NUMBER** 17175861

---

**PROPOSER** **Mr P E Lisewski**  
40 Gledstanes Road  
London  
W14 9HU  
Date of Birth: 04/07/67Phone details:  
07931556236

---

**PREMIUM** (including Insurance £150.22

Premium Tax where applicable)

---

**CREDIT CARD CHECK** £150.22

---

**PROPOSED INSURED PERSONS** **Mr P Lisewski**  
No Medical Condition Disclosed  
  
**Miss S Antczak**  
No Medical Condition Disclosed  
  
**Miss S Lisewski**  
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

---

**PERIOD OF INSURANCE** Start Date : 12/04/2013  
End Date : 11/04/2014

---

**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. Some sections of cover are optional and only apply if you have paid the additional premium that applies.

**Section****A - Personal Belongings****B - Delayed Personal Possessions****C - Personal Money****D - Emergency Medical and Travel Expenses Abroad****E - Emergency Medical Expenses in the UK****F - Cancellation of 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 Sports Cover****N - Disaster Cover****O - Travel, Accommodation and Other End Supplier Failure Cover**