



Travel Insurance Renewal Notice

(Annual)

Issued 13/3/2017

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: 04/07/67	Phone details: 07931556236
PREMIUM (including Insurance Premium Tax where applicable)	£293.11	
CREDIT CARD CHECK	£293.11	
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	WORLDWIDE	
PERIOD OF INSURANCE	Start Date :	12/04/2017
	End Date :	11/04/2018
IMPORTANT	<p>Please check that this Policy meets your needs. It is based on the most up to date information provided by you. You must take care to provide us with accurate information and you should notify us immediately if anything is incorrect or if you are unsure about any details. Providing inaccurate information could adversely affect your Policy, including invalidating your Policy and causing claims to be rejected or not fully paid. You can call us on our Customer Help Line to advise us of any inaccuracies. Should any of the information contained in the Proposal Confirmation and your Policy Schedule change during the period of insurance you should notify us immediately.</p> <p>Please ensure that all insured persons have sight of the Policy Schedule and the Proposal Confirmation to ensure their details are correct and all pre-existing medical conditions have been disclosed to us.</p>	

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



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Travel Insurance Proposal Confirmation

Please check this form and ensure that the information provided is correct. You must take care to provide us with accurate information.

If any of these details are incorrect, no longer entirely accurate or if you are unsure about them, then please call us immediately as incorrect information could adversely affect your Policy, including invalidating your Policy and causing claims to be rejected or not fully paid. You can call us on our Customer Help Line to advise us of any inaccuracies.

Please keep this document in a safe place with your other Policy documents.

POLICY NUMBER **17175861**

PERIOD OF INSURANCE **12/04/2017 - 11/04/2018**

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

The following sections detail some of the key representations that you made to us before your policy was entered into.

TRAVELLERS STATEMENTS

Is anyone insured by this policy:

- currently suffering from or has suffered from a heart condition (including heart attack) or cancer related condition? No
- awaiting a medical investigation, surgery or treatment? No
- suffering from any other medical condition? No

You agree that everyone insured by this policy:

- Is a resident of the United Kingdom Yes
- Is named on the Policy Schedule Yes
- Is the age stated below Yes

Mr P Lisewski	Age 49
Miss S Antczak	Age 39
Miss S Lisewski	Age 23

TRIP STATEMENTS

You agree that:

- All trips start and end in the UK Yes
- No trips will extend beyond the geographical area shown below Yes

Geographical area: Worldwide

Continues...

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Please ensure that all insured persons have sight of the Policy Schedule and the Proposal Confirmation to ensure their details are correct and all pre-existing medical conditions have been disclosed to us.