

**EUROPEA
MULTI-ASSISTANCE TRAVEL INSURANCE**

CONTRACTOR: UNIVERSITAT JAUME I de Castelló **POLICY Nº:** 07690000764
TAX ID CODE

ADDRESS: Edifici del Rectorat Campus del Riu Sec, s/n 12071Castellón,
Castellón (SPAIN) **INCEPTION:** 01.08.2010

EXPIRY: 31.12.2010

PREMIUM PER INSURED:

DESTIN.
EUROPE(1)
Per one Month € 7 (1) Includes countries bordering the Mediterranean.

AGENT: WILLIS IBERIA CRDIA. DE SEGUROS Y REASEGUROS S.A. **CODE:** 12424601

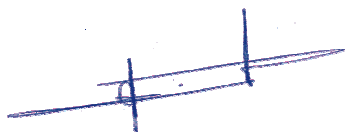
COVERS AND LIMITS PER INSURED

<u>COVERED RISKS</u>	<u>SUMS INSURED PER PERSON</u>
1. ASSISTANCE TO PERSONS	
1.1 MEDICAL, SURGICAL, PHARMACEUTICAL AND HOSPITALISATION EXPENSES ▪ For costs incurred in Europe and derived from an illness or accident occurring in Europe	ACCORDING TO GENERAL CONDITIONS Unlimited Unlimited
1.2 REPATRIATION OR MEDICAL TRANSPORT OF THE INJURED OR ILL	
1.3 REPATRIATION OR TRANSPORT OF THE DECEASED	
1.4 TRAVEL FOR A COMPANION IN THE EVENT OF HOSPITALISATION ▪ Travel ▪ Accommodation costs of 62.00 Euros/day up to a limit of	
1.5 INSURED'S RETURN JOURNEY DUE TO DEATH OF A NON-INSURED FAMILY MEMBER	Unlimited
1.6 URGENT DELIVERY OF PHARMACEUTICALS NOT AVAILABLE ABROAD	Included
1.7 MESSAGE DELIVERY	Included
1.8 ASSISTANCE IN LOCATING AND SENDING LUGGAGE	Included
1.9 ASSISTANCE DURING TRAVEL	Included
1.10 DELIVERY OF FORGOTTEN ITEMS THAT CANNOT BE EASILY REPLACED	€ 60.10
2. ACCIDENTS	
2.1 ACCIDENTS DURING TRAVEL THE MAXIMUM ACCUMULATED INDEMNITY PER LOSS WILL BE € 3,000,000.00 REGARDLESS OF THE NUMBER OF AFFECTED INSURED'S IN THE EVENT OF DEATH IN THE EVENT OF PERMANENT DISABILITY	€ 90,000.00 € 90,000.00
3. CIVIL LIABILITY	
3.1 PRIVATE CIVIL LIABILITY INCLUDES 24-HOURS ASSISTANCE SERVICE, WITH REVERSE TELEPHONE CHARGES TO NUMBER 91.344.11.55	€ 90,000.00

If the contents of the policy contradict the insurance proposal or the agreed clauses in any of the points, the policyholder may make a claim against the Insurers within a period of one month as of the delivery of the policy so that the discrepancies can be resolved. If this period elapses without a claim being made, the contents of the policy will prevail over the proposal or agreed clauses.

The POLICYHOLDER hereby declares that they have examined and understood the contents of these Particular Conditions as well as those of the General Policy Schedule in detail and states that they have received the exclusions and clauses limiting rights described in this document and those appearing in bold lettering, and agrees to them.

Madrid, on 5 of August 2010



Cía. EUROPEA DE SEGUROS, S.A.

THE CONTRACTING PARTY

INCLUDES 24-HOURS ASSISTANCE SERVICE, WITH REVERSE TELEPHONE CHARGES TO NUMBER 91.344.11.55

If the contents of the policy contradict the insurance proposal or the agreed clauses in any of the points, the policyholder may make a claim against the Insurers within a period of one month as of the delivery of the policy so that the discrepancies can be resolved. If this period elapses without a claim being made, the contents of the policy will prevail over the proposal or agreed clauses.

The POLICYHOLDER hereby declares that they have examined and understood the contents of these Particular Conditions as well as those of the General Policy Schedule in detail and states that they have received the exclusions and clauses limiting rights described in this document and those appearing in bold lettering, and agrees to them.

INSTRUCTIONS TO FOLLOW IN CASE OF CLAIM

2-LUGGAGE

In case of theft: the report made to the Police or Local Authority, with a detailed description of the facts happened, should be provided.

In case of damages or loss due to the carrier: the certification issued by the Carrier with a detailed description of the facts happened should be provided.

In case of delay: a certification issued by the carrier should be provided. The original cause and the number of hours of delay occasioned have to be certified by the Carrier.

3-PERSONAL LIABILITY

Public Liability: the insured has to provided a written document with a detailed description of the facts happened, together with any documents provided by the third party damaged with their names and address. No claims will be accepted, negotiated or refuse without the consent of the Insurer.

4-ACCIDENTS

Inform Cia Europea de Seguros as soon as possible

VERY IMPORTANT:
THE CLAIMS REGARDING THE ABOVE MENTION COVEGRAGES HAVE TO BE MADE ON RETURN OF THE TRIP, AND SHOULD BE ADDRESS TO:
COMPAÑIA EUROPEA DE SEGUROS
c/o Claims Department
Av. de la Vega, n°24
28108 Alcobendas (MADRID)

1-ASSISTANCE

Should be requested by phone, telling:

- First name and surname.
- Policy number.
- Address and telephone number of current location.
- Description of the problem.

From Spain dial:	91 344 11 55
From abroad dial:	34 91 344 11 55
Collected call accepted	