

C E R T I F I C A T E

To whom it may concern

Type : Group Personal Accident
Policy no. : DL261194
Policyholder : **Middle Point B.V.**
Transformatorweg 28 A1.07
1014 AK AMSTERDAM
The Netherlands

We herewith confirm that following insurance cover has been arranged on your behalf and as per your instructions:

Period : From the *1st of June 2017* to the *1st of June 2018*
(b.d.i.) with tacit renewal for 12 months

Sums insured : As hereunder

EUR 75.000 : Accidental Death

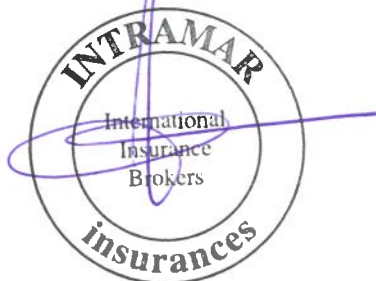
EUR 100.000 : On accidental permanent total disablement

Situation : Worldwide

Conditions : Operative Times of cover: 24 hours in respect of own Personnel
registered under your own payroll
For seconded personnel 24 hours during active work
CO2016 General conditions
All other terms and conditions as per respective policy wording.

Security : W.A. Hienfeld Assuradeuren B.V. - 100%

Issued (Place/date) :
Den Helder, the Netherlands ~18 April 2018



NOTE:

This certificate is mentioned as a proof of insurance only and is not a policy document or policy addendum or part of the insurance policy

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