

**CERTIFICATE**

Policy number : DL261194  
Type : Group Personnel Accident  
Policyholder : **Middle Point B.V.**  
Transformatorweg 28 A1.07  
1014 AK AMSTERDAM  
The Netherlands

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

**Period of insurance** : From the **1<sup>st</sup> of June 2020** to the **1<sup>st</sup> of June 2021**(both days inclusive) with tacit renewal for 12 months

**Sum Insured** : Accidental Death EUR 75,000  
Accidental permanent total disablement EUR 100,000

**Territorial limits** : Worldwide

**Conditions** : CO2016 General 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  
All other terms and conditions as per respective policy wording and additional clauses.

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



**INTRAMAR insurances**  
DATE: 26 November 2020

**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.**