

PROGRESSIVE EPSILON PLAN

Proposal of Insurance / Πρόταση Ασφάλισης

Ημερομηνία Έκδοσης

Date:

POLICY HOLDER/ΣΥΜΒΑΛΛΟΜΕΝΟΣ		
Company Reg. Number/Αρ. Εγγραφής OR I.D. Number/Αρ. Ταυτότητας		
Correspondence Address/Διεύθυνση Αλληλογραφίας	Post Code/Τ.Κ.	Area/Περιοχή
Telephone Numbers/Τηλέφωνα Email:	Fax/Φαξ	
INSURED/ΑΣΦΑΛΙΖΟΜΕΝΟΣ		
Male/Άρρεν Female/Θήλυ	Date of birth/Ημ. Γέννησης	
Passport No or ARC No./ Αρ. Διαβατηρίου	Occupation/ Επάγγελμα	
PERIOD OF COVER ΠΕΡΙΟΔΟΣ ΚΑΛΥΨΗΣ	FROM: ΑΠΟ:	UNTIL (Midnight): Μέχρι (Μεσάνυχτα):

SCHEDULE OF BENEFITS / ΠΙΝΑΚΑΣ ΠΑΡΟΧΩΝ

ΠΟΣΟΣΤΟ ΚΑΛΥΨΗΣ / PERCENTAGE COVER

100%

ΠΟΣΟΣΤΟ ΚΑΛΥΨΗΣ / PERCENTAGE COVER	100%
1. ACCIDENTAL DEATH / ΘΑΝΑΤΟΣ ΑΠΟ ΑΤΥΧΗΜΑ	€ 3,000
2. TRANSPORTATION OF CORPSE/ΜΕΤΑΦΟΡΑ ΣΩΡΟΥ	3,500
3. OCCURRED EXPENSES OF INSURED REPLACEMENT/ ΈΞΟΔΑ ΑΝΤΙΚΑΤΑΣΤΑΣΗΣ ΑΣΦΑΛΙΖΟΜΕΝΟΥ	1,500

Πιστοποιούμε ότι ο πιο πάνω αναφερόμενος Συμβαλλόμενος έχει υποβάλει στην Εταιρεία μας αίτηση για κάλυψη του Ασφαλιζόμενου.

Η αίτηση έγινε αποδεκτή σύμφωνα με τους όρους και εξαιρέσεις του πιο πάνω ασφαλιστηρίου συμβολαίου. Το ασφαλιστήριο συμβόλαιο θα ανανεώνεται αυτόματα για όλη την περίοδο του Ασφαλιζόμενου στον ανωτέρω Συμβαλλομένου, διατηρώντας πάντα το δικαίωμα αναθεώρησης του ασφαλιστρού και νοουμένου ότι το ασφάλιστρο ανανέωσης θα πληρωθεί.

We certify that the above-named assured has applied to our Company for cover on behalf of the Person Insured. The application form has been accepted, subject to the Conditions and Exceptions of our policy.

The policy will automatically be renewed on an annual basis, provided that the Person Insured remains under a contract with his Policy Holder, always reserving the right for premium reviewing, subject to the annual premium having been paid.

DECLARATIONS

Health Declaration

I, the proposed insured, hereby apply for medical expenses insurance, based on and in accordance with the terms, conditions and exclusions attached which I have read and fully understand and which I accept. I hereby declare that I am in good health and do not suffer from any disease or mental or physical disorder and I am not undergoing any medical treatment or taking medication. If this statement is proved to be untrue Progressive Insurance Company Ltd has the right to refuse payment of any benefit or to ask for a refund of any paid amounts or to terminate or modify the terms of any Insurance. Note: In case the Insured is not an adult the statement should be signed by the policy holder who will be the legal guardian.

Insured: Name.....Signature.....Date.....

I solemnly declare that I am authorized by the person insured to complete and/or sign the above declarations in respect of him and I assure that all information and/or answers on the proposal form are completed according to the indications of the person insured and also there are no other facts which are related or are essential for the purposes of this proposal form.

Policy Holder: Name..... SignatureDate.....

PROGRESSIVE INSURANCE COMPANY LTD (hereinafter called "The Company") will provide the benefits as described in the Policy in accordance with the terms, conditions, privileges and exceptions stated herein. Now this policy witnesses that in consideration of the payment of the premium and subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed here on, the Company undertakes that if during the continuance of this policy by renewal, the Insured shall suffer from any illness or sustain any bodily injury through accident as well as in the case of childbirth whilst being in Cyprus, to cover medical expenses as stated in the Schedule hereto.

Express consent and declaration of acknowledgement of receipt of information by customer in connection with the collection and processing of data of personal nature.

With the present I hereby grant to PROGRESSIVE INSURANCE LTD ("PROGRESSIVE INSURANCE", a term which includes its successors and assignees) my express and unreserved consent for and I authorize PROGRESSIVE INSURANCE LTD to keep in an electronic or other form, records of data of personal nature, in which records, data of personal nature will be filed that may include sensitive data, which concern me and have been declared or will be declared to PROGRESSIVE INSURANCE LTD either by me or by my contribution, or by any other source as well as any other data of personal nature that may arise from the development of my relationship with PROGRESSIVE INSURANCE LTD. My consent covers any further processing of the data and the legal connection of records maintained or to be maintained in the future by PROGRESSIVE INSURANCE LTD and records maintained or to be maintained in the future by third parties or companies co-operating or which shall co-operate in the future with PROGRESSIVE INSURANCE LTD.

The above records will be kept by PROGRESSIVE INSURANCE LTD for the examination of any application submitted by me and/or for the provision to me of any form of insurance services, the processing or the facilitation in any manner of such a contract and/or of the provision to me of the insurance services and any other transaction with PROGRESSIVE INSURANCE LTD and the dispatch to me of advertising or other material or information.

The personal data included in the above records or any part thereof, may be announced/transmitted to the employees of PROGRESSIVE INSURANCE LTD, to any persons offering services to PROGRESSIVE INSURANCE LTD in relation to the electronic data processing system of PROGRESSIVE INSURANCE LTD or other services supporting the operations of PROGRESSIVE INSURANCE LTD and to the agents of PROGRESSIVE INSURANCE LTD.

DECLARATION I solemnly declare that all the answers given by me above are true and complete and I have not omitted to give any information or data which may influence the study and acceptance of the proposal form. I agree that this proposal and any other declarations that I have signed will form the basis of the contract. I authorize the Company to contact any Insurance Company in relation to my life, health and accident insurance and/or Doctor, or Clinic, for information in relation to my health condition. I hereby take notice that in accordance with the provisions of the Processing of Data of Personal Nature (Protection of Individual) Laws of 2001-2012, as in force from time to time, PROGRESSIVE INSURANCE LTD is the person named as “Responsible for the Processing”.

PLEASE NOTE THAT: (a)The Insurance cover will not be in force until PROGRESSIVE INSURANCE LTD accepts the risk. In the case of non-acceptance by the Company, any payment will be returned to the Applicant. (b)PROGRESSIVE INSURANCE LTD reserves the right to reject any proposal (application) for insurance,

Name of Policy Holder _____
Signature of Policy Holder _____ Date _____

Notice: All notices must be addressed in writing to the Company’s Registered Office.

Αριθμός Εντύπου: E-MDE-PC-1	Έκδοση:1 ^η	Ημερομηνία: 07/10/2020
Έγκριση εντύπου από: Τ.Χ		