



MANAGING AGENCY: 03-3211585

INSURANCE AGENT: ROSA FERRER PEREZ

Through this document, Liberty Seguros, Compañía de Seguros y Reaseguros, S.A. certifies that:

PHILIP HENDRICKX HENDRICKX

Is insured by the policy: 04 ER3 7023033

INSURANCE CERTIFICATE

Contact telephone number:
Customer Service 934890567
(8AM to 8PM, Monday to Friday)

The policy takes effect: starting at 00 on 14/07/2024
at 0:00 on 14/07/2025

The covers taken out, summarised in the invoice attached,
will be regulated by the Specific Conditions which you
will receive shortly.



| | | | | |
|---|--------------------------|-----------------|---|------------|
| INVOICE NO. | PLACE OF ISSUE | AGENT | COLLABORATOR | COLLECTOR |
| 0135318627 | Barcelona | 03 3211585 | 0000 | 03 3211585 |
| PAYMENT | TERM OF VALIDITY | | | ISSUE DATE |
| YEARLY | 14/07/2024 to 14/07/2025 | | | 24/07/2024 |
| INVOICE TYPE | POLICY NO. | CERTIFICATE NO. | TYPE OF INSURANCE POLICY | |
| Aut. Renewal | 04 ER3 7023033 | | Yachts-Pleasure Crafts | |
| NET PREMIUM | CONSORTIUM | TAXES | DISCOUNT | AMOUNT DUE |
| 474,48 | 0,28 | 38,68 | | 513,44 Eur |
| Embarcación asegurada: SEA RAY SLX 250 Matrícula: 00-B413122 Nombre: EL PAVO REAL Incluida R.C. Obligatoria según R.D.607/1999 de 16 de Abril (B.O.E. 30/04/99) Insured sum DAMAGE: 43.963,07 | | | | |
| NAME AND ADDRESS OF PAYER | | | We have received the amount indicated in amount due | |
| PHILIP HENDRICKX HENDRICKX IBAN: ES49 0128 0646 11 0160016803 BANKINTER This invoice is only valid when accompanied by proof of bank payment | | | CEO LIBERTY SEGUROS | |
| LIBERTY SEGUROS, Compañía de Seguros y Reaseguros, S.A. Domicilio Social: Paseo de las Doce Estrellas, 4, 28042 Madrid. Registered in the Companies Register of Madrid, Tomo 29777, Secc. 8ª, Hoja M-377257, Folio 2, CIF: A-48037642. | | | | |