



Liberty Seguros

MANAGING AGENCY: 03-3211585

INSURANCE AGENT: ROSA FERRER PEREZ

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

ANDREW EVERITT EVERITT

Is insured by the policy: 04 ER3 7023745

INSURANCE CERTIFICATE


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

The policy takes effect: starting at 00 on 29/03/2024
at 0:00 on 29/03/2025

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



Liberty Seguros

INVOICE NO.	PLACE OF ISSUE	AGENT	COLLABORATOR	COLLECTOR
0133720884	Barcelona	03 3211585	0000	03 3211585
PAYMENT	TERM OF VALIDITY			ISSUE DATE
YEARLY	29/03/2024 to 29/03/2025			20/03/2024
INVOICE TYPE	POLICY NO.	CERTIFICATE NO.	TYPE OF INSURANCE POLICY	
Aut. Renewal	04 ER3 7023745		Yachts-Pleasure Crafts	
NET PREMIUM	CONSORTIUM	TAXES	DISCOUNT	AMOUNT DUE
665,83	0,36	54,27		720,46 Eur
Embarcación asegurada: LARSON CABRIO 274 Matrícula: 00-SSR146322 Nombre: SHARKBAIT Incluida R.C. Obligatoria según R.D.607/1999 de 16 de Abril (B.O.E. 30/04/99) Insured sum DAMAGE: 55.890,00				
NAME AND ADDRESS OF PAYER			We have received the amount indicated in amount due	
ANDREW EVERITT EVERITT IBAN: GB03REVO00997033486750 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.				