



MANAGING AGENCY: 03-3211585

INSURANCE AGENT: ROSA FERRER PEREZ

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

CHRISTOPHE EMILE HOSLET .

Is insured by the policy: 04 ER3 7020078


INSURANCE CERTIFICATE

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

The policy takes effect: starting ~~18:00~~ on 26/06/2024
at 18:00 on 26/06/2025

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
0134918402	Barcelona	03 3211585	0000	03 3211585
PAYMENT	TERM OF VALIDITY			ISSUE DATE
YEARLY	26/06/2024 to 26/06/2025			26/06/2024
INVOICE TYPE	POLICY NO.	CERTIFICATE NO.	TYPE OF INSURANCE POLICY	
Aut. Renewal	04 ER3 7020078		Yachts-Pleasure Crafts	
NET PREMIUM	CONSORTIUM	TAXES	DISCOUNT	AMOUNT DUE
1.932,97	0,52	157,52		2.091,01 Eur
Embarcación asegurada: FW H350 FA Matrícula: 00-USPFWFA0061718 Nombre: WHITE ANGEL Incluida R.C. Obligatoria según R.D.607/1999 de 16 de Abril (B.O.E. 30/04/99) Insured sum DAMAGE: 330.120,31				
NAME AND ADDRESS OF PAYER			We have received the amount indicated in amount due	
CHRISTOPHE EMILE HOSLET . IBAN: ES77 0081 0219 01 0001246233 BANCO SABADELL 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.				