



MANAGING AGENCY: 03-3211585

INSURANCE AGENT: ROSA FERRER PEREZ

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

PETER RIBBENS .

Is insured by the policy: 04 ER3 7025079


INSURANCE CERTIFICATE

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

The policy takes effect: starting at 00 on 29/05/2024
at 9:00 on 29/05/2025

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
0134527032	Barcelona	03 3211585	0000	03 3211585
PAYMENT	TERM OF VALIDITY			ISSUE DATE
YEARLY	29/05/2024 to 29/05/2025			28/05/2024
INVOICE TYPE	POLICY NO.	CERTIFICATE NO.	TYPE OF INSURANCE POLICY	
Aut. Renewal	04 ER3 7025079		Yachts-Pleasure Crafts	
NET PREMIUM	CONSORTIUM	TAXES	DISCOUNT	AMOUNT DUE
457,91	0,31	37,32		495,54 Eur
Embarcación asegurada: STINGRAY 210 LX Matrícula: 00-POL000P68 Nombre: HUARACHE VELOZ Incluida R.C. Obligatoria según R.D.607/1999 de 16 de Abril (B.O.E. 30/04/99) Insured sum DAMAGE: 24.840,00				
NAME AND ADDRESS OF PAYER			We have received the amount indicated in amount due	
PETER RIBBENS . IBAN: ES77 0081 1047 81 0001506754 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.				