### **Insured person:** Förnamn Efternamn

### **Date of birth:** ÅÅÅÅ-MM-DD

### **Period of cover:** ÅÅÅÅ-MM-DD – ÅÅÅÅ-MM-DD

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| --- | --- |
| **Insurance coverage:**  * Disability and death benefits * Medical and dental care, in respect of each event, such costs shall be paid for a period not exceeding ninety days commencing the first contact with a care advisor - no limitation in amount.\* Dental care maximum SEK 3,000/year * Home transport cover - no limitation in amount | * Property cover * Liability cover, pay the damages that the insured is liable to pay according to applicable law, however not exceeding SEK 3,000,000 * Legal expenses cover   \*100% coverage of medical care due to COVID19 |
| The insurance applies 24-hours a day in the whole Schengen area if the insured has a Schengen visa issued by Swedish authorities, as well as departure from home country for direct journey to the Schengen zone up to arrival in home country following direct journey there from the Schengen zone. If the insured person does not have a Schengen Visa, the insurance is only applicable in Sweden.  There is no deductible in the insurance except for Property cover and Legal expenses cover.  Property cover only applies in Sweden.  For detailed information please visit our website, [www.kammarkollegiet.se](http://www.kammarkollegiet.se).  The insurance is backed by the full faith and credit of the Swedish government.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and status of representative  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of the representative Stamp or seal of the institution | |