### **Insured person:** First name Surname

### **Date of birth:** YYYY-MM-DD

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

|  |  |
| --- | --- |
| **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 4,000/year * Home transport cover including repatriation of remains - 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 during direct travel between Sweden and the country where the insured is resident at the start and end of the studies. The insurance covers the insured in Sweden for the duration of the insured’s studies or internship. It also applies two weeks before the studies/internship start and two weeks after the studies/internship if the insured is in Sweden.  There is no deductible in the insurance except for Property cover and Legal costs.  This is a certificate, please read the full Terms and conditions at our website, 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 | |