This Coverage Certificate is issued based on the information provided by the Insured in the Bee Insurance Company Electronic Application, subject in all respects to the definitions, terms and conditions, limitations, and exclusions of the Plan and its Annexes. This Certificate, along with the General Provisions and Policy conditions and Annexes included, constitutes the sole contract between the parties, subject to the payment of the premium in advance. This Plan allows only one Insured per Certificate.

Insured

POLICY #	000109
COVERAGE	US$ 250,00
FROM	2025-06-20 (coverage start)
TO	2026-06-20 (coverage end)
PAYMENT	US$ 23,00 (installment payment) 1/1
INSURED	CELENA PEREZ, Identification No. 109876544, resident of Venezuela
BIRTH	1993-01-01 (Coverage begins at the age of 32)
PROFILE	Gender: Female, Smoker: No
CONTACT	Email: jtorrealba@amundialdeseguros.com, Phone: +5804242656184

Coverage Amounts USD.

Alcance de la Cobertura: Se ampara las fallas técnicas, daños parciales o totales que, por causas accidentales, imprevistas, repentinas y no excluida específicamente en el condicionado de servicio que sufra el equipo descripto en el presente certificado.

Este es un contrato de servicio que ofrece cambio del equipo, reposición o restitución del equipo daño por otro nuevo o reconstruido y con la configuración determinada y descrita en el cuadro de equipos de reposición aprobada por la Compañía

Para La activación del Servicio: Llamar al **0800-6682273**, indicar: Nº de Certificado- Nº telefónico Suscriptor, Datos Personales (Nombre y Nº de ID), Descripción del Equipo (Marca- Modelo).

Risk Declaration

I declare that all the provided data is true, complete, free from forgery, reticence, and omission. I authorize any public or private institution or organization to provide any information of interest to the insurer before or after an event covered by the policy.- Declared that Sí

I declare that I am not aware of, nor have I been diagnosed with, any serious illness or health condition that poses a risk to my physical integrity or life. Therefore, I affirm that I am in good health.- Declared that Sí

I declare that I do not engage in sports, recreational or professional activities, or occupations of risk that endanger my physical integrity or life.- Declared that Sí

I attest that the money used to pay the premium for the Policy, the subscription of which I am requesting, comes from a lawful source and therefore has no connection with money, capital, assets, titles, or benefits derived from illicit activities or crimes of Money Laundering and Terrorism Financing.- Declared that Sí

Installments

#	Start date	End date	Amount	Payment Date	Transaction	Status	Receipt
1	2025-06-20	2026-06-20	USD 23,00	2025-06-20	60444	Paid	000154

This Certificate has been APPROVED, ELECTRONICALLY ISSUED, and ENDORSED on its Effective Date.

APPROVED BY OFFICIAL