

Medical Expenses and/or Emergency Expenses Abroad Notification cont'd.

Other insurance	Do you have any other insurance that may cover this claim?: Yes:_ No:_ If yes: Company:_____ Policy No.:_____ Have you filed a claim with the above mentioned company? Yes:_ No:_
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Signature	I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. I/we also hereby agree to give O. F. Gollcher and Sons Ltd. consent to share information contained herein with other insurance companies and third parties in order to verify the information and statements made herein. Furthermore, I/we grant permission for O.F. Gollcher & Sons Ltd to review my medical records. _____ Signature _____/_____ Date
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