

- Basic information
- Information on insurance
- Personal data
- Health Questionnaire
- Information on insurance
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## (1/6) Basic information

### Insured person ?

Date of birth of the insured person \* ?

Student (15 - 30 years)

By electing the Student option, I hereby declare that I am a Student. ?

In a case of a false declaration, the insurer shall be entitled to withdraw from the contract. ?

Commencement \* ?

Number of months \* ?

Policy expiration \*

### Type of insurance ?

Standard

Professional sports ?

Information on the ways that insurance can be arranged **Novorozenec** ? you will obtain at the points of sale of PVZP, a.s. and VZP CR, or alternatively at PVZP's other commercial partners.

### Indemnity limits ?

Basic - CZK 2,500,000 ?

Increased 1 - CZK 4,500,000 ?

Increased 2 - CZK 6,500,000 ?

### Optional insurance

Medical expenses insurance in the  
schengen area ?

Daily allowance insurance during  
hospitalisation as a consequence of an  
accident ?

Civil liability insurance ?

Accident insurance (Insurance of the  
permanent effects of an accident /  
Accidental death insurance) ?

Check this box to get the student discount. If you are more than 30 years old, please contact us to see if the student discount can be applied.

The Basic limit is perfectly fine, local legislation requires minimum of 60 000 €, which is cca 1,5M CZK. However, you are free to chose higher limit

Some nice to have extensions (see the descriptions), which affect the total premium. Can be useful, but are not necessary.

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## (2/6) Information on insurance

Proposed period of insurance **19/10/2022 - 18/10/2023**  
Number of insured months **12**

**Medical insurance in Czech Republic (limits)** Type of insurance: **Standard**  
Healthcare services including repatriation and transportation **2,500,000 CZK**  
Limit Superior standard ⓘ **3,600 CZK**  
**Medical expenses insurance in the schengen area** **NOT ARRANGED**  
**Daily allowance insurance during hospitalisation as a consequence of an accident** **NOT ARRANGED**  
**Civil liability insurance** **NOT ARRANGED**  
**Accident insurance** **NOT ARRANGED**

Premium before discount: 18,300 CZK  
Discount: 1,830 CZK  
Premium after discount: 16,470 CZK

**Total premium: 16,470 CZK (670 EUR / 652 USD)**

*Insurance premium in USD and EUR is for informational purposes only.*

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„Superior standard“ limit can be used to cover specific health related expenses, see the description for more details

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### (3/6) Personal data

The policyholder and the insured person

Citizenship *	Date of birth *
<input type="text"/>	<input type="text" value="21/5/1993"/>
Name *	Surname *
<input type="text"/>	<input type="text"/>
Sex *	Passport number *
<input type="text"/>	<input type="text"/>
Telephone *	E-mail for sending of insurance contracts *
<input type="text"/>	<input type="text"/>
Correspondence address:	
State *	
<input type="text" value="Czech republic"/>	
Street *	Street number *
<input type="text"/>	<input type="text"/>
Postcode *	Municipality *
<input type="text"/>	<input type="text"/>

This is the email address where you will receive the insurance documents.

Preferrably your address in the Czech Republic, if you know it already, but any address can be used.

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#### (4/6) Questionnaire on the insured person's state of health

1. Do you currently have any health problems, have you been/ are you advised or are you planning to undergo an examination, treatment, operation or are you waiting for the results of medical examinations or tests?  yes  no
2. Have you been diagnosed with an illness for which you have been treated (except for common respiratory diseases) or have you been diagnosed with a congenital defect?  yes  no
3. Are you regularly taking or administering medications prescribed by a doctor? (excluding hormonal contraceptives, vitamins and dietary supplements).  yes  no
4. Have you in the last 3 years been hospitalised, operated on or treated as an outpatient for an illness or injury? (excluding hospitalisation related to childbirth)  yes  no
5. Have you ever suffered an injury that left a lasting effect?  yes  no
6. Have you been/are you now being examined or treated (or in contact) for tuberculosis, hepatitis, AIDS, sexually transmitted diseases or other infectious diseases?  yes  no
7. Have you used/are you using any addictive substances, have you suffered/are you suffering from any addiction, have you been recommended treatment in this regard (alcohol, drugs, medicines, etc.)?  yes  no
8. Are you a professional sportsperson?  yes  no
- I declare that all the details which I have given are complete and correct and that I have not concealed any important or other facts relating to the requested insurance. If the policyholder and the insured person are not the one and the same person, I hereby declare that I am acquainted with the health condition of the insured person.

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### warning



We are sorry, but you cannot arrange this insurance without assessing your medical condition. Please visit one of our branches or contact our client line.

OK

If after completing this step you get the warning above, please contact us at [tf@eurovalley.cz](mailto:tf@eurovalley.cz) to provide more details about your health conditions