

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 #** 000108  
**COVERAGE** US\$ 250,00  
**FROM** 2025-06-18 (coverage start)  
**TO** 2026-06-18 (coverage end)  
**PAYMENT** US\$ 23,00 (installment payment) 1/1  
**INSURED** CARMEN PEREZ, Identification No. 203284327, resident of Venezuela  
**BIRTH** 1992-01-01 (Coverage begins at the age of 33)  
**PROFILE** Gender: Female, Smoker: No  
**CONTACT** Email: jtorrealba@lamundialdeseguros.ocm, Phone: +5804242928372

**Coverage Amounts USD.****Coberturas****Sumas Aseguradas USD.**

Daños de Equipos	250,00
Pérdida Total en caso de Daños	250,00
Protección Temporal de Equipos Celular	250,00

**Protección enfocada en ofrecer dentro de la cobertura temporal de viajero (Hasta 30 Días) al cliente-suscriptor un equipo celular similar y compatible** en caso de Daño Total o Parcial; como consecuencia de un accidente, hecho fortuito o falla técnica del equipo celular del suscriptor.

Para la activación del producto, cliente deberá llamar a **0800-MOVILCARE (0800-6682273)** para activar la cobertura. Indicará Datos Personales, IMEI y descripción del equipo.

**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	2025-06-18	2026-06-18	USD 23,00	2025-06-18	89406	Paid	000153

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

APPROVED BY OFFICIAL

 Bee Insurance Corp