

DECLARATION FOR COVID-19

Personal declaration for COVID-19 of the insured:

.....

1. In the last 3 months have you tested positive for COVID-19? Yes No

If so, when was this:

.....

2. In the last 1 month have you:

2.1 been advised to self-isolate due to COVID-19 (excluding mandatory government orders to remain at home), or Yes No

2.2 had a persistent cough, fever, raised temperature or been in contact with an individual suspected or confirmed to have COVID-19? Yes No

3. If yes to any of the above, have you made a full recovery and returned to normal activities Yes No

I declare that I have answered fully, comprehensively and correctly to the above questions and I agree that this information should be used to assess the risk of insurance. I have been informed that Allianz Bulgaria Life Insurance Company may refuse to pay in whole or in part an insurance indemnity or an amount in case of inaccurately announced or concealed essential information concerning my health condition and / or other circumstance before concluding the insurance that affected the occurrence. of the event.

This declaration is an integral part of the application form for exclusion of insurance with N°
in Allianz Bulgaria Zhivot.

Place:

Signature of the insured:

Date: