



EUROPEAN UNION
DELEGATION TO THE REPUBLIC OF KENYA

INTERNATIONAL MEDICAL TRAVEL INSURANCE (MTI)

Insurance company name:

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Insurance policy name:

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As per Art 15 of the European Union Visa Code:

(<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32009R0810&from=EN>)

This document is addressed to duly registered insurance companies that have the legal, financial and technical capacity to issue Schengen Travel Medical Insurance policies.

The proposed policy should fulfill the requirements below during the entire stay in the Schengen Area of the visa applicant:

NO	REQUIREMENTS	YES	NO
1	Minimum coverage of EUR 30,000.		
2	All claims must be recoverable in a Schengen Member State		
3	Payment/reimbursement of expenses in connection with the repatriation to the applicant's home country for medical reasons.		
4	Payment/reimbursement of expenses in connection with urgent medical attention.		
5	Payment/reimbursement of expenses in connection with emergency hospital treatment		
6	Payment/reimbursement of expenses in connection with the death of the applicant		
7	Insurance reimbursable without fee if visa is rejected or refused		
8	Insurance has a minimum grace period of 15 days according to the visa code		

9	Covid 19 Coverage		
10	Covid 19 Coverage Maximum Benefit within the Schengen Region		

I, , the undersigned, being the authorised legal representative of , hereby declare that we have examined and accept without reserve or restriction all the above requirements. We offer to provide our policy mentioned above which do not diverge in any way from the above requirements.

A model of the policy contract is attached showing **clearly** the above requirements and other benefits the company provides to its customers

Name of the legal representative of the company:

Signature:

Date: