

Continuity declaration

The completed form must be sent to Euro Accident via the contact form on Euro Accident's website www.euroaccident.dk, under Contact information.

Your full name	Civil reg. no.
Any company name	CVR no.

Health information

Please complete this declaration as establishment of your insurance cover depends on your health and it has been more than three months since you provided health information.

I solemnly declare that, except for the common cold and the like, I have not been ill, bed-ridden or in medical treatment since the last time I completed and signed health information.

I also solemnly declare that I am currently completely well and fit for work.

Signature

I declare that my answers and information are truthful and that I have not concealed any information. I am aware that the insurance may be reduced or terminated if the answers are not completely truthful or if information has been concealed.

Date Signature
