

ΠΑΡΑΡΤΗΜΑ ΙΑ- ΥΠΟΔΕΙΓΜΑ ΔΗΛΩΣΗΣ ΠΡΟΑΙΡΕΤΙΚΟΥ ΑΝΤΑΣΦΑΛΙΣΤΗ

SPECIMEN ANNEX

FACULTATIVE REINSURER'S DECLARATION FOR PARTICIPATION IN THE RISK

To Whom It May Concern

In accordance with the requirements of the O.SY. Tender No..... dated for Directors & Officers Liability Insurance, we hereby confirm that we have provided exclusive facultative reinsurance support to..... Insurance Company SA, at terms and conditions of the Tender Document.

We also confirm that we are in compliance with the obligations of article 2.2.6:

“For the facultative Reinsurer of the Primary Layer, being of a minimum Limit of EUR 10.000.000.-, it is a precondition of participation that they must have either establishment for their operation in Greece, or must have ceded the claim management process to the participant, via a Claims Handling Authority.”

Our financial strength rating per Standard & Poor's / A.M. Best is:.....

On behalf of

(stamp)

Signed on Behalf of.....

(signature)

Date.....