TEXT FOR GROUP MEDICAL INSURANCE POLICY

National Industries Park
P.O. Box 16777
Jebel Ali, Dubai
United Arab Emirates

Date: _____

Dear Sirs,

Re: **Group Medical Insurance**
Insured: **(National Industries Park Company's operating name)**
Policy No: **……**

We ……. confirm that Messrs ……..(Co. operating name ……) are insured with us under our Group Medical Insurance as the following details :

Insured	**:**	**Messrs: ……(Co. operating name)……**
Location	**:**	**National Industries Park**
Period of Insurance	**:**	**From …….. to ……**
Cover	**:**	**Group Medical Insurance, as per the terms and conditions of the policy.**
Limit of Indemnity	**:**	**AED ……. Overall maximum per insured person per insurance period.**
Persons covered	**:**	**All National Industries Park sponsored employees of the company as detailed in the membership census provided and vouched for by the insured.**

We also confirm that a 30 (thirty) days notice will be given to you and the insured prior to the non-renewal or cancellation of the policy.

Yours faithfully,

(Signature & Official seal of the Insurance Co.)

(Name of the Insurance Co.)