

CERTIFICATE OF THE EXISTENCE OF INSURANCE COVERAGE

It is required to fill the form, sign it and send a scanned copy to: uab.exchange.programme@uab.cat

STUDENT DATA

Name/surnames:	
Passport:	
Programme of studies:	
Home Country:	
Duration of stay:	

I certify that I have an individual insurance for the period from __/__/____ to __/__/__ with the following coverage (mínimum):

	<i>Insured Sum:</i>
Healing expenses due to illness or accident (Medical, surgical, pharmaceutical, hospitalization and ambulance expenses)	300.000 € Without co-payment
Repatriation in case of death	INCLUDED
Repatriation or transfer of injured persons due to illness or accident <i>Sanitary airplane only for Europe and Mediterranean coastal countries</i>	INCLUDED
Emergency dental expenses	600 €
Extension of hotel stay	100 € day / max. 10 days
Flight loss due to accident in Itinere	300 €
Administration fees for loss /theft of official documentation	100 €
Departure delay of the means of transport, more than 4 hours	200 €
Advance of funds in case of theft of means of payment abroad	1.500 €
Transmission of urgent messages	INCLUDED
Provision and / or advancement of criminal bonds abroad	3.000 €
Round trip ticket for a family member, in case of hospitalization > 7 days	INCLUDED
Accommodation expenses for a family member, in case of hospitalization >7 days	100 € day / max. 10 days
Early return due to death or hospitalization of a family member	INCLUDED
Search and transport of luggage and personal effects	200 €
Theft and material damage to luggage	600 €
Delay in the delivery of luggage	100 €
Sending forgotten items in the Hotel or apartment	150 €
Travel Cancellation	300 €
Travel Cancellation due to terrorism or natural disasters	300 €
Legal defence Travel Assistance	3.000 €
Private Civil Liability	60.000 €
Accident Death	60.000 €
Permanent Disability	60.000 €
Class Loss	1.200 €
Tuition Loss	1.800 €

Insurance company:

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Policy number:

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I commit myself to keep the insurance policy that provide the minimum coverage indicated above to the end of the course, and to notify to UAB any chance that might be done to them.

I exonerate the UAB from any responsibility for claims related to this information.

Bellaterra, ____ of ____ 20____

Signature