STATEMENT OF INSURANCE RESPONSIBILITY FOR INTERNATIONAL VISITING STUDENTS (FOREIGN NATIONALITY)

Personal details

Full name: _____

ID document / Passport: _____

Home university or institution: _____

Programme / Stay: _____

Period of stay at the Autonomous University of Barcelona:

From ____ / ____ / _____ to ____ / ____ / _____

I DECLARE UNDER MY RESPONSIBILITY:

1. That I have valid insurance for the entire duration of my stay at the Autonomous University of Barcelona.

2. That this insurance is valid in Spain throughout my stay and covers travel related to it.

3. That the insurance policy includes, at a minimum, the following coverage and insured amounts:

   A) Accidents
   - Accidental death: minimum €33,000
   - Permanent total disability due to accident: minimum €51,000

   B) Travel assistance (or medical insurance providing equivalent coverage, including repatriation coverage)
   - Medical expenses due to illness or accident.
   - Hospitalisation.
   - Medical transport to the place of residence.
   - Travel for one person in case of hospitalization.
   - Accommodation costs for one person in case of hospitalization.
   - Repatriation in case of death.
   - Travel for one person to accompany mortal remains.
   - Accommodation costs for one person accompanying mortal remains.
   - Reimbursement of expenses for sending recovered luggage.

C) Civil liability

- Civil liability for students on internships: minimum €500,000
- Private civil liability: minimum €500,000

4. I commit to maintain this coverage throughout the entire duration of my stay at the Autonomous University of Barcelona.

5. I attach a copy of the corresponding insurance policy or certificate.

6. I understand that the Autonomous University of Barcelona may request additional information or documentation related to the declared coverage.

7. I acknowledge that I am solely responsible for the accuracy of this declaration and for the adequacy of the insurance coverage contracted.

And for the record, I sign this statement of responsibility.

Place: _____
Date: ___ / ___ / _____

Signature: