INSURANCE DECLARATION OF RESPONSIBILITY FOR STUDENTS AFFILIATED WITH UAB (SPANISH NATIONALITY)

Details of the interested person:

Full name: _____
DNI/ NIE: _____
Home university or institution: _____
Programme / Mobility stay: _____
Period of stay at the Universitat Autònoma de Barcelona:
From ____ / ____ / _____ to ____ / ____ / _____

I HEREBY DECLARE, UNDER MY RESPONSIBILITY:

1. That I have valid insurance coverage throughout the entire period of my stay at the Universitat Autònoma de Barcelona.
2. That this insurance includes, at a minimum, the following coverages:

a) Accidents

- Accidental death: minimum coverage of EUR 33,000.
- Permanent total disability due to accident: minimum coverage of EUR 51,000.

b) Civil liability

- Civil liability arising from activities carried out during the stay or internship: minimum coverage of EUR 500,000.
- Private civil liability: minimum coverage of EUR 500,000.

3. That I undertake to maintain these coverages in force throughout my stay at the Universitat Autònoma de Barcelona.

4. That I am aware that the Universitat Autònoma de Barcelona may request supporting documentation at any time.

5. That I am aware that the Universitat Autònoma de Barcelona neither verifies nor certifies the content of the insurance policies provided, and that responsibility for the accuracy of this declaration and the adequacy of the contracted coverages rests solely with the undersigned.

And for all due purposes, I sign this declaration of responsibility.

Place: _____

Date: ____ / ____ / _____

Signature: _____