

Declaration regarding insurance within Erasmus+ mobility

I, the undersigned (name and surname)

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I declare that regarding my Erasmus+ mobility:

1. I am the holder of the **health insurance** policy, which is valid for the period of my journey and the whole period of stay in Poland within Erasmus+ mobility

➤ name of the insurance company:

➤ policy number (i.e. insurance policy / insurance card number):

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➤ insurance validity period: from till

2. I am the holder of the **accident insurance** policy, which is valid for the period of my journey and the whole period of stay in Poland within Erasmus+ mobility

➤ name of the insurance company:

➤ policy number (i.e. insurance policy / insurance card number):

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➤ insurance validity period: from till

3. I am the holder of the **liability insurance** policy, which is valid for the period of my journey and the whole period of stay in Poland within Erasmus+ mobility

➤ name of the insurance company:

➤ policy number (i.e. insurance policy / insurance card number):

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➤ insurance validity period: from till

I declare that all the above data is true and I am aware of criminal liability for submitting a false declaration.

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place, date and signature