

Declaration of insurance by mobility participant

Personal information

Surname, first name

Address

Post code, town/city

Insurance cover

I am covered for the duration of my mobility by the following insurance:

Insurance	Name	Insurance policy no.
Health insurance		
Accident insurance		
Personal liability insurance		
Social security		
Occupational accident insurance		
Commercial third-party liability insurance		

It is mandatory to clarify the accident and liability insurance in the workplace with the host company (host institution) provided the traineeship is not already covered by your own insurance.

I declare that I have adequate insurance cover for the duration of my mobility within the framework of the Swiss Programme for Erasmus+:

Place, date

Signature of mobility participant