**CERTIFICATE OF EXISTANCE OF INSURANCE COVERAGE**

**DATA OF THE INSURED PERSON**

|  |  |
| --- | --- |
| Name and Surname |  |
| DNI/Passport |  |
| Mobility programme |  |
| País of origin |  |
| Duration of the stay |  |

I certify that I have booked insurance for the period (START DATE OF STAY – END DATE OF STAY), which meets the specific requirements for the Erasmus+ Ka171 programme indicated in the call for grants for the mobility of staff for teaching and training to third countries not associated.

**Specific requirements to the Erasmus + KA171 programme.**

Prove medical insurance with coverage outside European territory, in accordance with the entry requirements to the destination country, during the entire period of the stay. The UAB recommends that you take out insurance that has a **contracted capital of €100,000**, which includes **medical, surgical and civil liability expenses in the destination country**.

I commit to keep effective the insurance policy that gives the minimum coverage indicated in the previous sections until the end of the course and notify the UAB of any changes made to them.

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

Signature: