

Insurance certificate

Insurance company: [company]  
Policy no.: [policy no.]  
Insurance conditions: [insurance conditions, name and no.]  
Insured: [participant]

[Company] hereby confirms that [participant] has taken out insurance with policy no. [policy no.] providing cover for higher education students and vocational education and training trainees sent out through the EU programme Erasmus+.

[Company] hereby declares that Clauses no. [...] of the Danish Agency for Higher Education (*Styrelsen for Videregående Uddannelser*) regarding insurance coverage for higher education students and vocational education and training trainees sent out through the EU programme Erasmus+ apply to the insurance and that the insurance, in the event of conflict between the terms applying under the insurance in general and the terms applying under the Clauses, as a minimum provides cover on the terms under the Clauses which apply to the following:

- |     |   |  |  |
|-----|---|--|--|
| 1.  | ACCIDENT INSURANCE                                  | (taken out)  | (coverage)   |
| 1.A | Industrial injury insurance                         | yes <input type="checkbox"/> no <input type="checkbox"/> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| 1.B | Full-time accident insurance                        | yes <input type="checkbox"/> no <input type="checkbox"/> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| 2   | LIABILITY INSURANCE                                 | (taken out)  | (coverage)   |
| 2.A | Professional liability insurance                    | yes <input type="checkbox"/> no <input type="checkbox"/> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| 2.B | Personal liability insurance                        | yes <input type="checkbox"/> no <input type="checkbox"/> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| 3   | ENDORSEMENT ADDING COVER                            | (taken out)  | (coverage)   |
| 3.A | Warzone coverage under full-time accident insurance | yes <input type="checkbox"/> no <input type="checkbox"/> | yes <input type="checkbox"/> no <input type="checkbox"/> |

[place and date]

[signature of company]