



**DECLARATION OF RESPONSIBILITY**

Mr/Ms \_\_\_\_\_, academic or administrative staff from University of Alcalá, with Passport/ID number \_\_\_\_\_, that has been accepted as ERASMUS+ mobility exchange staff during the academic year 20\_\_/20\_\_.

Hereby I declare on my own responsibility:

I own a Health Insurance Policy with international coverage, civil liability coverage, with repatriation in case of death, illness or accident, and with surgical expenses prepaid or assumed by the insurance company in advance.

Company name: \_\_\_\_\_

Policy number: \_\_\_\_\_

Period of coverage: From \_\_\_\_\_ To \_\_\_\_\_

Contact in case of accident: \_\_\_\_\_

In \_\_\_\_\_, date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_