

SAMPLE OF DECLARATION

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Below please find the standard wording that your local Insurance Company should copy on its own-headed paper (complete with address, telephone and telefax numbers). This declaration must be duly filled in, signed and officially stamped by the latter.
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The Insurance Company.....

hereby declares to have insured Mr./Ms.

.....

and accompanying family member/s (*full names*)

.....

.....

.....

for expenses in the event of urgent hospitalization, accidents and childbirth until

(*date*)..... and that his/her insurance is valid in Italy.

Stamp and signature.....

Date.....