

## Declaration of insurance coverage—ERASMUS internships Student Mobility (SMP)

### 1. Personal details

Last Name, First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Place: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. Internship

Company/Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Internship period: \_\_\_\_\_ Country: \_\_\_\_\_

### 3. Insurance

You are required to provide proof of the following types of insurance:

- a. Name of health insurance company: \_\_\_\_\_  
Insurance number: \_\_\_\_\_
- b. Name of accident and return transport insurance: \_\_\_\_\_  
Insurance number: \_\_\_\_\_
- c. Name of private third-party liability insurance: \_\_\_\_\_  
Insurance number: \_\_\_\_\_

In addition to taking out statutory health insurance, participants in the ERASMUS internship program need to clarify with their employer whether their work also requires accident and private liability insurance.

Universität Hamburg, the DADD, the National Agency, and the other institutions involved in the ERASMUS program cannot be held liable for any insufficient insurance coverage.

I hereby declare that I have been informed of the necessity and scope of the required insurance coverage and that I have taken out all required insurance for the internship period abroad.

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City/Town, Date

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Signature

The National Agency DAAD provides a combined health, accident, and private liability insurance scheme. [More details](#)