

STATEMENT BY THE CANADIAN INSURANCE COMPANY

The Insurance Company .....

declares that the policy number .....

assigned to .....

(Insured surname/first name)

born in ..... On .....

(City, Province, Country)

(d.o.b. dd/mm/yyyy)

is a health insurance policy that will cover the student during his/her stay in Italy for the period starting

from ..... to .....

(dd/mm/yyyy)

(dd/mm/yyyy)

Furthermore, said policy will cover expenses for emergency hospitalisation, during the entire stay, as charged by the Italian National Health Care System (please check one option)

- without any limitations or exceptions
- or
- up to a maximum of Can\$ .....

Payment will be made (please check one option)

- directly to the Italian National Health Care System
- or
- directly to the student as a reimbursement.

Date .....

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Surname/first name of Insurance Company Official  
(please print)

***Stamp or seal of the  
Insurance Company***

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Signature