



Date .....

(Liberal Arts and Sciences.....)

### Declaration on accident insurance coverage

Please enter your name and information on whether you have an insurance policy (YES - if you have a policy, NO - if you do not have a policy).

| Lp. | First and last name | Do you have an insurance policy? |
|-----|---------------------|----------------------------------|
|     |                     |                                  |
|     |                     |                                  |
|     |                     |                                  |
|     |                     |                                  |
|     |                     |                                  |
|     |                     |                                  |
|     |                     |                                  |
|     |                     |                                  |
|     |                     |                                  |

[illegible]