## INSURANCE CONFIRMATION FOR CHAPTERS WITH COVERAGE THROUGH THE UNIVERSITY

**EWB-USA Student Chapter:** _____

**Community, Country of EWB-USA project:** _____

EWB-USA requires that all traveling chapters obtain accident, sickness, and international emergency evacuation insurance for the periods in which they travel on EWB-USA projects. EWB-USA requires insurance coverage through Seven Corners except for in those cases that universities provide adequate insurance coverage for travel teams. This form should only be filled out by travel teams that will be covered by university insurance. If there is more than one policy for the team, please submit a separate form for each policy. All other travel teams must purchase insurance through Seven Corners (http://my.ewb-usa.org/chapter-resources/travel/travel-insurance).

**Coverage Details**

**Carrier (name of company):** _____

**Policy/group number:** _____

**Insurance company phone number (in case of emergency):** _____

Please initial to confirm that the university insurance covers:

_____ Accident
_____ Sickness
_____ International emergency evacuation

| Member Traveler Name | Effective Date | Expiry Date | Notes |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*I hereby certify that the university insurance coverage described above provides accident, sickness, and international emergency evacuation insurance for the individuals listed above.*

_____ _____
Faculty Advisor or other other university representative (Signature) Date

_____ _____
Faculty Advisor or other other university representative (please print) Title

_____ _____
Email Address Telephone Number