



Consulate General of Italy, Lagos

Declaration on Travel Health Insurance

I, _____

Applicant's Name

Applicant's Date and Place of Birth

Applicant's Passport Details (Number, Date and Place of Issue, Date of Expiry)

am applying for a visa according to the Schengen Regulations. For this purpose, I have obtained a Travel Health Insurance for my intended trip according to the following specifications:-

- The **Validity** of the Travel Health Insurance corresponds to or exceeds the duration of my intended trip to the Schengen Area.
- **Minimum Insurance Coverage:** 30,000 € per person
- **Claims** against the Insurance Company are recoverable in the Schengen Area, Switzerland or Liechtenstein
- The Travel Health Insurance covers **all expenses** which might arise in connection to urgent medical treatment, emergency hospital treatment as well as repatriation to my home country.

Besides, I understand that I have to be prepared to present a similar Travel Health Insurance for all subsequent visits to the Schengen Area within the validity of the visa issued to me.

Lagos, _____

Applicant's Signature