To the **Department of Mathematics and Computer Science “U. Dini”** Viale Morgagni 67/A

50134 Firenze

# VISITING PROFESSOR's STATEMENT ABOUT INSURANCE COVERAGE

The Undersigned ……………………………………………………………….......................

born in (City, State, Country)….. ………………………………...

on (dd/mm/yyyy) ,

as a **Visiting Professor** …............................................................................

# HEREBY DECLARES

that, regarding the period

(from dd/mm/yyyy) …................ -- (to dd/mm/yyyy) …...............................

in which He/She will be accessing the Department of Mathematics and Computer Science's premises, He/She will not hold, in any way, the University of Florence or this Department, through its legal representative, responsible for any possible injury that may occur to Him/Her during His/Her stay in Italy.

Place and date Signature