

To the **Department of Mathematics
and Computer Science "U. Dini"**
Viale Morgagni 67/A
50134 Firenze

STATEMENT ON INSURANCE COVER

The Undersigned

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

on (dd/mm/yyyy)

as an employee

of

HEREBY DECLARES

that, regarding the period

(starting dd/mm/yyyy) -- (final dd/mm/yyyy)

in which Mr/Miss/Professor.....

will be accessing the Department of Mathematics and Computer Science's premises,

Mr/Miss/Professor will be under our insurance cover

?? during His/Her stay in Italy??

Place and date

Signature