**ΔΕΙΓΜΑ**

**LIABILITY INSURANCE**

**[**NAME OF THE INSURANCE COMPANY] certifies that Mr/Ms [NAME OF STUDENT] is insured by our Company according to the policy [POLICY NUMBER], for damages caused by the trainee during his/her stay in [NAME OF COUNTRY] and during his/her traineeship at the workplace [NAME OF INSTITUTION/ORGANISATION/ ENTERPRISE].

The policy is valid from …../……/…… [DATE] to ……/…../…… [DATE].

|  |  |
| --- | --- |
| **Insured risks** | **Limits** |
| Bodily injuries, Death per person |  |
| Material Damages |  |
| Per Occurrence (bodily injuries, death, material damages) |  |
| Aggregate |  |
|  |  |
|  |  |
|  |  |

**NAME OF INSURANCE COMPANY**

**STAMP**

**SIGNATURE**

**NAME OF INSURER**

**[PLACE], DATE/MONTH/YEAR**