Date …….

(Liberal Arts and Sciences.....)

Declaration on accident insurance coverage

Please enter your name and information on whether you have an insurance policy (YES - if you have a policy, NO - if you do not have a policy).

Lp.	First and last name	Do you have an insurance policy?

ul. Uniwersytetu Poznańskiego 7, 61-614 Poznań
tel. +48 61 829 14 63, +48 61 829 14 66
history@amu.edu.pl