



TIDEWATER COMMUNITY COLLEGE  
From here, go anywhere.<sup>SM</sup>

### Statement of Insurance Coverage for Study Abroad Participants

Print Name \_\_\_\_\_ Program \_\_\_\_\_

By this statement, I acknowledge that I am aware of Tidewater Community College's requirement for students enrolling in a TCC study abroad program to be covered by sickness and accident insurance. I understand that each student may have additional and somewhat different needs for insurance while participating in a study abroad program. I hereby certify that I will be covered by one or more of the following sickness and accident insurance policies for the duration of my study abroad experience. Tidewater Community College reserves the right to withdraw a student from a study abroad program if proof of insurance is not furnished. If my participation is cancelled because I have not furnished proof of insurance to the Office of International Programs I understand that I will be responsible for repaying any travel funds disbursed on my behalf, and for paying any cancellation fees.

**Check One:**

I have purchased travel insurance for students studying abroad.

\_\_\_\_\_ Name of Insurance Company: \_\_\_\_\_  
\_\_\_\_\_

Address and Telephone Number of Company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy Number \_\_\_\_\_

\_\_\_\_\_ I have similar coverage provided by (must include a copy of insurance policy which includes information about coverage while abroad)

Name of Insurance Company: \_\_\_\_\_  
\_\_\_\_\_

Address and Telephone Number of Company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Sufficient Coverage \_\_\_\_\_ Insufficient Coverage \_\_\_\_\_