

CANADIANS ONLY

CONFIRMATION OF EXISTING INSURANCE COVERAGE VALID IN THE UNITED STATES OF AMERICA

This form must be completed, signed and stamped by an authorized agent of the insurance company. Not valid unless submitted with a copy of your insurance policy. If you do not have insurance coverage, you may purchase it through InterExchange Camp USA for \$45 per month.

NAME OF INSURED PARTY: _____

CURRENT MAILING ADDRESS: _____

CITY: _____ **COUNTRY:** _____ **POSTAL CODE:** _____

INSURANCE COVERAGE STARTS ON: ____/____/____ **AND IS VALID UNTIL** ____/____/____
MONTH DAY YEAR MONTH DAY YEAR

INSURANCE COMPANY: _____ **POLICY NO:** _____

U.S. CLAIMS OFFICE ADDRESS: (REQUIRED) _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

INSURANCE TYPE:	MINIMUM REQUIRED COVERAGE:	ACTUAL COVERAGE IN US DOLLARS:
A: Illness & accident ----- Deductible	at least \$50,000 ----- not more than \$500 per accident or illness	\$ _____ ----- \$ _____
B: Accidental death and dismemberment	at least \$10,000	\$ _____
C: Emergency medical evacuation for medical treatment, if warranted, to home country	at least \$10,000	\$ _____
D: Preparation and repatriation of remains	at least \$7,500	\$ _____

Insurance Company Rating: Any insurance policy secured to fulfill the above requirements must be underwritten by an insurance company which meets the following rating standards as required by the U.S. government; reference section 514.14 (c) of the Exchange Visitor's Regulations:

- a) having an A.M. Best rating of "A-" or above **OR**
- b) having an Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above **OR**
- c) having a Standard & Poor's Claims-paying Ability rating of "A-" or above **OR**
- d) having a Weiss Research, Inc rating of "B+" or above **OR**
- e) be backed by the full faith and credit of the government of the exchange visitor's home country

The above insurance company was rated by _____ **and received a rating of** _____.

We certify that the above named person has obtained the coverage described above and that the actual coverage as detailed in the original policy at least match or exceed the limits mentioned on this form.

Date

Stamp and signature of authorized agent of Insurance Company