STATEMENT BY THE CANADIAN INSURANCE COMPANY

The Insurance Company:	
declares that the policy n	······································
assigned to	
born in(City, Province, Country)	On(d.o.b. dd/mm/yyyy)
is a hospital/medical insurance policy that v	vill cover the student for the
period from to	
during his/her stay in Italy, without any limi	tations or exceptions with respect
to the total payment of emergency hospital e	expenses directly to the Italian
National Health Care System.	
Date	
	(Signature of Insurance Company Official)

(To be submitted to the Italian Consulate in Toronto - fax n. 416-977-1119)