Example of Template for Employer’s Insurance Declaration

To

Mr. So-and-So

Technische Universitat Munchen I

TUM Legal Office I

ArcisstraBe 21 I

80333 Munchen

Munchen, 8. September 2017

TO WHOM IT MAY CONCERN

Confirmation of limited liability and accident insurance coverage for business trips

This declaration confirms that Mr/Mrs So-and-SO, holder of a permanent position or temporary research contract with the Technische Universitat Munchen (TUM) from ….. to……, is guaranteed full/limited insurance coverage for civil liability and work accidents in connection with his/her business trips. The insurance policies n. ………………………………………. and n. ……………………………………..…, respectively, are stipulated with Landesunfallkasse Bayern.

Under the regulations of the Landesunfallkasse Bayern, Mr/Mrs So-and-So receives liability insurance coverage in the quality of employee of the TUM. This coverage is limited in connection with the official international business activities undertaken. In this respect, however, in the event of his/her intent or gross negligence, the TUM may hold him/her liable for the financial damage suffered.

According to the regulations of the Landesunfallkasse Bayern [Bavarian State Accident Insurance Fund], Mr So-and-So will receive limited insurance coverage for working accidents in connection with his/her official business activities, but in each case, the decision as to whether or not an accident is an industrial injury, will depend on the assessment and evaluation of the Landesunfallkasse Bayern

In faith