

**BritishAmerican Business
Exchange Visitor Program
Insurance Certification**

Insurance for the Trainee must be procured prior to the issuance of the Certificate of Eligibility. Please complete either Section A or Section B of this form, and check the appropriate box.

Section A –ACE European Group Policy

BAB member agrees to utilize the BABi Group Business Travel Policy procured through CIGNA/ACE Europe under Policy # 55UK450141.

We enclose our check for **\$000** to cover the premium for **__ months**. BAB Member agrees to extend the policy for any additional period of stay in the U.S. for over 12 months.

Section B – Company Medical Insurance (please send proof of policy)

BAB Member agrees to obtain its own insurance coverage for its Trainee. Details of this insurance are as follows:

Name of Trainee

Name(s) of Dependent(s) covered under this policy

Insurance Company.....

Policy Number.....

BAB Member confirms that this policy meets the minimum requirements of Department of State regulations 22 CF2R § 62.14 and agrees to maintain the policy throughout Trainee's stay in the U.S.

Member Company

Date

By: _____