## **Business Conference Travel Insurance Declaration**

## **Employee Details**

Full Name
Employee ID
Department
Email
Conference Travel Details
Conference Name
Location
Departure Date
Return Date
Insurance Information
Insurance Provider
Dollar Number
Policy Number
Insurance Coverage Details
I hereby declare that the information provided above is true and correct to the best of my knowledge and that I have adequate travel insurance coverage for the duration of my business conference travel.
Employee Signature
 Date