



WORK & TRAVEL IRELAND

INSURANCE INDEMNITY

Insurance Indemnity (for Work in Ireland applicants who are providing their own coverage)

I do not wish to purchase the Work and Travel Ireland Insurance Policy. I will provide my own coverage.

Agency Name: _____

Policy/ID Number: _____

I hereby indemnify Work and Travel Ireland against any and all consequent claims or costs.

Signature: _____ Date: _____

Signature of Parent/ Guardian: _____ Date: _____

(if applicant is under 21)

Please sign and return this form, along with your program application documents to:

Work in Ireland
USIT Ireland
19/21 Aston Quay
Dublin 2
Ireland