AIG CUBA TRAVEL CERTIFICATION

1. Instructions

AIG may only provide insurance to persons subject to U.S. jurisdiction that are traveling to Cuba if such persons are authorized under U.S. law. Travelers are authorized by the United States Department of the Treasury’s Office of Foreign Assets Control (OFAC) through either (a) one of 12 general licenses or (b) issuance of a specific license.

Please read the criteria for the license under which you plan to travel in the Attachment to this Certification and then confirm in Section 2 below that you meet all requirements. Note that a new Certification is required for each trip to Cuba and a separate Certification is required for each adult traveling.

All completed Certifications should be returned to the AIG business unit writing the policy.

2. Certification

I am a United States citizen, a United States permanent resident, a person currently residing in the United States, or a person physically located in the United States and, as a condition of receiving the travel insurance provided herein, I represent that I am eligible to travel to Cuba under one of the following categories:

Select applicable category:

☐ Family visits as specified in 31 C.F.R. § 515.561 (includes persons visiting a “close relative” who is a national of Cuba; or accompanying a person with whom you share a common dwelling who is visiting a “close relative” who is a national of Cuba; or visiting a close relative located in Cuba pursuant to or accompanying a close relative traveling to Cuba pursuant to authorizations for: official government business, journalistic activity, professional research, education activities, religious activities, humanitarian projects or activities of private foundations or research/educational institutes)

☐ Official business of the U.S. government, foreign governments, and certain intergovernmental organizations as specified in 31 C.F.R. § 515.562

☐ Journalistic activity as specified in 31 C.F.R. § 515.563

☐ Professional research and professional meetings as specified in 31 C.F.R. § 515.564

☐ Educational & People-to-People activities as specified in 31 C.F.R. § 515.565. One of the two boxes below also must be checked:

☐ I am traveling with a group and will maintain a full-time schedule of educational exchange activities

☐ I am traveling as an individual, will maintain a full-time schedule of educational exchange activities and I have completed at least one travel-related transaction (such as purchasing a flight or reserving accommodation) prior to June 16, 2017

☐ Religious activities as specified in 31 C.F.R. § 515.566

☐ Public performances, clinics, workshops, athletic and other competitions, and exhibitions as specified in 31 C.F.R. § 515.567

☐ Support for the Cuban people as specified in 31 C.F.R. § 515.574

☐ Humanitarian projects as specified in 31 C.F.R. § 515.575

☐ Activities of private foundations or research or educational institutes as specified in 31 C.F.R. § 515.576

☐ Exportation, importation, or transmission of information or informational materials as specified in 31 C.F.R. § 515.545

☐ Certain export and travel-related transactions consistent with the export or reexport licensing policy of the Department of Commerce as specified in 31 C.F.R. § 515.533 or certain other export transactions as specified in 31 C.F.R. § 515.559

OR
AIG CUBA TRAVEL CERTIFICATION

☐ Specific license (a copy of the license must be provided prior to purchase)

Name: ____________________________________________  (First)   (Middle)   (Last)

Address: ____________________________________________

(No.)   (Street)

____________________________________________________________________

(City)   (State)     (Zip Code)

Telephone Number/Email: ____________________________________________________________________________________

I hereby certify that I have read the relevant portions of the Attachment to the AIG Cuba Travel Certification including the provision of regulations applicable to the above selected category and that all of the above information is true and accurate.

__________________________ (Signature)                 __________________________ (Date)

I hereby certify that this certification also applies to the following minor children traveling with me and for whom I am the (parent/legal guardian):

__________________________________   ___________________________

(Full Name of Child)      (Date of Birth)

__________________________________   ___________________________

(Full Name of Child)      (Date of Birth)

__________________________________   ___________________________

(Full Name of Child)      (Date of Birth)

__________________________________   ___________________________

(Full Name of Child)      (Date of Birth)

__________________________________   ___________________________

(Full Name of Child)      (Date of Birth)

_______________________________________

(Signature of Parent/Legal Guardian)

Date: