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.

AIG’s ability to perform is based on the validity of this certification, if this certification is deemed to be incorrect or false, AIG will not perform under the policy. 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 must 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:

General License:
- □ 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 & Group 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 for educational purposes consistent with one of those outlined at § 515.565 (a)(1-12) OR
  - □ I am traveling under the auspices of an organization that is a person subject to U.S. jurisdiction and that sponsors such exchanges to promote people-to-people contact (group people-to-people)
- □ Religious activities as specified in 31 C.F.R. § 515.566
- □ Amateur and semi-professional international sports federation competitions 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
- Specific License:
  - □ Specific license (a copy of the license must be provided prior to purchase)
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Name: ____________________________  ____________________________  ____________________________  
(First)                      (Middle)                      (Last)                      

Address: ____________________________  ____________________________  
(No.)                      (Street)                      

                                      (City)                      (State)                      (Zip Code)                      

Telephone Number/Email: ____________________________  

IMPORTANT NOTES:  

Cuba Prohibited Accommodations: Regulations issued on September 24, 2020 prohibit persons traveling under these travel authorizations from lodging, paying for lodging or otherwise making any reservation for or on behalf of a third party to lodge, at any property in Cuba that the Secretary of State has identified on the Cuba Prohibited Accommodations List (CPA List), available here: https://www.state.gov/cuba-sanctions/cuba-prohibited-accommodations-list/cuba-prohibited-accommodations-list-initial-publication/. These prohibitions do not apply to lodging-related transactions initiated prior to the date a property was added to the CPA List. As of June 14, 2022, there are over 400 properties on the CPA List which are prohibited. AIG is generally prohibited from paying claims related to transactions that violate this prohibition.

Cuba Restricted List: Regulations issued on November 8, 2017 generally prohibit persons traveling under these travel authorizations from engaging in direct financial transactions with persons and entities designated on the Cuba Restricted List, available here: https://www.state.gov/cuba-sanctions/cuba-restricted-list/. This list includes hotels, stores, marinas and other entities. All authorized individuals traveling to Cuba should review this list and ensure that they are complying with these prohibitions. AIG is generally prohibited from paying claims related to transactions that violate this prohibition.

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:  ____________________________  

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