................................................................. .............................................

Full name Place and date

..................................................................

Affiliation

.................................................................

.................................................................

**AUTHORSHIP DECLARATION**

A. I hereby declare that my paper submitted for the publication in *Insurance Review* (*Wiadomości Ubezpieczeniowe),* entitled …………...................................................................................................................................................

is my original work and does not infringe copyrights of third parties in any way whatsoever. The work has not yet been published.

I hereby grant to the Polish Insurance Association (Polska Izba Ubezpieczeń) a non-exclusive, royalty-free, perpetual licence for the following fields of use:

1. Saving in the computer memory.
2. Online publication in the electronic edition of *Insurance Review*.

B. I give / I do not give\* my consent to the inclusion of my email address in the published text of my paper:

E-mail address: ……………………………………….

C. Applies to authors who have an individual Open Reasercher and Contributor ID (ORCID)

I give / I do not give\* my consent to the inclusion of ORCID number in the published text of my paper:

1. ORCID number: ...................................................
2. Link to ORCID number: ...................................................

............................................................... Author(s) signature(s)

\* Please delete as applicable

I have been informed that:

1. The administrator of my personal data is the Polish Insurance Association with its registered office at Twarda 18 Street in Warsaw, 00-105 Warsaw.
2. Personal data will be processed in order to publish the article in the electronic edition of "Wiadomości Ubezpieczeniowe" on the Internet

I am entitled to:

- access to my data and to receive a copy of them,

- rectification (correction) of my data,

- deletion or restriction of processing,

- data portability,

- to lodge a complaint with a supervisory authority dealing with personal data protection.

5)Providing personal data is voluntary but necessary in connection with the publication of the article.

2.In order to exercise your rights, please contact PIU, at: ul Twarda 18, 00-105 Warszawa, e-mail address office@piu.org.pl. Contact the Data Protection Inspector: ul Twarda 18, 00-105 Warszawa, e-mail: office@piu.org.pl

............................................................... Signature

\* delete as appropriate \* please send the statement to the following address: with the subject line: INSURANCE REVIEW