**Student Medical Professional Liability Insurance**

**Cost: $15.50 per year**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WSU ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request insurance to begin on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This policy is renewed annually and once paid, coverage for all related internships are covered for 365 days from this date)

Department Contact,

Phone Number & Campus ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course **Prefix** to be Insured: \_\_\_\_\_\_\_ (Examples: FSHN, Nursing, Pharm, SHS)

Student Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Student Medical Professional Liability Policy provides liability coverage of $1,000,000 per occurrence with a $3,000,000 annual aggregate limits and Commercial General Liability coverage with limits of $1,000,000 per occurrence with a $3,000,000 limits.

Instructions:

Take this form and $15.50 to a Business Services’ Casher Office, **French Ad Building room 342** on the Pullman campus or your Student Affairs Office on the urban campuses. They will receipt your payment and stamp this form as paid. Return this stamped form to your department contact. When authenticated with the cashier’s paid stamp, this document serves as proof of insurance.

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| Cashier’s Paid Stamp  Trans Code: SSSPLI |

You may also mail this form with payment to:

Washington State University

Cashier’s Office

Pullman, WA 99164-1039