

## STUDENT INTERN PROFESSIONAL LIABILITY INSURANCE

**COST: \$7.00 PER YEAR**

This policy is renewed annually and once paid, coverage for all related internships are covered for 365 days from cashier's dated stamp below

Student Name: \_\_\_\_\_ WSU ID #: \_\_\_\_\_

Department: \_\_\_\_\_

Department Contact,  
Phone Number and WSU 4-digit zip code: \_\_\_\_\_

Course **Prefix** to be Insured: \_\_\_\_\_ (Examples: T&L, SPEC ED, HORT)

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

\_\_\_\_\_

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

This Student Intern Professional Liability Policy provides liability coverage with limits of \$1,000,000 per occurrence with a \$3,000,000 annual aggregate. **Policy has a \$2,500.00 per occurrence deductible which must be paid by the student if a loss occurs.**

### Instructions:

Take this form and \$7.00 to a Business Services' Cashier Office, **French Ad Building Room 342**. 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.

You may also mail this form with payment to:

Washington State University  
Cashier's Office  
Pullman, WA 99164-1039

Cashier's Paid Stamp
Trans Code: EXPPLINS