STUDENT INTERN PROFESSIONAL LIABILITY INSURANCE

COST: $7.50 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 Campus ZIP: ____________________________

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 $7.50 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: SSES/LI

Form Version: October 2013