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.

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: SSSPLI

Form Version: September 2014