

STUDENT ALLIED HEALTH INTERN LIABILITY INSURANCE

(PROFESSIONAL AND GENERAL LIABILITY)

COST: \$15.00 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:

Name: _____

Phone Number & WSU 4-digit zip code: _____

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

Student Permanent Address: _____

Phone Number _____

Email Address: _____

This Student Allied Health 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 \$15.00 to a Business Services' Cashier 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: ALLIEDIN