

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: Murrow Student Success

Department Contact,

Phone Number and Campus ZIP: Wendy Wegner 509-335-7333 Zip: 99163

Course **Prefix** to be Insured: UNIV (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 in Pullman (or your campus Business Office Global/Everett)**. 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
You may also fax this form to:
(509) 335-4015

Cashier's Paid Stamp
Trans Code: SSES LI