



STUDENT ALLIED HEALTH INTERN LIABILITY INSURANCE  
*Professional and General Liability – \$15/year*

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

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

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

Email Address: \_\_\_\_\_

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

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

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

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

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)

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 the Bursar’s Cashier Office (Pullman) or Student Affairs (Other WSU 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.

Contact the Bursar’s office directly if you have questions or concerns regarding payment options. They can be reached at (509) 335-9711 or [bursar.office@wsu.edu](mailto:bursar.office@wsu.edu)

Cashier's Paid Stamp | Trans Code: ALLIEDIN