



STUDENT INTERN PROFESSIONAL LIABILITY INSURANCE

This policy is renewed annually and once paid, coverage for all related internships are covered for 365 days from Bursar's dated stamp below. Coverage is \$7/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: _____

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 the Bursar's 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.

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

Cashier's Paid Stamp | Trans Code: EXPPLINS