

PROFESSIONAL LIABILITY INSURANCE COVERAGE

I am requesting professional Liability Insurance coverage for a period of time from the beginning of my Clinical Mentorship _____ until **July 31, 2018**.
(date Clinical Mentorship begins)

**This policy is an annual policy that runs from August 1 – July 31 each year.
It does not need to be renewed each semester.**

I am enclosing a check for \$13.00 made out to Purdue University

The university's liability insurance underwriter will provide coverage for student professional who are enrolled in supervised University programs. The following policy excerpt outlines the coverage that is provided:

- Against an Associated Medical Facility and an Insured as a result of injury caused by a student intern while participating in any supervised practicum, field work experience, clinical training, or internship program in fulfillment of course requirements in an Allied Health Program.
- The definition of Insured in the policy includes the following:
A student of Purdue while serving in a supervised internship program in satisfaction of course requirements or while acting at the direction of or performing services for or on behalf of the Educational Organization; but only while acting within the scope of their duties or obligations in their respective capacities as described above...

Name: _____ PUID: _____
(found on your student ID card)

Signature: _____ Date: _____

Signature of Parent of Guardian: _____
(Required if the student is a minor)

This check must be separate from any check for fees, etc. that the student may submit.

All mentorship contracts, including the check for Liability Insurance, MUST be correctly completed, signed, and RECEIVED IN THE VETERINARY TECHNOLOGY OFFICE BY 5:00 PM (Eastern time) on Monday, the first day of classes.

Failure to complete this process by 5:00 PM on that date means you will NOT be able to register to take the Clinical Mentorship.