



World Class. Face to Face.

STUDENT PROFESSIONAL LIABILITY INSURANCE

COST: \$16.21 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: _____

Department Contact,
Phone Number & Campus ZIP: _____

Course to be Insured: _____
(Examples: FSHN 477 or NurseG)

Permanent Address: _____

Phone Number: _____

This Student Professional Liability Policy provides liability coverage with limits of \$1,000,000 per occurrence with a \$3,000,000 annual aggregate.

Instructions:

Take this form and \$16.21 to a Business Services' cashier office. 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 Spokane
Student Affairs
PO Box 1495
Spokane, WA 99210-1495

Cashier's Paid Stamp
Trans Code: SSSPLI