

REQUEST FOR STUDENT PROFESSIONAL LIABILITY COVERAGE

I. **Date of Request:** _____

II. **Requested by:**
Name: _____
Phone # _____
Department _____

III. **Activities to be Performed by Student(s) during this externship. PLEASE BE SPECIFIC**

IV. **Listing of Students to be Covered:**

Name	S. S. #	Externship Facility
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. **Coverage to be Effective:**
Start Date: _____
End Date: _____

IV. **Account # to Charge:** _____