

**WSUSP STUDENT PROFESSIONAL LIABILITY INSURANCE**

**COST: \$18.91 PER ACADEMIC YEAR**

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

Academic Department:

NEP    SHS   PHARD:  3<sup>rd</sup> year    4<sup>th</sup> year   NURS:  BSN    RN-BSN    Masters    PhD

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

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

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

This Student 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 \$2,000,000 limits.

Instructions:

**NURS students:** Submit this form with payment of \$18.91 to: College of Nursing, Student Services, WSU Spokane, PO Box 1495, Spokane WA 99210-1495

**NEP, PHARD and SHS students:** Submit this form with payment of \$18.91 to the Student Affairs office (SAC 130). Your payment will be receipted, and this form date stamped as paid. When authenticated with the cashier's paid stamp and returned to your academic department, this document serves as proof of insurance.

You may process this in person in the Student Affairs office or mail this form with payment to:  
Washington State University Spokane  
Student Affairs  
PO Box 1495  
Spokane WA 99210-1495

Check made payable to WSU    MasterCard    VISA

Cardholder Name \_\_\_\_\_

Address \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Cashier's Paid Stamp

Trans Code: SSSPLI