REQUEST FOR STUDENT PROFESSIONAL LIABILITY COVERAGE

I.   Date of Request: _____

II.   Requested by:
Name _____
Phone # _____
Email _____
Department _____
Campus _____
Course Name _____ **Course #** _____

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

_____
_____
_____
_____
_____
_____
_____
_____

IV.   Listing of Students to be Covered: <mark>*Attach separate excel listing with the below format*</mark>

First Name	Last Name	Email Address	PUID #	Externship Facility

V.   Coverage to be Effective (Policy Year): _____

Class Start Date: _____ **Class End Date:** _____

IV.   Funding Source:

	For Risk Mgmt Use Only
IO # _____	RM # _____
WBSE # _____	

Please e-mail or file-locker to Lisa Fortner for processing: lyfortne@purdue.edu