



**State Volunteer Mutual Insurance Company  
Certificate of Professional Liability Insurance**

This Certificate is Issued to:

**UT MEDICAL STUDENTS  
C/O MATT ENNIS PHD  
UT COLLEGE OF MEDICINE  
847 MONROE SUITE 205E  
MEMPHIS, TN 38163**

Name of Insured and Policy Information:

**UT MEDICAL STUDENTS  
C/O MATT ENNIS PHD  
UT COLLEGE OF MEDICINE  
847 MONROE SUITE 205E  
MEMPHIS, TN 38163**

Account Number: **800068**  
 Policy Number: **89-D848**  
 Retroactive Date: **07/01/1982**  
 Policy Period: **07/01/2018 To: 07/01/2019**  
 (12:01 A.M. standard time)

The Policy identified above by a policy number is in force on the date of this Certificate of Insurance. Insurance is afforded only with respect to those coverages for which a specific limit of liability has been entered and is subject to all the terms of the policy. This Certificate of Insurance neither affirmatively or negatively amends, extends or alters the coverage afforded under the policy, or binder identified in this document. In the event of cancellation of the policy, SVMIC will make all reasonable effort to send notice of cancellation to the Certificate Holder at the address shown, but the Company assumes no responsibility for any mistake or failure to give such notice.

Coverages	Limits of Liability	
A. Individual Professional Liability	each medical incident <b>\$200,000</b>	annual aggregate <b>\$600,000</b>
B. Practice Entity Professional Liability	each medical incident <b>N/A</b>	annual aggregate <b>N/A</b>
C. Extender Employee Professional Liability	each medical incident <b>N/A</b>	annual aggregate <b>N/A</b>
D. Office Premises Liability		annual aggregate <b>N/A</b>
E. Office Premises Medical Payments	each person <b>N/A</b>	each accident <b>N/A</b>

See page 2 for scheduled limits.

**Mutual Interests. Mutually Insured.**

**4304232-P000000-000000-800068** **Authorized Representative: Heather Lancaster**

PO Box 1065 Brentwood, TN 37024-1065 Phone 615.377.1999 Toll Free 800.342.2239 Fax 615.843.0347 www.svmic.com

# State Volunteer Mutual Insurance Company

## ENDORSEMENT

**Effective Date:** 07/01/2018

**Endorsement No.** 3

**Named Insured:**

UT MEDICAL STUDENTS  
C/O MATT ENNIS PHD  
UT COLLEGE OF MEDICINE  
847 MONROE SUITE 205E  
MEMPHIS, TN 38163

**Attached to and forming part of  
POLICY NO.** 89-D848

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## LIMITS SCHEDULE

It is hereby understood and agreed that the applicable limits of liability are as follows

Medical Students

Limits of Liability

1<sup>st</sup> and 2<sup>nd</sup> year

\$200,000 each **medical incident**  
\$600,000 **annual aggregate**

3<sup>rd</sup> and 4<sup>th</sup> year

\$1,000,000 each **medical incident**  
\$3,000,000 **annual aggregate**

07/03/2018

Date Issued

Heather Lancaster

Authorized Representative

SVM FORM NO. 109 (5/82)