



State Volunteer Mutual Insurance Company Certificate of Professional Liability Insurance

This Certificate is Issued to:

**EACH MEDICAL STUDENT UNDER CONTRACT TO
UT COLLEGE OF MEDICINE
C/O MICHAEL WHITT PHD - ASSOCIATE DEAN
910 MADISON AVENUE - SUITE 1002
MEMPHIS, TN 38163**

Name of Insured and Policy Information:

**EACH MEDICAL STUDENT UNDER CONTRACT TO
UT COLLEGE OF MEDICINE
C/O MICHAEL WHITT PHD - ASSOCIATE DEAN
910 MADISON AVENUE - SUITE 1002
MEMPHIS, TN 38163**

Account Number: **800068**
 Policy Number: **1665178**
 Retroactive Date: **07/01/1982**
 Policy Period: **07/01/2022 To: 07/01/2023**
 (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 Not less than \$200,000 | annual aggregate Not less than \$600,000 |
| B. Practice Entity Professional Liability | each medical incident N/A | annual aggregate N/A |
| C. Extender Employee Professional Liability | each medical incident N/A | annual aggregate N/A |
| D. Office Premises Liability | | annual aggregate N/A |
| E. Office Premises Medical Payments | each person N/A | each accident N/A |

LIMITS SCHEDULE (subject to policy conditions & terms):

| <u>Medical Students</u> | <u>Student Position Count</u> | <u>Limits of Liability</u> |
|--|-------------------------------|---|
| 1 st and 2 nd year | 357 | \$200,000 each medical incident \$600,000 annual aggregate |
| 3 rd and 4 th year | 343 | \$1,000,000 each medical incident \$3,000,000 annual aggregate |

Mutual Interests. Mutually Insured.

4951167-P000000-000000-800068 Authorized Representative: **Heather Lancaster**

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