State Volunteer Mutual Insurance Company 5005 Maryland Way, Suite 300 – P.O. Box 1065 – Brentwood, TN 37024-1065

ENDORSEMENT

Named Insured: 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

Attached to and Forming Part of Policy No.: 1665178

Effective Date: 07/01/2024

Endorsement: LSCH-40290

LIMITS SCHEDULE

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

Medical Students	Student Position Count	Limits of Liability
1 st and 2 nd year	350	\$200,000 each medical incident \$600,000 annual aggregate
3 rd , 4 th , and 5 th year	355	\$1,000,000 each medical incident \$3,000,000 annual aggregate