

The University of Colorado Denver School of Medicine
Attn: Sean Spellman
SOM Student Affairs, Mail Stop C292
ED 2 North, Room P28-5315
13120 E. 19th Avenue
Aurora, Colorado 80045

CONFIRMATION OF MEDICAL MALPRACTICE INSURANCE

Students applying to The University of Colorado Denver School of Medicine Visiting Student Program are required to have a minimum of \$1,000,000 per occurrence and \$3,000,000 in aggregate in medical malpractice insurance. Please note we do not participate in malpractice short-term affiliation agreements.

Student Name (please print): _____

School Currently Attending
(please print): _____

Please check one of the following for your student who is applying to our fourth year extern program.

_____ Our medical malpractice policy has been renewed for the 2009-10 academic year. The above named student will be covered for a minimum of \$1,000,000 per occurrence and \$3,000,000 in aggregate in medical malpractice insurance.

Effective dates of renewed policy: _____

Name of insurance company: _____

Policy Number: _____

Amount of coverage: _____

_____ Since our malpractice policy is not yet in place for the 2009-10 academic year, the

(schools name) _____
will indemnify and hold CU harmless for any claims arising from the actions of
above named student.

Name of person completing form (please print): _____

Title of person completing form (please print): _____

Signature of person completing form: _____

Date signed: _____