



Name of requester: _____ Date: _____

Department: _____ Phone #: _____

Do you need a copy of the certificate? Yes No (If yes, it will be emailed to you)

Email Address: _____

Date needed: _____

Type of insurance:

Student Professional Liability Insurance Program (SPLIP)
Professional liability insurance, also known as Malpractice Insurance, for students in fieldwork or practicum experience in health care (Nursing, PT, etc.), Social Work, and Education (student teaching, counseling, etc.).

Student Academic Field Experience for Credit Liability Insurance Policy (SAFECLIP)
Liability insurance for students engaged in all other types of internships, field work, etc. in conjunction with a for credit academic class or through Service Learning.

Limit Requested: _____

Entity's Name: _____

Entity's Address: _____

Point of Contact Name: _____

Fax Number: _____

Email: _____

Description of Activities (Include location, date, and description of activities):

RMS Office Use Only

Name	Date of request	Email Contract	Cert. Arrival Date	Email Certificate