Student Intern Insurance for Unpaid Positions

# Purpose:

For students who serve in an unpaid internship outside of Pierce College. Pierce College insurance coverage period is fromSeptember 1 through August 31st.

# Coverage Types:

## **Professional Liability**:

Covers students against claims for negligence, misrepresentation, violation of good faith and fair dealing and inaccurate advice while working off campus during an internship.

## **Medical Malpractice Coverage**:

Covers student against claims of negligence by act or omission by a health care provider in which care provided deviates from accepted standards of practice in the medical community and causes injury or death to the patient, with most cases involving medical error.

## **Medical General Liability Coverage**:

Covers students against claims of bodily injury, property damage, personal injury, or advertising injury.

# Coverage Options:

1. I certify that I have professional liability or medical malpractice and medical general liability coverage outside of Pierce College and choose not to purchase coverage through Pierce College. I understand that the organization with which I perform my internship may require proof of insurance and I may not be allowed to participate in the internship without insurance.
2. I opt to purchase professional liability coverage through Pierce College. This insurance cost **$6.75** and is **non-refundable**. The following programs require professional liability coverage for their internship programs: Applied Business Management, Business Information Technology, Construction Management, Early Childhood Education, Computer Network Engineering, Database Management and Design, Health Informatics and Integrated Technology, Homeland Security Emergency Management, and Occupational Health and Safety.
3. I opt to purchase medical malpractice and medical general liability coverage through Pierce College. These insurance coverage plans cost **$18.00** and are **non-refundable**. The following programs require medical malpractice and medical general liability coverage for their internship programs: Dental Hygiene, Emergency Medical Technician, Kinesiology, Nursing, and **Social Services/Mental Health.**

# Please Complete:

Name (printed) Click or tap here to enter text.

ctcLink ID: Click or tap here to enter text.

Program: Click or tap here to enter text.

Name of instructor that discussed insurance options with you: Click or tap here to enter text.

Date insurance options were discussed: Click or tap here to enter text.

Select a Coverage Option:

Covered by an alternative insurance policy

Pierce professional liability coverage at the cost of $6.75

Pierce medical malpractice and medical general liability coverage at the cost of $18.00

Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­Click or tap here to enter text.

Date: Click or tap here to enter text.

If you are under the age of 18 at the time this form is signed, a parent or guardian signature is required.

Parent or guardian name (printed): Click or tap here to enter text.

Parent or Guardian Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.