

University of Colorado School of Medicine  
Attn: Erica Hyman  
13001 E. 17<sup>th</sup> Place, Mailstop C292  
Aurora, Colorado 80045

### CONFIRMATION OF MEDICAL MALPRACTICE INSURANCE

Students applying to The University of Colorado 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): \_\_\_\_\_

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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 new 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 new academic year, the

(schools name) \_\_\_\_\_  
will indemnify and hold CU harmless for any claims arising from the actions of above named student. Upon renewal the school will resend this form or certificate of coverage.

Name of person completing form (please print): \_\_\_\_\_

Title of person completing form (please print): \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_

Date signed: \_\_\_\_\_