



APPLICATION FOR EXTENSION OF LIABILITY INSURANCE COVERAGE



Date : _____

Name: _____ **Student Number** : _____

In order to benefit from professional liability insurance coverage while performing an Elective Course at a Private Hospital in Puerto Rico or at a hospital in the United States, I hereby request my liability insurance coverage be extended to perform my academic and clinical duties at the following institution:

NAME OF HOSPITAL : _____

SCHOOL OF MEDICINE : _____

COURSE : _____

DATES FROM : _____ **TO:** _____

Signature of Student

It is the student's responsibility to submit this form completed to the Assistant Dean for Student Affairs, Room 873, at least on month prior to the date of the course. Failure to do so will encounter in notification to the hostess institution of no liability coverage.