



# Request for Certificate of Insurance for Student Intern

## INSTRUCTIONS TO UC DEPARTMENT

Use the *Request for Certificate of Insurance for Student Intern* form to obtain a University of California Certificate of Insurance showing evidence that the University's General Liability Insurance Program and/or its Professional Medical & Hospital Liability Insurance Program provides coverage for a UC student enrolled in a UC course that requires students to participate in qualified internships. Before a UC Certificate of Insurance can be issued for a student internship, this form must be completed and submitted to the campus Risk Management Office.

## DEPARTMENT

Department: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Dept. Contact: \_\_\_\_\_ Email: \_\_\_\_\_

## STUDENT INTERN

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Undergraduate, Graduate, or Post Graduate: \_\_\_\_\_ Email: \_\_\_\_\_

## COURSE INFORMATION

Department: \_\_\_\_\_

Course Name & Number: \_\_\_\_\_

Quarter: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Professor: \_\_\_\_\_ Email: \_\_\_\_\_ Ph: \_\_\_\_\_

Nature of Internship: \_\_\_\_\_

## INTERNSHIP HOST

Name of Internship Host: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Ph: \_\_\_\_\_

## CERTIFICATE ISSUED IF CRITERIA MET

The University's General Liability Self-Insurance Program and/or its Professional Hospital & Medical Liability Self-Insurance Program will provide coverage for third party Bodily Injury and Property Damage only (Personal Injury is the responsibility of the student) for student interns only when the following criteria are met. Answer Yes or No to the following statements:

Yes No

The internship is a course requirement.

The internship is not elective.

The internship is required in order to get a grade in the course.

The course and/or the internship are not an independent study.

The course and/or the internship are not in the Extension Program.

The student intern is enrolled in the course in the same quarter s/he is participating in the internship.

The student intern is receiving academic credit in the course in the same quarter s/he is participating in the internship.

There is a written agreement between the University and Internship Host (attach Agreement to this Request).

The agreement defines the responsibilities of the Internship Host, the University, and the Student Intern.

## SIGNATURES

The undersigned agree that the criteria governing the issuance of UC Certificates of Insurance for internships have been met.

Student Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Professor: \_\_\_\_\_ Date: \_\_\_\_\_

Procurement Services: \_\_\_\_\_ Date: \_\_\_\_\_