

State Volunteer Mutual Insurance Company
5005 Maryland Way, Suite 300 -- P.O. Box 1065 -- Brentwood, TN 37024-1065
**MEDICAL PROFESSIONAL LIABILITY INSURANCE POLICY
DECLARATIONS**

THIS POLICY IS NON-ASSESSABLE

NAMED INSURED: EACH MEDICAL STUDENT UNDER CONTRACT TO
UT COLLEGE OF MEDICINE

MAILING ADDRESS: C/O MICHAEL WHITT PHD - ASSOCIATE DEAN
910 MADISON AVENUE - SUITE 1002
MEMPHIS, TN 38163

POLICY PERIOD: From 07/01/2021 to 07/01/2022
Item 2
12:01 A.M. standard time at the address
of the **Named Insured** as stated herein

RETROACTIVE DATE: 07/01/1982

POLICY NUMBER: 1665178

ACCOUNT NO. 800068

The insurance afforded is only with respect to such coverages as are indicated below. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this **policy** having reference thereto. The medical professional liability coverage contained in Coverage A below is **modified claims-made** coverage.

| COVERAGES | LIMITS OF LIABILITY | | PREMIUMS |
|--------------------------------------|------------------------------|-------------------------|------------|
| | Each Medical Incident | <u>Annual Aggregate</u> | |
| A. Individual Professional Liability | \$200,000 | \$600,000 | \$18,587 |
| General Dividend Credit | | | \$355 Cr |
| Merit Dividend Credit | | | \$1,126 Cr |
| | TOTAL PREMIUM | | \$17,106 |

Premium Classification: ST - Medical Students

The above premium reflects the following adjustments: Annual Pay Discount

APPLICABLE FORMS AND ENDORSEMENTS

CYBR-30136 Cyber Security (10/2020), LLCA-90054 Limited Limits Vicarious End (10/2020), PSAD-60148 Position Slot Premium Audit (10/2020), PSAD-80153 Position Slot Premium Audit (10/2020), TNAE-90162 Tennessee Amendatory End (10/2020), Policy Form U1(10/2020)

This **Declarations** page(s), along with any applicable forms and endorsements, completes the above numbered **policy**.

Form U2 (10/2020)

Date Issued: 05/04/2021 Licensed Agent/Authorized Representative: Heather Lancaster

Phone: 1-800-342-2239 Pg 1 of 1

SLOT 800068

State Volunteer Mutual Insurance Company
5005 Maryland Way, Suite 300 -- P.O. Box 1065 -- Brentwood, TN 37024-1065

ENDORSEMENT

Named Insured:
EACH MEDICAL STUDENT UNDER CONTRACT TO
UT COLLEGE OF MEDICINE
C/O MICHAEL WHITT PHD - ASSOCIATE DEAN
910 MADISON AVENUE - SUITE 1002
MEMPHIS, TN 38163

Attached to and forming part of
Policy No. 1665178

Effective Date: 07/01/2021

Endorsement: CYBR-30136

ENDORSEMENT TO ADD CYBER SECURITY INSURANCE

It is hereby understood and agreed that Cyber Security Insurance is hereby added to the above described **policy** in accordance with endorsement form, "Cyber Security Insurance Endorsement (01.2017)".

Furthermore, it is understood and agreed that this endorsement applies to any subsequent **policy** renewal until otherwise modified or deleted by another endorsement. All other terms and conditions of the **policy** remain unchanged by this endorsement.

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ENDORSEMENT

Named Insured:
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C/O MICHAEL WHITT PHD - ASSOCIATE DEAN
910 MADISON AVENUE - SUITE 1002
MEMPHIS, TN 38163

Attached to and forming part of
Policy No. 1665178

Effective Date: 07/01/2021

Endorsement: LLCA-90054

LIMITED LIMITS OF LIABILITY TO INDIVIDUAL PROFESSIONAL LIABILITY EXPOSURE CHANGE

In consideration of the premium charged, it is hereby understood and agreed that under Coverage A - Individual Professional Liability the limits of liability are limited to that of \$200,000 each **medical incident** / \$600,000 annual aggregate for the rendering of, or failure to render, **professional services** or **peer review services** at, for, or on behalf of educational elective opportunities occurring outside of the following States should governmental immunity protections be determined by a court of competent jurisdiction to not apply and whereby limits of liability of \$1,000,000 each **medical incident** / \$3,000,000 annual aggregate are also not required by any contractual agreement:

Tennessee, Alabama, Arkansas, Georgia, Kentucky, Mississippi, Virginia

However, whereby governmental immunity protections are determined by a court of competent jurisdiction to not apply and whereby limits of liability of \$1,000,000 each **medical incident** / \$3,000,000 annual aggregate are required by any contractual agreement, the limits of liability shall not exceed that of \$1,000,000 each **medical incident** / \$3,000,000 annual aggregate both within and outside of those states outlined above.

Furthermore, it is understood and agreed that this endorsement applies to any subsequent **policy** renewal until otherwise modified or deleted by another endorsement. All other terms and conditions of the **policy** remain unchanged by this endorsement.

State Volunteer Mutual Insurance Company
5005 Maryland Way, Suite 300 -- P.O. Box 1065 -- Brentwood, TN 37024-1065

ENDORSEMENT

Named Insured:
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C/O MICHAEL WHITT PHD - ASSOCIATE DEAN
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MEMPHIS, TN 38163

Attached to and forming part of
Policy No. 1665178

Effective Date: 07/01/2021

Endorsement: PSAD-60148

POSITION SLOT PREMIUM AUDIT ENDORSEMENT

It is hereby understood and agreed that the premium for this **policy** is provisional in that it is based on an estimate of the exposures (either patient visits or number of person-hours) provided by the **named insured** and will be finally determined at the end of the **policy period** by an audit of the books and records of the **named insured**. The estimated number of positions under this **policy** is 350.000, resulting in a provisional premium of \$7,700.00.

State Volunteer Mutual Insurance Company
5005 Maryland Way, Suite 300 -- P.O. Box 1065 -- Brentwood, TN 37024-1065

ENDORSEMENT

Named Insured:
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910 MADISON AVENUE - SUITE 1002
MEMPHIS, TN 38163

Attached to and forming part of
Policy No. 1665178

Effective Date: 07/01/2021

Endorsement: PSAD-80153

POSITION SLOT PREMIUM AUDIT ENDORSEMENT

It is hereby understood and agreed that the premium for this **policy** is provisional in that it is based on an estimate of the exposures (either patient visits or number of person-hours) provided by the **named insured** and will be finally determined at the end of the **policy period** by an audit of the books and records of the **named insured**. The estimated number of positions under this **policy** is 339.000, resulting in a provisional premium of \$11,865.00.

State Volunteer Mutual Insurance Company

ENDORSEMENT

Effective Date: 07/01/2021

Endorsement No. 3

Named Insured:

EACH MEDICAL STUDENT UNDER CONTRACT TO
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910 MADISON AVENUE – SUITE 1002
MEMPHIS, TN 38163

**Attached to and forming part of
Policy No. 1665178**

LIMITS SCHEDULE

It is hereby understood and agreed that the applicable limits of liability are as follows:

| <u>Medical Students</u> | <u>Student Position Count</u> | <u>Limits of Liability</u> |
|--|-------------------------------|---|
| 1 st and 2 nd year | 350 | \$200,000 each medical incident \$600,000 annual aggregate |
| 3 rd and 4 th year | 339 | \$1,000,000 each medical incident \$3,000,000 annual aggregate |

05/04/2021

Date Issued

Heather Lancaster

Authorized Representative



**State Volunteer Mutual Insurance Company
Certificate of Professional Liability Insurance**

This Certificate is Issued to:
**EACH MEDICAL STUDENT UNDER CONTRACT TO
 UT COLLEGE OF MEDICINE
 C/O MICHAEL WHITT PHD - ASSOCIATE DEAN
 910 MADISON AVENUE - SUITE 1002
 MEMPHIS, TN 38163**

Name of Insured and Policy Information:
**EACH MEDICAL STUDENT UNDER CONTRACT TO
 UT COLLEGE OF MEDICINE
 C/O MICHAEL WHITT PHD - ASSOCIATE DEAN
 910 MADISON AVENUE - SUITE 1002
 MEMPHIS, TN 38163**

Account Number: **800068**
 Policy Number: **1665178**
 Retroactive Date: **07/01/1982**
 Policy Period: **07/01/2021 To: 07/01/2022**
 (12:01 A.M. standard time)

The Policy identified above by a policy number is in force on the date of this Certificate of Insurance. Insurance is afforded only with respect to those coverages for which a specific limit of liability has been entered and is subject to all the terms of the policy. This Certificate of Insurance neither affirmatively or negatively amends, extends or alters the coverage afforded under the policy, or binder identified in this document. In the event of cancellation of the policy, SVMIC will make all reasonable effort to send notice of cancellation to the Certificate Holder at the address shown, but the Company assumes no responsibility for any mistake or failure to give such notice.

| Coverages | Limits of Liability | |
|---|---|--------------------------------------|
| A. Individual Professional Liability | each medical incident \$200,000 | annual aggregate \$600,000 |
| B. Practice Entity Professional Liability | each medical incident N/A | annual aggregate N/A |
| C. Extender Employee Professional Liability | each medical incident N/A | annual aggregate N/A |
| D. Office Premises Liability | | annual aggregate N/A |
| E. Office Premises Medical Payments | each person N/A | each accident N/A |
| | | |

Mutual Interests. Mutually Insured.

4758404-P000000-000000-800068 Authorized Representative: **Heather Lancaster**

PO Box 1065 Brentwood, TN 37024-1065 Phone 615.377.1999 Toll Free 800.342.2239 Fax 615.843.0347 www.svmic.com



**State Volunteer Mutual Insurance Company
Notice Regarding Certificate of Professional Liability Insurance**

Each Medical Student Under Contract to
UT COLLEGE OF MEDICINE
C/O MICHAEL WHITT PHD - ASSOCIATE DEAN
910 MADISON AVENUE - SUITE 1002

MEMPHIS, TN 38163

Account Number: **800068**

As a service to our Insureds and in accordance with your previous request, we have forwarded a Certificate of Insurance to the following organization(s) for the purpose of certifying your Medical Professional Liability Insurance Policy with State Volunteer Mutual Insurance Company. Please review this list and let us know if any changes need to be made. You may return this form with your corrections to the Underwriting Department or contact us directly at the numbers below.

In the event of cancellation of the policy, SVMIC will make all reasonable effort to send notice of cancellation to the Certificate Holder at the address shown, but the Company assumes no responsibility for any mistake or failure to give such notice.

| | |
|------------------------------|---|
| P503831 | P468973 |
| Baptist Health Medical Group | Baptist Memorial Hospital Provider Verification Servi |
| 5200 Commerce Crossing | 6027 Walnut Grove Road |
| Third Floor | #306 |
| Louisville, KY 40229 | Memphis, TN 38120 |