

PROFESSIONAL LIABILITY INSURANCE OVERVIEW

Coverage Dates: September 1, 2005 – August 31, 2006

Amount of Coverage

Employees of Stanford Hospital and Clinics (SHC) and Lucile Packard Children's Hospital (LPCH) are insured for Medical Professional Liability and General Liability exposures and share in a specific dollar limit per incident through the SUMIT Insurance Company (formerly known as the SHC/LPCH Professional Insurance Company).

At a minimum, this amount of coverage is \$1,000,000 per claim and \$3,000,000 in the annual aggregate. The 2005-2006 policy provides claims made coverage.

The current policy number is 1-M0101-00-2005.

Liability Coverage

Stanford physicians, Interns, Residents, Postdoctoral Fellows, Nurses, Technicians, Clinical Faculty, and other employees, Physician Assistants, visiting physicians, clerkships, Primary Care Associate Preceptorships, students, or volunteers of the Medical Center, *are covered while acting within the regular course and scope of their duties on behalf of the SHC and LPCH* including "good Samaritan" services.

Private practice and independent consultants are not covered and should provide a Certificate of Insurance illustrating the holding of insurance through an independent malpractice insurance carrier.

Medical School research and/or clinical activities unrelated to the patient care/clinical activities of SHC and/or LPCH are NOT covered.

Information

For information regarding malpractice coverage, please contact:

Insurance Analyst

Risk Management Department
Stanford University Medical Center
300 Pasteur Dr. MC: 5716
Stanford, CA 94305-5716

Direct office number 650-725-4986

Main office number 650-723-6824

Main fax number 650-736-2495

Stanford University Medical Indemnity & Trust (SUMIT) Insurance Company
c/o AON Insurance Managers
201 Merchant Street, suite 2400
Honolulu, Hawaii 96813
1-808-533-4900

Date: ___/___/_____

To: Credentiaing Department

RE: Malpractice History Request for _____
Printed Name of Resident/Fellow

Dates of Residency/Fellowship: _____/_____/_____ to _____/_____/_____

Coverage at Stanford University Medical Center is during the entire time employed/served at Stanford Hospital and Clinics or Lucile Packard Children's Hospital and Clinics.

All coverage supplied for providers before 8/31/05 was occurrence coverage; since 9/1/05, the coverage is now claims made coverage in the amount of \$1m/\$3m per provider. Tail coverage is pre-funded for providers leaving the Stanford program individually. Coverage is provided through the Stanford University Medical Indemnity & Trust (SUMIT) Insurance Company.

For further inquiries regarding physician privileges, verification of current status and/or dates of service, please contact the Stanford Hospital and Clinics Credentialing Office directly at (650) 723-7857.

Requested by:

Signature of requesting resident/fellow

Date

Risk Management Department Use Only

This certifies that this resident/fellow was employed by Stanford University Medical Center for the dates noted above, and that no malpractice settlements have been paid or reported against this resident/fellow.

Questions on the specific information above should be directed to:

Risk Management Office
Stanford University Medical Center
300 Pasteur Drive, MC 5716
Stanford, CA 93405-5716
(650) 736-2495 fax

Verification by:
Verification date: