

COLLEGE OF SAINT BENEDICT/SAINT JOHN'S UNIVERSITY
INTERNSHIP PROGRAM

Liability Insurance for Interns

In accordance with the Internship Program Agreement, please provide the following information about _____ during the fall/spring/summer internship session, 20____.
(intern's name)

Internship Site Name/Address _____

(Please choose **one** of the following)

_____ ***is*** covered by the Host's liability insurance in the
(intern's name) following manner:

- _____ Through the site's professional liability coverage
- _____ Through the site's volunteer liability coverage
- _____ Through the site's student intern liability coverage
- _____ Other liability coverage mechanism (please explain)

_____ ***is not*** covered by the Site's liability insurance coverage.
(intern's name)

Date: _____

Representative of Site Signature