

**TO:** Students enrolled in **HS/KIN 410/710** or **KIN 490**

**FROM:** Daniel Toups, Internship Program Coordinator  
Department of Kinesiology and Health Studies

**SUBJECT: Insurance Coverage**

The Office of Risk Management, Division of Administration for the State of Louisiana, has notified Southeastern Louisiana University that the general liability policy which currently covers universities, colleges and schools does not extend coverage to injuries sustained by students engaged in field based practicum as part of their educational requirements or to students while interning as part of their educational requirements without receiving remuneration from any business or institution to which they are assigned.

Any injury which you might cause to a third party will continue to be covered; however, there will be no coverage for you yourself if you are personally injured.

Before you can begin the practicum or internship, you will be required to complete the form at the bottom of this page. If you are not currently covered through your own personal policy, you may wish to consider the insurance plan offered to students of Southeastern Louisiana University. If you are interested, you may pay for this coverage when you pay semester fees or you may submit payment directly to the company. If you are interested in additional information, please contact the Office of Student Life, Room 203 in the Southeastern Union, call 549-2247.

After reading the above information concerning insurance coverage, I'm informing Southeastern that: (Please check one of the statements below and provide the requested information.)

\_\_\_\_\_ I have my own personal insurance policy.  
Policy # \_\_\_\_\_ Company \_\_\_\_\_

\_\_\_\_\_ I have coverage under my parents' or spouse's insurance policy.  
Policy # \_\_\_\_\_ Company \_\_\_\_\_

\_\_\_\_\_ I have coverage under the SLU Student Insurance Plan.

\_\_\_\_\_ I plan to enroll in the SLU Student Insurance Plan.

\_\_\_\_\_ I am aware of the risk stated above and choose to purchase no insurance coverage.

Name \_\_\_\_\_  
(Please Print)

W# \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*INCLUDE COPY OF INSURANCE CARD\*\***