Re: International Elective Rotation Request

Dear [Insert Name],

I write in response to your request for professional liability insurance coverage to be provided by Maryland Medicine Comprehensive Insurance Program (MMCIP) for your planned elective rotation to [Insert Facility Name] in [Insert Location, Country] from [Insert Dates].

Please be aware that the Statement of Coverage, Maryland Medicine Comprehensive Insurance Program, Plan of Self-Insurance states, in part:

“Coverage Territory means anywhere in the world, provided the suit for Damages is brought within the United States of America its territories or possessions, or Canada.”

Please sign below to acknowledge that by proceeding with your elective rotation to [Insert Location, Country] you acknowledge and accept this limitation in your coverage. Retain the enclosed copy for your records and return the original with your signature to the Student Affairs Office.

To ensure your own safety and well being during your travels, please consult the U.S. State Department travel warnings, alerts and country specific information at http://travel.state.gov/travel.

Please contact the Physician Underwriting Department at 410-328-9486 if you have any questions, need additional information, or if we can assist you further with this, or any other, matter.

Very Truly Yours,

Mary Kay Battafarano, M.B.A., CPHRM
Senior Risk Manager – Property Casualty
mb/ag
cc Dr. Donna Parker, Associate Dean for Student Affairs

I, __________________________, am aware of the potential coverage limitation as described above.

(Print name)

(Signature)   (Date)