

University of Rochester Medical Center  
Strong Partners Health System

Professional Liability Insurance  
Residents or Fellows  
Year 2008

**This document does not evidence coverage.**

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**CARRIER:** MCIC Vermont, Inc., an RRG

**ADDRESS:** University of Rochester Medical Center  
Attn: Insurance Administrator  
PO Box 278979  
Rochester, NY 14627-8979

Phone: 585-758-7606

Fax: 585-272-9311

**POLICY NUMBER:** PR1108

**COVERAGE FORM:** Claims-made. MCIC will provide coverage for any claim arising out of an incident that occurred during your participation in the MCIC program (this is commonly referred to as "tail" coverage or an Extended Reporting Endorsement). "Tail" will be provided as long as the URMIC remains a shareholder in MCIC Vermont, Inc. or its successor and MCIC Vermont, Inc. or its successor remains in the business of issuing insurance policies covering events occurring during the related policy year.

**COVERAGE SCOPE:** Limited to activities required to complete an approved program of medical education.

**POLICY TERM:** 01/01/2008 to 01/01/2009, coverage automatically terminates upon conclusion of the training program at the University of Rochester Medical Center or Strong Partners Health System.

**COVERAGE LIMITS:** \$2,500,000 per claim  
No annual aggregate

**CLAIM HISTORY:** Available upon receipt of written request from the insured physician or to a third party upon receipt of a release signed by the insured physician.

Residents and ACGME Fellows  
address requests to:  
University of Rochester Medical Center  
Graduate Medical Education Office  
601 Elmwood Avenue, Box 601  
Rochester, NY 14642-8601

Departmental Fellows address requests to:  
Strong Memorial Hospital  
Medical Staff Office  
601 Elmwood Avenue, Box 612  
Rochester, NY 14642-8612

**TO REPORT A CLAIM** contact the Risk Manager on-call at 585-758-7600.