

University of Rochester Medical Center
Strong Partners Health System

Professional Liability Insurance
Residents or Fellows
Year 2009

This document does not evidence coverage.

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: PR1109

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: 01/01/2009 to 01/01/2010, coverage automatically terminates upon conclusion of the training program at the University of Rochester Medical Center or Strong Partners Health System.

COVERAGE LIMITS: \$3,500,000 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 601G
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.