

University of Rochester Medical Center  
Strong Partners Health System

Professional Liability Insurance  
Year 2018

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**CARRIER:** MCIC Vermont, an RRRG

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

Phone: 585-758-7600

Fax: 585-272-9311

**POLICY NUMBER:** PR1118

**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 or its successor and MCIC Vermont or its successor remains in the business of issuing insurance policies covering events occurring during the related policy year.

**POLICY TERM:** 01/01/2018 to 12/31/2018, 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.

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