

University of Rochester Medical Center

Professional Liability Insurance  
Residents and/or Fellows

**Year 2022**

Evidence of Coverage.

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

**ADDRESS:** University of Rochester Medical Center  
Attn: Insurance Administrator  
PO Box 278979

**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 URMC 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:** 01/01/2022 to 12/31/2022, coverage automatically terminates upon conclusion of the training program at the University of Rochester Medical Center or Strong Partners Health System.

**COVERAGE LIMITS:** \$3,000,000 per claim  
No annual aggregate

**CLAIM HISTORY:** Available upon receipt of written request from the insured