

**ADMIRAL INSURANCE COMPANY**

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SUPPLEMENT TO  
Misc. Medical Application  
For  
Medical Students

Programs that train students for various medical professions

Please provide the information requested below for each professional program you wish considered for coverage. Include any additional information that describes the program in more detail.

1. Name of Professional Program: \_\_\_\_\_

2. # Of students: \_\_\_\_\_ # of Faculty: \_\_\_\_\_

3. Describe the nature and extent of any internship or field work experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. is the internship:  required  optional

b. are students supervised while practicing in the program?  Yes  No

If Yes, please advise who will be providing supervision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How many hours per week are students involved in internship activities? \_\_\_\_\_

\_\_\_\_\_

5. What is the term of the program? \_\_\_\_\_

6. Are Students compensated?  Yes  No