

RESIDENT MALPRACTICE COVERAGE
SCHOOL OF MEDICINE
UNIVERSITY OF LOUISVILLE

1. COVERAGE

Residents on rotation at University of Louisville Hospital and other approved sites in Kentucky are covered by malpractice insurance purchased by the University with annual limits of \$250,000 per claim/\$750,000 aggregate claims per resident. In order to qualify for this coverage the resident must complete the required application, be accepted by the company, and comply with the terms of the policy issued by the company. This coverage does not apply to moonlighting activities.

Affiliated teaching hospitals (Veterans Affairs Medical Center, Norton Healthcare (Norton Hospital, Kosair Children's Hospital, Norton Healthcare Pavilion, Norton Audubon Hospital, Norton Southwest Hospital, and Norton Suburban Hospital, Jewish Hospital, and Frazier Rehabilitation Center) provide insurance coverage for Physicians rotating there.

Physicians may also purchase additional liability insurance at their own expense.

2. DUTIES OF PHYSICIANS/REPORTING OF INCIDENTS OR SUITS

Any Physician shall report all incidents to the malpractice carrier, the office of Risk Management and Insurance of the University, and to the administration of the hospital in which the incident took place. The Physician shall cooperate with the University and its insurance carrier in every respect. The Physician shall assist in the preparation of the defense of a claim, in the conduct of any suit or the settlement thereof, including, but not limited to meeting with counsel, attending depositions, trials, hearings and securing and giving evidence. In connection with this cooperation and assistance, the Physician is expected to bear all his/her own personal expenses, including without limitation, the Physician's travel expenses for any necessary travel by him/her, such as transportation, meals and lodging, and any lost income to the Physician for the attendance at depositions, hearings, trials, or the preparation therefore. The Physician shall also inform University Counsel and the insurance carrier of any changes in the Physician's home or business address and home or business telephone number.

3. TYPE OF COVERAGE

The coverage provided is enhanced claims-made coverage (meaning that tail coverage is built into the coverage); therefore, graduating or other residents who leave a program do not need to purchase tail coverage.

4. CONFIRMATION OF COVERAGE

Residents and fellows who need confirmation of malpractice coverage through the University must request through the KMRRRG office. The request must contain the resident's name, dates of service, and the name and address of the person needing the confirmation. For loss run requests, a written request is required, signed by the physician approving the release of information. Telephone requests will not be accepted because the resident's signature is required in order to release the information. Requests can be faxed to 562-5766. Properly submitted requests can usually be answered within 3 business days.

CONTACTS

Belinda Love
Executive Director
KMRRRG
530 S. Jackson St.
Louisville, KY 40202
(502)217-5252
(502)562-5766 - Fax

Sandy Russell
Office of Risk Management
And Insurance
University of Louisville
(502) 852-6926

Office of University Counsel
206 Grawemeyer Hall
University of Louisville
Louisville, KY 40292
(502)852-6981