SCHEDULE

1. POLICY NO. [증권번호]		PROPOSAL DATE [청약일자]	
2. NAME OF ASSURED [계약자명]			
3. MAILING ADDRESS [주소지]			
4. INSURED [피보험자명]			
5. RISKS [보장위험]	Legal liability to third party arising out of the insured's Business as below; [피보험자가 수행하는 아래의 업무활동과 관련하여 우연한 사고로 인해 타인에게 피해를 입혀 피보험자가 부담하게 되는 법률상 배상책임]		
6. COVERED BUSINESS [보장내용]	■ - 실습참여 총 학생수		
7. POLICY PERIOD [보험기간]	(Standard Time at your mailing address shown above)		

8. LIMIT OF LIABILITY
[보상한도액]
	■ Combined Single Limit : KRW -a.o.o.
	   [대인대물일괄 : 억원-사고당]
	■ Medical Payment Limit : KRW -a.o.p./a.o.o.
	   [치료비 : 천만원 -인당/사고당]
	■ Policy Aggregate Limit : KRW -
	   [증권총보상한도액 : 억]		

9. DEDUCTIBLE [공제금액]	Any One Occurrence [사고당]	KRW .-(But, Nil for M/P) [, 단 치료비에는 미적용]	
10. POLICY TERRITORY [담보지역]	Korea [대한민국]	JURISDICTION [재판관할권]	Korea[대한민국]
11. PREMIUM [보험료]	KRW -flat		