

Professional Liability Insurance Verification for Visiting Students

**** Students: This form is to be completed by an official at your home institution. ****

I certify that (name of student) _____ is in good standing at (name of Institution) _____, and has received my approval to participate in the following rotation at the UF College of Medicine:

Name of rotations: _____

Dates of rotation: _____

During the student's participation, the following applies to professional and general liability coverage (select one):

- 1) _____ The student's home institution is a State of Florida Public University (as set forth in s. 1000.21(6), Florida Statutes) and is protected without charge per the UF Self-Insurance Program policies.*
- 2) _____ The University of Florida Board of Trustees (UFBOT) will be added as an additional insured on the policy of the student's home institution with Professional and General Liability limits of no less than \$1,000,000 per incident and \$3,000,000 annual aggregate. **NOTE: If this option is selected, a copy of the certificate of insurance that includes an endorsement listing the UFBOT as an additional insured must be received prior to the rotation; solely naming the UFBOT as a certificate holder is not acceptable. In addition, the UF Self-Insurance Program (SIP) reserves the right to lead the handling and resolution of all claims against the UFBOT, SIP protected entities, and their employees and/or agents due to the students alleged negligence.**
- 3) _____ The student's home institution contractually agrees to hold harmless and indemnify the UFBOT for the negligent acts and omissions of the student while participating in the UF College of Medicine program.
- 4) _____ The student will be responsible for purchasing additional coverage through the University of Florida Self-Insurance Program at a fee of \$100 per rotation, not to exceed \$200 for all rotations in a 12 month period, to fund the risk his/her negligent acts and omissions create for the UFBOT; this coverage does not protect the student. Payment is due prior to the rotation start date and must be in the form of a check made payable to "UF Self-Insurance Program." **NOTE: Payment can be submitted directly by the student, or by the student's sending/receiving institution, paid on behalf of the student.**

Signature _____ Title: _____

Printed Name: _____ Date: _____

School: _____ Phone #: _____

Email Address: _____ Fax #: _____

Mailing Address: _____

*State Universities, set forth in s. 1000.21(6), Florida Statutes are: University of Florida; Florida State University; Florida Agricultural and Mechanical University; University of South Florida; Florida Atlantic University; University of West Florida; University of Central Florida; University of North Florida; Florida International University; Florida Gulf Coast University; New College of Florida; Florida Polytechnic University.