



Professional and General Liability Insurance Verification for Visiting Students

\*\* Students: This form is to be completed by an official at the student's HOME INSTITUTION. \*\*

I certify that (name of student) \_\_\_\_\_ is in good standing at (name of HOME INSTITUTION) \_\_\_\_\_, and has received my approval to participate in the following rotation(s) at the University of Florida J. Hillis Miller Health Center's College of Medicine (UFCOM) and its affiliated hospitals and/or clinics:

Name of rotations: \_\_\_\_\_

Dates of rotation: \_\_\_\_\_

The HOME INSTITUTION warrants and represents that it provides occurrence-based professional and general liability insurance or self-insurance for its students with limits of at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate. However, if the HOME INSTITUTION is a public entity entitled to governmental immunity protections under applicable state law, then the HOME INSTITUTION shall provide occurrence-based liability coverage in accordance with any limitations associated with the applicable law; but the HOME INSTITUTION shall provide such insurance with limits of at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate in the event governmental immunity protections are determined by a court of competent jurisdiction to not apply. A certificate of insurance demonstrating coverage described herein must be provided to the UFCOM prior to the student commencing his/her rotation.

IN ADDITION, the following option has been selected to provide coverage for the University of Florida Board of Trustees (UFBOT) for any liability (vicarious, agency, or otherwise) imposed against UFBOT for any acts or omissions by the student while on rotation(s) (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 University of Florida College of Medicine Self-Insurance Program (UFSIP) policies.
2) \_\_\_\_\_ The student's HOME INSTITUTION contractually agrees to hold harmless and indemnify the University of Florida Board of Trustees (UFBOT) for the negligent acts and omissions of the student while participating in the UFCOM rotation.
3) \_\_\_\_\_ The student/ HOME INSTITUTION (or the host department, at its election) will be responsible for purchasing additional coverage through the UFSIP at a fee of \$100 per student, per rotation, not to exceed \$200 per student for all rotations in a 12 month period, to fund the risk that his/her negligent acts and omissions create for the UFBOT. This coverage does NOT protect the student; rather, this coverage protects the UFBOT. 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 HOME INSTITUTION (or host department, at its election), paid on behalf of the student.

Signature \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_