



**University of Florida JHMHC Self-Insurance Program
Community Service Activity Approval Form**

The University of Florida JHMHC Self-Insurance Program ("UFSIP") provides professional liability protection in the amount of \$500,000 per occurrence for pre-approved community service activities involved in the delivery of professional health care services. UF Health Center (UF HC) employees must have a 25% or greater FTE allocation in order to be considered.

Approvals required for UF HC employees: Department Chair, College Dean or VPHA, and UFSIP Director

Approvals required for Shands Health Care employees: Hospital CEO and UFSIP Director

Questions or completed forms should be directed to UFSIP, ATTN: Insurance Services, ph. 352-273-7006, Fax: 352-273-5424

Date of Request: _____

Department: _____

Point of Contact: _____
(Name, title, phone and/or email address)

I. Entity Supported

Name: _____

Address: _____

II. Proposed date(s): _____

Location of Activity: _____

III. Description of activity:

Individuals requesting community service activity approval

Employer: Name of College/Department or Hospital

Name (Print) (Signature)

Name (Print) (Signature)

Name (Print) (Signature)

APPROVAL AUTHORITY

If UF:

If other than UF:

Approved - Chairman Date

Approved - Dean Date

Approved - Director, UF SIP Date

Approved - Facility Administrator Date

Approved - Director, UF SIP Date