

University of South Florida

## Professional and General Liability Insurance Verification for Visiting Students

\*\* This form is to be completed by an official at the student's home institution and returned to the Florida Atlantic University College of Medicine Self-Insurance Program (FAU SIP) by email to **fauisosip@mail.ufl.edu**, or via facsimile at **352- 273-5424**, <u>prior to the student commencing his/her rotation</u>. \*\*

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 Florida Atlantic University	College of Medicine and its affiliated hospitals and/or clinics:
Name of Rotation(s):	
Rotation Facility Name:	
Dates of Rotation(s):	
During the student's participation in the rotation, the f	ollowing applies to professional and general liability coverage (select one):
A. Florida state university and college system	n students (as set forth in s. 1000.21((3)6), Florida Statutes*):
The HOME INSTITUTION warrants and re	presents that it is a public entity entitled to governmental immunity
protections under applicable state law and that it provides occurrence-based professional and general liability	
	section 768.28, Florida Statutes; but, the HOME INSTITUTION also
	insurance with limits of no less than \$1,000,000 per
The state of the s	ne event governmental immunity protections are determined by a
court of competent jurisdiction not to apply.	,,
B. Non-Florida state university and college s	ystem students (as set forth in s. 1000.21(3)(6), Florida Statutes*):
	presents that it provides occurrence-based professional and general liability
	<del></del>
	vith limits of no less than \$1,000,000 per occurrence/\$3,000,000 annual
	N is a public entity entitled to governmental immunity protections under
· ·	TION warrants and represents that it provides occurrence-based liability
	ssociated with the applicable law; but, the HOME INSTITUTION also warrants
	with limits of no less than \$1,000,000 per occurrence/\$3,000,000 annual
	y protections are determined by a court of competent jurisdiction not to
	g coverage described herein must accompany this form when submitted to
the FAU SIP.	
_	-OR-
The student warrants and represents that	t he/she has occurrence-based professional and general liability
insurance with limits of at least \$1,000,000 pe	r occurrence/\$3,000,000 annual aggregate. A certificate of insurance
demonstrating coverage described herein mu	st accompany this form when submitted to the FAU SIP.
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 Atlantic University Florida International University
Florida State University	University of West Florida Florida Gulf Coast University
Florida Agricultural and Mechanical University	University of Central Florida New College of Florida

University of North Florida

Florida Polytechnic Institute

<sup>\*</sup>Florida College System Institutions, set forth in s. 1000.21(3) Florida Statues, can be found at the following link: http://www.leg.state.fl.us/statutes/