



Professional 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, prior to the student commencing his/her rotation. ****

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 following applies to professional liability coverage (**select one**):

A. Florida state university and college system students (as set forth in s. 1000.21(3)(6), Florida Statutes*):

The HOME INSTITUTION warrants and represents that it is a public entity entitled to governmental immunity protections under applicable state law and that it provides occurrence-based professional liability insurance for its students in accordance with section 768.28, Florida Statutes; but, the HOME INSTITUTION also warrants and represents that it provides such insurance with limits of no less than \$1,000,000 per occurrence/\$3,000,000 annual aggregate in the event governmental immunity protections are determined by a court of competent jurisdiction not to apply.

B. Non-Florida state university and college system students (as set forth in s. 1000.21(3)(6), Florida Statutes*):

The HOME INSTITUTION warrants and represents that it provides occurrence-based professional liability insurance, or self-insurance, for its students with limits of no less than \$1,000,000 per occurrence/\$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 warrants and represents that it provides occurrence-based liability coverage in accordance with any limitations associated with the applicable law; but, the HOME INSTITUTION also warrants and represents that it provides such insurance with limits of no less than \$1,000,000 per occurrence/\$3,000,000 annual aggregate in the event governmental immunity protections are determined by a court of competent jurisdiction not to apply. **A certificate of insurance demonstrating coverage described herein must accompany this form when submitted to the FAU SIP.**

-OR-

The student warrants and represents that he/she has occurrence-based professional liability insurance with limits of at least \$1,000,000 per occurrence/\$3,000,000 annual aggregate. **A certificate of insurance demonstrating coverage described herein must accompany this form when submitted to the FAU SIP.**

School Official 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 Institute

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