



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 University of Central Florida College of Medicine Self-Insurance Program (UCF SIP) by email to ucfisosip@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 **University of Central Florida 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 UCF 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 UCF 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 South Florida | University of North 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/>