



**University of Florida JHMHC Self-Insurance Program**  
**Community Service Activity: Professional Liability (PL) Coverage**

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 involving the delivery of professional health care services. This protection is offered when such activity is NOT considered within course and scope of requester's university/hospital employment. UF Health Center (UF HC) employees must have a 25% or greater FTE allocation in order to be considered.

Approvals required:	<u>UF HC employees:</u>	<u>Shands HealthCare employees:</u>
	Department Chair	Hospital CEO
	College Dean or VPHA	UFSIP Director
	UFSIP Director	

Questions or completed forms should be directed to UFSIP, ATTN: Insurance Services, ph. 352-273-7006, Fax: 352-273-5424, Email: ufisosip@mail.ufl.edu

Date of Request: \_\_\_\_\_

Requester:\* \_\_\_\_\_

Department: \_\_\_\_\_

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

**I. Entity Supported**

Name: \_\_\_\_\_

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

**II. Start Date of Activity:** \_\_\_\_\_

**End Date of Activity:** \_\_\_\_\_

Location of Activity: \_\_\_\_\_  
 \_\_\_\_\_

**III. Description of activity:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*If approval is required for multiple faculty/employees please attach a roster with this request.

**Note:** This form is only for PL coverage requests and does not meet university/hospital requirements related to disclosing outside community service activities. Be sure to contact your immediate supervisor and/or the Conflicts of Interest Program to ensure compliance.

APPROVAL AUTHORITY			
If UF:		If other than UF:	
Approved - Chairman	Date		
Approved - Dean	Date	Approved - Facility Administrator	Date
Approved - Director, UF SIP	Date	Approved - Director, UF SIP	Date