



Professional and General Liability Insurance Verification for Visiting Students

**** This form is to be completed by an official at the student's home institution. ****

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 UF Health and its affiliated hospitals and/or clinics:

Name of Rotation(s): _____
Dates of Rotation(s): _____

During the student's participation in the rotation, the following applies to professional and general liability coverage: **(Select A or B)**

A. Florida state university students (as set forth in s. 1000.21(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 and general 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 students (as set forth in s. 1000.21(6), Florida Statutes*): (Please complete 1 AND 2)

1) ____ The Student or HOME INSTITUTION warrants and represents that it provides Occurrence-Based, or Claims-Made with tail coverage that includes the rotation dates, professional and general liability insurance, or self-insurance, that covers the student during the rotation with limits of no less than \$1,000,000 per occurrence/\$3,000,000 annual aggregate. **AND,**

2) a) ____ The student's HOME INSTITUTION agrees to hold harmless and indemnify the University of Florida Board of Trustees (UFBOT) for its vicarious liability for the negligent acts and omissions of the student while participating in the UF Health rotation. **(Official is to initial if this option is selected.)**

--OR--

b) ____ The Student/ HOME INSTITUTION agrees to pay a fee of \$100 per rotation, not to exceed \$200 per student for all rotations in a 12-month period, to fund and protect the University of Florida Board of Trustees (UFBOT) for its vicarious liability for the negligent acts and omissions of the student while participating in the UF Health rotation. Payment is due prior to the rotation start date and must be in the form of a check made payable to "UF Self-Insurance Program."

Signature of School Official at Student's Home Institution: _____ Date Signed: _____

Printed Name: _____ Title: _____

Email Address: _____ Phone #: _____

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 |



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Q&A

1) For purposes of executing this document, who qualifies as an official at the HOME INSTITUTION?

Although we defer to the HOME INSTITUTION in deciding who has the authority and control to execute this document on behalf of the HOME INSTITUTION, we would prefer that one individual in each college (e.g., Dean, Dean's designee, GME Director) be appointed as the official for document execution. This will help to ensure consistency in approach, understanding, and completion.

2) What are the coverage requirements if the home institution is a non-Florida state university but IS a public entity entitled to governmental immunity protections under state law?

If the HOME INSTITUTION is a public entity entitled to governmental immunity protections under applicable state law, then the HOME INSTITUTION will need to submit proof that it provides Occurrence-Based, or Claims-Made with tail coverage that includes the rotation dates, professional and general liability coverage in accordance with any limitations associated with their applicable state law. In addition, the HOME INSTITUTION will need to submit proof that it also 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.

3) If the Student has professional and general liability insurance protecting him/her for negligent acts and omissions while participating in the rotation, why does the student or Home Institution also have to agree to indemnify or pay a fee to protect the UF Board of Trustees?

Pursuant to Florida Statute 768.28(9), employees and agents of the University of Florida Board of Trustees (BOT) may not be held personally liable or named as a party defendant in any action for any injury suffered as a result of a negligent act or omission committed within the course and scope of their employment or function; the BOT is solely responsible for those negligent acts or omissions. Accordingly, medical professional liability claims involving BOT employees and agents are resolved on behalf of the BOT and not the individual health care provider. If the student is determined by the courts to be an agent of the BOT at the time of the act, the BOT may be held vicariously liable for the student's actions. To fund for this exposure, the University of Florida Self-Insurance Program collects a nominal fee of \$100 per student, per rotation (not to exceed \$200 per student for all rotations in a 12 month period), OR the student's HOME INSTITUTION agrees to hold harmless and indemnify the University of Florida Board of Trustees (UFBOT) for such vicarious liability. This coverage DOES NOT protect the student; rather, this coverage protects the UFBOT.