



## Healthcare Professional Liability Insurance Verification for Visiting Students Q&A

**Question: For purpose of executing this document, who qualifies as an official at the home institution?**

**Answer:** 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 (for example, Dean, Dean's designee, Graduate Medical Education Director) be appointed as the official for document execution. This will help to ensure consistency in approach, understanding, and completion.

**Question: 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?**

**Answer:** 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 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 and \$3,000,000 annual aggregate in the event governmental immunity protections are determined by a court of competent jurisdiction not to apply.

**Question: When must a Certificate of Insurance accompany this form?**

**Answer:** If the home institution does not provide protections for their students and is attesting that the student has personal professional liability insurance with limits of at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate, a Certificate of Insurance demonstrating required coverage must accompany this form when submitted to the University of Florida FBOG Self-Insurance Program (UF SIP).



# Healthcare Professional 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): \_\_\_\_\_

Rotation Facility Name: \_\_\_\_\_

Dates of Rotation(s): \_\_\_\_\_

During the student's participation in the rotation, the following applies to professional liability coverage: **(select ONLY one)**:

**A. Florida state university and college system students (as set forth in Florida Statute 1000.21(5), (9) <sup>1</sup>):**

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 professional liability insurance for its students in accordance with section 768.28, Florida Statutes. The home institution also warrants and represents that it provides such insurance with limits of no less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate, that is Occurrence-Based or Claims-Made with tail coverage that includes the rotation dates, 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 Florida Statute 1000.21(5), (9) <sup>1</sup>):**

The home institution warrants and represents that it provides Occurrence-Based, or Claims-Made with tail coverage that includes the rotation dates, professional liability insurance, or self-insurance, that covers the student during the rotation with limits of no less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate.

**- OR -**

The student warrants and represents that he/she has Occurrence-Based, or Claims-Made with tail coverage that includes the rotation dates, professional liability insurance with limits of at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate.

**A certificate of insurance demonstrating coverage described herein must accompany this form when submitted to UF SIP.**

School Official Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

<sup>1</sup> State universities and Florida College System Institutions set forth in [Florida Statutes 1000.21](#).