

Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539

February 4, 2015

RE: INSURANCE REQUIREMENT ACKNOWLEDGMENT

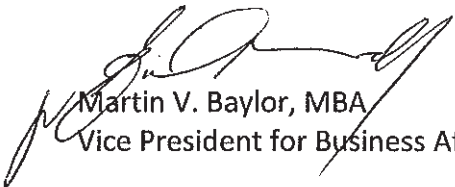
Regarding the Insurance Requirement Acknowledgment, please note that it is the stated policy of the State of Texas not to acquire commercial general liability insurance for torts committed by employees of the state who are acting within the scope of their employment.

Rather, University is subject to the provision of Title 5, Chapter 101 of the Texas Civil Practice and Remedies Code, also known as the Texas Tort Claims Act. The limits of this liability are: (i) \$250,000 for each person and \$500,000 for each single occurrence for bodily injury or death, and (ii) \$100,000 for each single occurrence for injury to or destruction of property.

Further, University employees are provided Worker's Compensation coverage under the self-insuring, self-managed program as authorized by Chapter 503, Section 503.022 of the Texas Labor Code.

Certificates evidencing such insurance will be made available for examination upon request by Sponsor.

Cordially,


Martin V. Baylor, MBA
Vice President for Business Affairs

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wortham Insurance & Risk Mgmt. 221 West 6th Street, Suite1400 Austin, TX 78701 512 453-0031	CONTACT NAME: Lisa Gunkel
	PHONE (A/C, No, Ext): 512 453-0031 FAX (A/C, No): 512 453-0041 E-MAIL ADDRESS: lisa.gunkel@worthaminsurance.com
INSURED The Board of Regents of the University of Texas System 220 W 7th St LAV 2nd Fl Austin, TX 78701	INSURER(S) AFFORDING COVERAGE INSURER A : Evanston Insurance Company NAIC # 35378
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

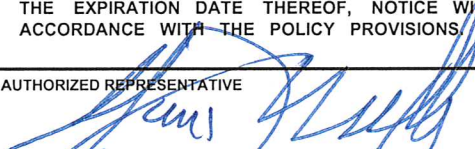
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Specified Medical Professional Liability			SM901469	08/02/2014	08/02/2015	\$2,000,000 Per Claim \$6,000,000 Aggregate \$2,500 Deductble

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

(See Attached Descriptions)

CERTIFICATE HOLDER Evidence of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

DESCRIPTIONS (Continued from Page 1)

Professional Services:

Allied Medical, Nursing, Pharmacy, Social Work, Early Childhood Development and related Healthcare Courses of study

Policy Form:

SM 21000 01/06 Specified Medical Professions Professional Liability Insurance Policy (claims-made form)

Endorsements including, but not limited to:

Manuscript Schedule of Named Insured

EIC 4295 02 Claim Expenses in Addition to Per Claim Limit

THE INSURED

The unqualified word "Insured", either in the singular or plural, means:

A. the Named Insured specified in Item 1. of the Declarations;

B. any principal, partner, officer, director, employee, Volunteer Worker or any form principal, partner, officer, director, employee or Volunteer Worker of the Named Insured, solely while acting on behalf of the Named Insured and within the scope of his/her duties as such; provided, however, this insurance shall not apply to any claim made against any Insured who is a physician, surgeon or dentist arising out of the rendering of or failure to render Professional Services in his/her capacity as a physicians, surgeon or dentist.

C. if the Named Insured specified in Item 1. of the Declarations is a limited liability company, any manager thereof or any past member thereof, solely while acting on behalf of the Named Insured and within the scope of their duties as manager of the limited liability company and any member thereof or any past member thereof, but only with respect to the conduct of the business of the limited liability company;

D. any medical director solely while acting on behalf of the Named Insured and solely within the scope of his/her Administrative Duties as such; provided, however, this insurance shall not apply to any Claim made against any medical director who is a physician, surgeon or dentist arising out of the rendering of or failure to render Professional Services in his/her capacity as a physicians, surgeon or dentist.

E. any student enrolled in a training program in connection with the Named Insured's Professional Services solely while acting within the scope of his/her duties as such and at the Named Insured's direction;

F. the heirs, executors, administrators, assigns and legal representatives of each Insured in the event of death, incapacity or bankruptcy of such Insured, but only while acting within the scope of their duties as such on behalf of the Named Insured or of the Insured's estate.

SCHEDULE OF NAMED INSURED

Effective Date

Retroactive Date

The University of Texas System	08/02/2014	08/02/2011
The University of Texas at Arlington	08/02/2014	10/01/2010
The University of Texas at Austin	08/02/2014	08/02/2011
The University of Texas at Brownsville	08/02/2014	08/02/2011
The University of Texas at El Paso	08/02/2014	08/02/2011
The University of Texas - Pan American	08/02/2014	08/02/2011
The University of Texas at Tyler	08/02/2014	08/02/2011
The University of Texas Health Science Center at Tyler	08/02/2014	08/02/2011
The University of Texas Southwestern Medical Center	08/02/2014	08/02/2011
The University of Texas Medical Branch at Galveston	08/02/2014	08/02/2011
The University of Texas Health Science Center at Houston	08/02/2014	08/02/2011
The University of Texas Health Science Center at San Antonio	08/02/2014	08/02/2011
The University of Texas M.D. Anderson Cancer Center	08/02/2014	08/02/2011
The University of Texas of the Permian Basin	08/02/2014	08/02/2013



The University of Texas System
Nine Universities. Six Health Institutions. Unlimited Possibilities.

Office of Risk Management
220 West Seventh Street, Austin, Texas 78701

May 27, 2015

Melissa Steger
Assistant Director, WCI
(512) 579-5021

To Whom It May Concern:

Pursuant to Chapter 503 of the *Texas Labor Code*, The University of Texas System is self-insured for workers' compensation insurance. Persons employed in the service of The University of Texas Rio Grande Valley, whose names appear on the payroll are covered for work-related injuries in accordance with the Texas Workers' Compensation Act.

Sincerely,

Melissa Steger
Assistant Director, WCI

MS:al

www.utssystem.edu

The University of Texas at Arlington
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The University of Texas at Brownsville
The University of Texas at Dallas
The University of Texas at El Paso
The University of Texas - Pan American
The University of Texas
of the Permian Basin
The University of Texas at San Antonio
The University of Texas at Tyler

The University of Texas
Southwestern Medical Center

The University of Texas
Medical Branch at Galveston

The University of Texas
Health Science Center at Houston

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