

Client#: 75192

14BOARDREG

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/30/2014

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
INSURER(S) AFFORDING COVERAGE: Evanston Insurance Company NAIC #: 35378
INSURED: The Board of Regents of the University of Texas System 220 W 7th St LAV 2nd Fl Austin, TX 78701

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability, and Specified Medical Professional Liability.

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 (Signature)

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 at Dallas	08/02/2014	08/02/2011