

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

7/31/2023

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Marsh &amp; McLennan Agency LLC</b> <b>Rollingwood Center, Building I</b> <b>2500 Bee Cave Road, Suite 125</b> <b>Austin, TX 78746</b>	<b>CONTACT NAME:</b> Lisalu W. Kroon, CIC	
	<b>PHONE (A/C, No, Ext):</b> 512-532-1543	<b>FAX (A/C, No):</b> 512-407-3215
<b>E-MAIL ADDRESS:</b> lisalu.kroon@MarshMMA.com		
<b>INSURED</b> <b>The Board of Regents of the</b> <b>University of Texas System</b> <b>Office Risk Mgmt., 210 West 7th Street</b> <b>Austin, TX 78701</b>	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : Evanston Insurance Company</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Specified Medical Professional Liability</b>			<b>MKLV4PSM001555</b>	<b>08/02/2023</b>	<b>08/02/2024</b>	<b>\$2,000,000 Per Claim</b> <b>\$6,000,000 Aggregate</b> <b>\$2,500 Deductible</b>

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

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

**Policy Form:**

**MESM 5010 02/20 Specified Medical Professions Professional Liability Insurance Policy (claims-made form)**

**Endorsements including, but not limited to:**

**(See Attached Descriptions)**

**CERTIFICATE HOLDER****CANCELLATION**

**Evidence of Insurance**

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

*Daniel P Oberheu*

## DESCRIPTIONS (Continued from Page 1)

### Manuscript Schedule of Named Insured

MESM 2004 10/12 Claim Expenses in Addition to Per Claim Limit

MESM 2147 05/20 Multiple Insureds, Claims and Claimants

(See Attached Descriptions)

### 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 Termination Date

The University of Texas System 08/02/2023 8/02/2011 N/A

The University of Texas at Arlington 08/02/2023 10/01/2010 N/A

The University of Texas at Austin 08/02/2023 08/02/2011 N/A

The University of Texas at Brownsville 08/02/2023 08/02/2011 08/31/2015

The University of Texas at Dallas 08/02/2023 08/02/2011 N/A

The University of Texas at El Paso 08/02/2023 08/02/2011 N/A

The University of Texas Pan American 08/02/2023 08/02/2011 08/31/2015

The University of Texas at San Antonio 08/02/2023 08/28/2015 N/A

The University of Texas at Tyler 08/02/2023 08/02/2011 N/A

The University of Texas Health Science Center 08/02/2023 08/02/2011 N/A  
at Tyler

The University of Texas Southwestern Medical Center 08/02/2023 08/02/2011 N/A

The University of Texas Medical Branch at Galveston 08/02/2023 08/02/2011 N/A

The University of Texas Health Science Center 08/02/2022 08/02/2011 N/A  
at Houston

The University of Texas Health Science Center 08/02/2023 08/02/2011 N/A  
at San Antonio

The University of Texas M.D. Anderson Cancer Center 08/02/2023 08/02/2011 N/A

The University of Texas of Permian Basin 08/02/2023 08/02/2011 N/A

The University of Texas Rio Grande Valley 08/02/2023 08/02/2011 N/A

Stephen F. Austin State University a member of The University of Texas System 09/01/2023 09/01/2023 N/A