



**LIABILITY INSURANCE STATEMENT
FOR HEALTH CARE PROFESSIONALS**

DIVISION OF SPECIALIZED CARE
FOR CHILDREN
3135 Old Jacksonville Road
Springfield, IL 62704-6488
Fax: (217) 558-0773
Toll Free: (877) 791-5170

STATEMENT CONCERNING LIABILITY INSURANCE

The University of Illinois at Chicago, Division of Specialized Care for Children (UIC-DSCC) requires that all physicians and all other health care professionals providing services to UIC-DSCC clients maintain professional and general liability insurance.

I certify that I:

- Maintain professional liability insurance in an amount not less than \$1,000,000 per occurrence and an annual aggregate limit not less than \$3,000,000 (or the limits of liability set by law in any state other than Illinois in which I practice);
- Maintain commercial general (premises) liability insurance coverage of \$1,000,000 per incident (*if applicable*);
- Maintain continuous coverage in the amount required by UIC-DSCC (or the state other than Illinois in which I practice) for the length of time providing services for UIC-DSCC clients;

OR

Agree to purchase sufficient coverage (tail coverage) to include the services provided to UIC-DSCC clients if my professional liability coverage is discontinued or reduced below the amounts noted above.

UIC-DSCC retains the right to modify insurance requirements from time to time and will notify providers of such changes. *Failure of UIC-DSCC to obtain proof of coverage shall not be deemed to be a waiver of the coverage requirement.*

You must send the following:

- ✓ Proof of professional liability coverage
- ✓ Proof of commercial general liability coverage (*if applicable*)

You must provide the following as applicable:

- ✓ Updated proof of coverage upon renewal
- ✓ Proof of tail coverage endorsement (*if applicable*)

Please complete, sign and date below:

Professional Liability Insurance Company _____

Policy Holder _____ Policy Number _____

Commercial Liability Insurance Company _____

Policy Holder _____ Policy Number _____

Certifying Individual's Name (print or type) *Title*

Signature of Certifying Individual *Date*