



**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Fort Worth, TX-Hub International Insurance Services</b>		License # 4682	NAMED INSURED <b>University of North Texas System 1155 Union Circle #310950 Denton, TX 76203</b>
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

**Texas College of Osteopathic Medicine of UNTHSC**

**University of North Texas Kristin Farmer Autism Center**

**Universality of North Texas Student Health & Wellness Center**

**University of North Texas Athletic Training and Rehabilitation Center**

**University of North Texas Speech and Hearing Center**

**University of North Texas students (Social worker, counseling, rehabilitation assistant, rehabilitation counselor, health education, audiologist, speech-language pathology);**

**University of North Texas Systems (Medical Professional Student While Doing Internship/Clinical Rotations)**

**University of North Texas at Dallas (counseling programs)**

**General Liability and Professional Liability applies only to enrolled students acting within the scope of internships and clinical rotations of the entities.**

**Professional Liability Limits by Retroactive Date**

**On or After Date - 09/01/1996 - \$250,000 Each Claim Limit, \$500,000 In the Aggregate Limit**

**On or After Date - 12/01/2009 - \$1,000,000 Each Claim Limit, \$3,000,000 In the Aggregate Limit**

**Workers' Compensation coverage for Colorado locations applies to enrolled students acting within the scope of internships and clinical rotations of the entities referenced in this paragraph.**