

TORT (PROFESSIONAL) LIABILITY INSURANCE FOR EMPLOYED STUDENTS

The free tort (professional) liability insurance policy provided by the state of Georgia under Senate Bill 34 has been cancelled due to budget cuts.

Now each Augusta State University student employed within a school system must provide proof of insurance (see *Verification of Liability Insurance below*) **OR** sign the waiver (see *Waiver of Liability Insurance below*). Print and submit the completed form to Mrs. Charlene Blankenship, COE Dean's Office, University Hall 340.

I have been informed that Augusta State University strongly recommends that I obtain tort liability insurance prior to my being placed in a school or institution for a professional laboratory experience or for student teaching. I also understand that the Georgia Department of Education Guidelines for Professional Laboratory Experiences in Georgia Teacher Education state:

"Liability -Prior to professional laboratory experiences placement, students must provide evidence of having adequate tort liability insurance or waive such coverage in writing."

Tort liability insurance is available from professional organizations, as part of a homeowner policy, or from the usual insurance sources. Applications for organizations offering liability insurance coverage are available at their websites: Student Georgia Association of Educators (SGAE -provides international coverage) web address: <http://www.gae.org> or Professional Association of Georgia Educators (PAGE) web address: <http://www.pageinc.org>.

****Please provide date of birth** _____

VERIFICATION OF LIABILITY INSURANCE

I, (print full name) _____,
verify that I have tort liability insurance as follows:

Name of Insurance Company

Amount of Coverage

Period of Coverage

Signature

Date

*Please attach proof of insurance to this form

WAIVER OF LIABILITY INSURANCE

I, (print full name) _____,
being fully aware of the recommendations of Augusta State University and the Georgia Department of Education concerning tort liability insurance during professional laboratory experiences, wish to waive coverage. In doing so, I assume full responsibility for my own protection during laboratory experiences.

Signature

Date