



★ **VEHICLE INSURANCE PACKET CONTENTS:**

1. **Auto Accident Reporting Procedures**
2. **ACORD Automobile Loss Notice - To Report Auto Accidents *use electronic form at***
http://www.utexas.edu/business/accounting/hbp/19_insurance/insurance1-1.html
3. **ACORD Certificate of Liability Insurance**
4. **Memorandum**
5. **Excerpt from Chapter 601. Motor Vehicle Safety Responsibility Act**

★ **PLEASE KEEP THIS PACKET IN ALL UNIVERSITY OF TEXAS VEHICLES**

UT AUSTIN AUTO ACCIDENT REPORTING PROCEDURES

Know What to Say and Not Say

- Do not admit fault.
- Do not discuss specifics with anyone other than the police, UT Risk Management, or UT's insurance carrier.
- Do not accept any monetary compensation from the other driver.

Procedure to Report accident involving UT-owned vehicles:

1. Immediately following the accident, contact police to come to the scene:
 - If off campus, contact local police at 911 and file and obtain a copy of the report.
 - If on campus, contact UTPD at (512) 471-4441 or 911 and file and obtain a copy of the report.
2. At the scene: Gather information needed to complete the ACORD Automobile Loss notice.

Loss: <ul style="list-style-type: none">• Date• Time• Location• Description of Accident
Property Damage: <ul style="list-style-type: none">• Other driver name• Driver phone / contact information• Insurance information (<i>company, agent name, phone number, policy number</i>)• Car or damaged property information (<i>year, make, model, license plate number</i>).
Injured: <ul style="list-style-type: none">• Name• Phone number• Description of injury• Ambulance called?
Witness/Passengers: <ul style="list-style-type: none">• Name• Phone / Address / contact information

3. Within 24 hours, inform your supervisor and/or UTDRIVERS delegate. You or your department contact [whomever is responsible for reporting automobile accidents for your department] **must go online to** http://www.utexas.edu/business/accounting/hbp/19_insurance/insurance1-1.html and follow instructions in section III to complete electronic ACORD form.
4. **Email** the completed ACORD along with the police report, photos, repair estimates and any other available documentation to the Office of Accounting, Risk Management at oa.riskmgt@austin.utexas.edu.
5. Risk Management will forward the information to UT's insurance company for processing.
6. A claims adjuster from UT's insurance carrier will contact the parties involved and attempt to settle the claim.

Questions? Call (512) 232-5153 or see http://www.utexas.edu/business/accounting/hbp/19_insurance/insurance1-1.html.

Physical Damage Auto Policy Claims - Vehicles covered under UT Austin Physical Damage Policy:

1. Email Office of Accounting, Risk Management at oa.riskmgt@austin.utexas.edu for appropriate ACORD form to report the potential claim.
2. UT's insurance company will dispatch a claims adjuster to assess the damage to the insured vehicle.
3. The claims adjuster will provide the insurance company with a written repair estimate.
 - a. The insurance company will mail the department a check for the amount of the estimate.
 - b. The UT driver or department contact should call the University of Texas at Austin Automotive Shop at (512) 471-4668 or (512) 471-4505 to assist in coordinating necessary repair work.
 - c. If the repair cost exceeds the amount of the estimate, the body shop completing the repairs will send the insurance company a supplemental bill for the difference.



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY Arthur J. Gallagher Risk Management Services, Inc. P O Box 1749 Spring, Texas 77383-1749		PHONE (A/C, No, Ext):	COMPANY Brit Global Specialty USA	NAIC CODE:	MISCELLANEOUS INFO (Site & location code) UT Arlington - 714 UT Austin - 721 UT Dallas - 738		
FAX (A/C, No):	E-MAIL ADDRESS:	CODE:	POLICY NUMBER PK1020821	POLICY TYPE Systemwide Liability Physical Damage (if sched):	REFERENCE NUMBER	CAT #	
AGENCY CUSTOMER ID:	SUB CODE:	EFFECTIVE DATE 9-8-2021	EXPIRATION DATE 9-8-2022	DATE OF ACCIDENT AND TIME		AM	PREVIOUSLY REPORTED
						PM	YES NO

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS The Board of Regents of The University of Texas System 210 West 7th Street Austin, Texas 78701-2981		NAME AND ADDRESS		WHEN TO CONTACT:	
SOC SEC # OR FEIN:		WHERE TO CONTACT			
E-MAIL ADDRESS: autoclaims@utsystem.edu		E-MAIL ADDRESS:			
RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext): 512-579-5029		BUSINESS PHONE (A/C, No, Ext):	

LOSS		VIOLATIONS/CITATIONS	
LOCATION OF ACCIDENT (Include city & state)		RE #:	
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)			

POLICY INFORMATION (RISK MANAGEMENT USE ONLY)					
BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc.) Physical Damage (OTC and Collision) only applies if coverage is purchased prior to loss. Systemwide Liability Deductible (Includes Hired/ Non-Owned coverage) - \$2,500
			\$1,000	\$1,000	
LOSS PAYEE					
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	LIMITS:	AGGR	PER CLAIM/OCC SIR/ DED

INSURED VEHICLE (UT DRIVER)					
VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
		MODEL:	V.I.N.:		
OWNER'S NAME & ADDRESS (Only complete if not UT Owned vehicle)			RESIDENCE PHONE (A/C, No):		
DRIVER'S NAME & ADDRESS (Check if same as owner)			BUSINESS PHONE (A/C, No, Ext):		
RELATION TO INSURER (Employee, family, etc)			RESIDENCE PHONE (A/C, No):		
DATE OF BIRTH			BUSINESS PHONE (A/C, No, Ext):		
DRIVER'S LICENSE			STATE		
ESTIMATE AMOUNT			PURPOSE OF USE		
DESCRIBE DAMAGE			WHEN CAN VEH BE SEEN?		
			OTHER INSURANCE ON VEHICLE		

PROPERTY DAMAGE		VEHICLE?		OTHER PARTY?	
DESCRIBE PROPERTY (If auto, year, make, model, plate #)		OTHER VEH/PROP INS?		COMPANY OR AGENCY NAME:	
OWNER'S NAME & ADDRESS		YES NO		POLICY #:	
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)				RESIDENCE PHONE (A/C, No):	
				BUSINESS PHONE (A/C, No, Ext):	
DESCRIBE DAMAGE:		ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?	

INJURED					
NAME & ADDRESS		PHONE (A/C, No)		EXTENT OF INJURY	

WITNESSES OR PASSENGERS			
NAME & ADDRESS		PHONE (A/C, No)	

REMARKS (Include adjuster assigned)			
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/3/2021

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. PO Box 1749 Spring TX 77383-1749	CONTACT NAME: John Santos	
	PHONE (A/C, No, Ext): 512-579-5029	FAX (A/C, No): 512-499-4524
E-MAIL ADDRESS: jsantos@utsystem.edu		
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A: Lloyd's Synd 2987		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED UNIVOFT-01
 The University of Texas System
 210 West 7th Street
 Austin TX 78701

COVERAGES **CERTIFICATE NUMBER:** 1864654278 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PK1020821	9/8/2021	9/8/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 600,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

As per fleet schedule on file with the insurance company.
 John Santos is the primary contact for all claims. See above contact information for John Santos.

Named Insured Schedule:

The University of Texas System Board of Regents
 The University of Texas System
 The University of Texas at Arlington
 See Attached...

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 

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED The University of Texas System 210 West 7th Street Austin TX 78701	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

- The University of Texas at Austin
- The University of Texas at Dallas
- The University of Texas at El Paso
- The University of Texas of the Permian Basin
- The University of Texas at San Antonio
- The University of Texas at Tyler
- The University of Texas Rio Grande Valley
- The University of Texas Southwestern Medical Center
- The University of Texas Medical Branch at Galveston
- The University of Texas Health Science Center at San Antonio
- The University of Texas M.D. Anderson Cancer Center
- The University of Texas Health Science Center at Houston
- The University of Texas Health Science Center at Tyler

OFFICE OF ACCOUNTING – RISK MANAGEMENT
THE UNIVERSITY OF TEXAS AT AUSTIN

P.O. Box 7159, Austin, Texas 78713-7159
Phone: (512) 232-5153

September 8, 2021

MEMORANDUM

TO: All University of Texas at Austin Vehicle Operators
RE: Texas Motor Vehicle Safety Responsibility Act

Please keep a copy of this letter and enclosures in the glove compartment of all University of Texas-owned vehicles. The information should be made available to any law enforcement officers requesting proof of financial responsibility for the vehicle.

Chapter 601C, Section 601.053 (*Evidence of Financial Responsibility*) of the *Texas Motor Vehicle Safety Responsibility Act* requires that proof of insurance be kept in each motor vehicle. However, Section 601.007 (b) states...

... The chapter does not apply to an officer, agent, or employee of the State of Texas, or a political subdivision of this state while operating a government vehicle in the course of that person's employment. "Government vehicle" means a motor vehicle owned by the State of Texas or a political subdivision of this state (Please see the attached excerpt).

Should you have questions, please contact The University of Texas at Austin Office of Risk Management at (512) 232-5153.

Enclosures

**Subtitle D. Motor Vehicle Safety Responsibility
Chapter 601. Motor Vehicle Safety Responsibility Act
Subchapter A. General Provisions**

§ 601.053. Evidence of Financial Responsibility

(a) As a condition of operating in this state a motor vehicle to which Section 601.051 applies, the operator of the vehicle on request shall provide to a peace officer, as defined by Article 2.12, Code of Criminal Procedure, or a person involved in an accident with the operator evidence of financial responsibility by exhibiting:

- (1) a motor vehicle liability insurance policy covering the vehicle that satisfies Subchapter D or a photocopy of the policy;
- (2) a standard proof of motor vehicle liability insurance form prescribed by the Texas Department of Insurance under Section 601.081 and issued by a liability insurer for the motor vehicle;
- (3) an insurance binder that confirms the operator is in compliance with this chapter;
- (4) a surety bond certificate issued under Section 601.121;
- (5) a certificate of a deposit with the comptroller covering the vehicle issued under Section 601.122;
- (6) a copy of a certificate of a deposit with the appropriate county judge covering the vehicle issued under Section 601.123; or
- (7) a certificate of self-insurance covering the vehicle issued under Section 601.124 or a photocopy of the certificate.

(b) An operator who does not exhibit evidence of financial responsibility under Subsection (a) is presumed to have operated the vehicle in violation of Section 601.051.

Acts 1995, 74th Leg., ch. 165, § 1, eff. Sept. 1, 1995. Amended by Acts 1997, 75th Leg., ch. 1423, § 18.06, eff. Sept. 1, 1997.

§ 601.007. Applicability of Chapter to Government Vehicles

(a) This chapter does not apply to a government vehicle.

(b) The provisions of this chapter, other than Section 601.004, do not apply to an officer, agent, or employee of the United States, this state, or a political subdivision of this state while operating a government vehicle in the course of that person's employment.

(c) The provisions of this chapter, other than Sections 601.004 and 601.054, do not apply to a motor vehicle that is subject to Chapter 643.

(d) In this section, "government vehicle" means a motor vehicle owned by the United States, this state, or a political subdivision of this state.

Acts 1995, 74th Leg., ch. 165, § 1, eff. Sept. 1, 1995. Amended by Acts 1997, 75th Leg., ch. 165, § 30.126(a), eff. Sept. 1, 1997.