VEHICLE INSURANCE PACKET CONTENTS:

1. Auto Accident Reporting Procedures


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:
     - Date
     - Time
     - Location
     - Description of Accident
   - Property Damage:
     - Other driver name
     - Driver phone / contact information
     - Insurance information (company, agent name, phone number, policy number)
     - Car or damaged property information (year, make, model, license plate number)
   - Injured:
     - Name
     - Phone number
     - Description of injury
     - Ambulance called?
   - Witness/Passengers:
     - 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.riskmgmt@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.riskmgmt@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

**Agency**: Arthur J. Gallagher Risk Management Services, Inc.
**Address**: P.O. Box 1749, Spring, Texas 77383-1749
**Fax**: (512) 579-5029
**Email**: autoclaims@utsystem.edu

**Company**: Brit Global Specialty USA
**Policy Number**: PK1020821
**Effective Date**: 9-8-2021
**Expiration Date**: 9-8-2022
**Policy Type**: Systemwide Liability
**Reference Number**: UT Arlington - 714
**Date of Accident and Time**: 9-8-2022

**Insured**

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Soc Sec # or FEIN</th>
<th>Name and Address</th>
<th>When to Contact</th>
<th>Where to Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board of Regents of The University of Texas System</td>
<td>210 West 7th Street</td>
<td>512-579-5029</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Austin, Texas 78701-2981</td>
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**Loss**

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<thead>
<tr>
<th>Location of Accident</th>
<th>Date of Loss</th>
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<td>(Include city &amp; state)</td>
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**Policy Information**

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<th>Body Injury (Per Person)</th>
<th>Body Injury (Per Accident)</th>
<th>Property Damage</th>
<th>Physical Damage (if scheduled)</th>
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<tr>
<td>$1,000,000</td>
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**Loss Payee**

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<th>Umbrella</th>
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**Insured Vehicle**

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<tr>
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**Owner's Name and Address**

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<tr>
<th>Name</th>
<th>Address</th>
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**Driver's Name and Address**

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<thead>
<tr>
<th>Name</th>
<th>Address</th>
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**Relation to Insured**

<table>
<thead>
<tr>
<th>Employee, Family, etc.</th>
<th>Date of Birth</th>
<th>Driver's License</th>
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**Describe Property**

<table>
<thead>
<tr>
<th>Other Party</th>
<th>Owner's Name and Address</th>
<th>Other Driver's Name and Address</th>
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**Injured**

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<thead>
<tr>
<th>Name and Address</th>
<th>Phone (A/C, No)</th>
<th>Peds</th>
<th>Ins Oth</th>
<th>Age</th>
<th>Extent of Injury</th>
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**Witnesses or Passengers**

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<thead>
<tr>
<th>Name and Address</th>
<th>Phone (A/C, No)</th>
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<th>Other (Specify)</th>
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**Remarks**

**Reported By**

<table>
<thead>
<tr>
<th>Name</th>
<th>Report to</th>
<th>Signature of Insured</th>
<th>Signature of Producer</th>
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CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFEYS 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

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

CONTACT
Name: John Santos
Phone: 512-579-5029
Fax: 512-499-4524
Email: jsantos@utsystem.edu
Naic: 1087
Insurer(s) Affording Coverage
Insurer A: Lloyd’s Synd 2987

COVERAGES
CERTIFICATE NUMBER: 1854654278

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.

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<th>INSR.</th>
<th>TYPE OF INSURANCE</th>
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<th>POLICY EXP</th>
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<td>9/8/2021</td>
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<td>WORKERS’ COMPENSATION</td>
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<td>ANY PROCTOR/EMPLOYEE</td>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

As per best schedule on file with the insurance company.

John Santos is the primary contact for all claims. See above contact information for John Santos.

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

EVIDENCE OF INSURANCE

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**ADDITIONAL REMARKS SCHEDULE**

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>NAMED INSURED</th>
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</thead>
<tbody>
<tr>
<td>Arthur J. Gallagher Risk Management Services, Inc.</td>
<td>The University of Texas System</td>
</tr>
<tr>
<td></td>
<td>210 West 7th Street</td>
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<td>Austin TX 78701</td>
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<tr>
<th>POLICY NUMBER</th>
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<th>NAIC CODE</th>
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**ADDITONAL 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
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.


§ 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.