

Resolution No. RS2019-1815

A resolution approving a contract between The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, and the University of South Carolina, to provide clinical experience opportunities for its Masters of Public Health program students.

WHEREAS, it is to the mutual benefit of The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, and the University of South Carolina to provide clinical experience opportunities for its Masters of Public Health program students; and,

WHEREAS, The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, and the University of South Carolina have entered into a contract, attached hereto and incorporated herein, to provide clinical experience opportunities for its Masters of Public Health program students; and,

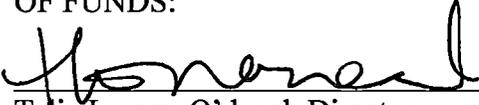
WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that this contract be approved.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That the contract between The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, and the University of South Carolina to provide clinical experience opportunities for its Masters of Public Health program students, attached hereto and incorporated herein, is hereby approved.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY  
OF FUNDS:

  
\_\_\_\_\_  
Talia Lomax-O'dneal, Director  
Department of Finance

INTRODUCED BY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Member(s) of Council

APPROVED AS TO FORM  
AND LEGALITY:

  
Assistant Metropolitan Attorney

**Electronic Signature Page**

(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)

A handwritten signature in black ink, appearing to read "Russ Pulley". The signature is written in a cursive style with a large initial "R" and "P".

Russ Pulley

Councilmember, District 25

**CONTRACT BETWEEN  
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH AND  
UNIVERSITY OF SOUTH CAROLINA**

This Agreement is entered into by and between **THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH**, a municipal corporation of the State of Tennessee (hereinafter referred to as "**MPHD**") and **UNIVERSITY OF SOUTH CAROLINA** (hereinafter referred to as "**SCHOOL**").

WHEREAS, **SCHOOL** is engaged in the higher education and training of students in various health professions through its Masters of Public Health program and is in need of experience opportunities for its students; and

WHEREAS, **MPHD** has a wide range of clinical experiences available to appropriate students.

NOW THEREFORE, in consideration of the mutual benefits, the parties agree as follows:

**I. GENERAL PROVISIONS**

- 1.1 At least one month prior to the beginning of each clinical experience (hereinafter referred to as a "Program"), the start date and length of the Program will be mutually agreed upon by the parties.
- 1.2 The number of students eligible to participate in the Program will be mutually determined by the parties at least one month prior to the beginning of the Program and, thereafter, may only be altered by mutual agreement of the parties.
- 1.3 Factors to be considered by the parties in determining start dates, program length and student numbers shall be: (i) the number of staff members available to train students; (ii) the work load of staff members; and (iii) the vacation schedule of staff members.
- 1.4 **SCHOOL** and **MPHD** will designate and submit in writing to the other the name of the person to be responsible for coordination of the Program on its behalf. Those persons will be called "Program Coordinators". **SCHOOL** and **MPHD** will notify the other in writing of any change or proposed change of their respective Program Coordinator.
- 1.5 Recognizing that the specific requirements of a clinical experience may vary from program to program, **SCHOOL** and **MPHD** agree, that following execution of this Agreement, their respective Program Coordinators may develop written guidelines to formalize operational

details of a particular program so long as such guidelines fully comply with the terms of this Agreement.

## **II. RESPONSIBILITIES OF SCHOOL**

- 2.1 **SCHOOL** will assign to **MPHD** students enrolled in its Masters of Public Health program for the purpose of receiving clinical instruction and experience.
- 2.2 **SCHOOL** will assign to **MPHD** only those students who have satisfactorily completed the prerequisite didactic portion of the curriculum. Prior to assignment, **SCHOOL** shall provide **MPHD** with a competency assessment of each student which addresses the student's: (i) knowledge of patient age-specific needs and (ii) knowledge of infection control, safety, and emergency procedures. **SCHOOL** shall also ensure that students are properly trained on all applicable patient privacy laws and regulations, including, but not limited to, HIPAA, as defined below.
- 2.3 **SCHOOL** will establish the criteria for evaluating the quality of student performance in the Program.
- 2.4 **SCHOOL** shall assign grades for the clinical performance of each student based upon their quality of performance as determined by **MPHD** and **SCHOOL's** Program Coordinators.
- 2.5 Prior to a student's arrival at **MPHD**, **SCHOOL** will provide **MPHD** with the name and biographical information and an executed copy of the Student Clinical Affiliation Agreement for each student assigned to **MPHD**.
- 2.6 Prior to a student's arrival at **MPHD**, **SCHOOL** will provide the student with a copy of **MPHD's** orientation materials and **MPHD's** written regulations which will govern the student's activities while at **MPHD**.
- 2.7 **SCHOOL** is responsible for supplying any additional information furnished or required by **MPHD** prior to the arrival of a student at **MPHD**.
- 2.8 **SCHOOL** shall provide professional liability (malpractice) insurance for its students' and faculty while they are engaged in the Program at **MPHD** in a minimum amount of \$1,000,000/\$3,000,000 and will provide **MPHD** with a certificate of insurance evidencing such coverage.
- 2.9 Prior to a student's arrival at **MPHD**, **SCHOOL** will provide **MPHD** with proof that all students assigned to **MPHD** are covered by appropriate health insurance.

- 2.10 Prior to a student's arrival at **MPHD, SCHOOL** shall provide **MPHD** with proof that for each assigned student it has: (i) completed a recent physical examination demonstrating the student's ability to perform the essential functions of the job (with or without reasonable accommodations); (ii) completed a pre-placement drug screen and two-step TB testing; (iii) obtained proof of exposure to or vaccination against Rubella, Rubeola and Varicella; and (iv) offered the student the option of receiving Hepatitis B vaccine.
- 2.11 **SCHOOL** shall notify its students that for the purpose of workers' compensation claims, the students are not considered employees of **MPHD** and **MPHD** shall not be responsible for any accidents or job-related injury or illness incurred by any student as a result of the student's participation in the Program at **MPHD**.
- 2.12 **SCHOOL** agrees that all its faculty are employees of **SCHOOL** and shall be covered by **SCHOOL's** workers' compensation insurance for any accidents or related injury or illness incurred by any faculty of **SCHOOL** as a result of their participation in the Program at **MPHD**.
- 2.13 **SCHOOL** will enforce the rules and regulations governing students that are established by **MPHD**.
- 2.14 **SCHOOL** shall immediately remove a student from the Program upon the written request of **MPHD** made in accordance with Section 3.8, below.
- 2.15 **SCHOOL** shall comply with all federal, state and local laws and/or regulations relative to its activities in Tennessee.
- 2.16 **SCHOOL** shall provide supervision by **SCHOOL** instructor of any pre-specialty year students performing any procedures. Students completing their specialty year or post graduate (including post masters and DNP) clinical rotations will work under the direct supervision of a designated **MPHD** employee and are not required to have a University instructor present.

### **III. RESPONSIBILITIES OF MPHD**

- 3.1 **MPHD** shall coordinate supervision of each student's clinical experience with **SCHOOL**.
- 3.2 **MPHD** shall conduct an orientation process to familiarize students with their responsibilities and with their work environment before beginning patient care or other activities.

- 3.3 **MPHD** will provide an environment within which a student may benefit from the clinical experience opportunities offered by **MPHD**.
- 3.4 **MPHD** will maintain records and reports on each student's performance as specified by **SCHOOL**.
- 3.5 **MPHD**, in a timely manner, shall provide **SCHOOL** with an evaluation on each student on forms provided by **SCHOOL**.
- 3.6 **MPHD** will provide **SCHOOL** with a copy of its orientation materials and its written regulations which will govern the student's activities while at **MPHD**.
- 3.7 Upon reasonable request, **MPHD** will permit **SCHOOL**, and/or agencies charged with the responsibility for accreditation of the **SCHOOL**'s curriculum, to inspect its clinical facilities, the services available for the clinical experiences and any other items pertaining to the Program(s).
- 3.8 **MPHD**, by written request, may require **SCHOOL** to withdraw from the Program any student whose performance is unsatisfactory, whose personal characteristics prevent desirable relationships within **MPHD**, whose conduct may have a detrimental effect on patients, who fails to adhere to **MPHD**'s existing policies, rules and regulations, or whose health status is a detriment to the student's successful completion of the Program.

#### IV. **TERMINATION**

- 4.1 Term of Agreement. The term of this contract will begin on the date this contract is approved by all required parties and filed in the office of the Metropolitan Clerk. The initial contract term will end sixty (60) months from the beginning date unless terminated sooner as set forth in Section 4.2, below.
- 4.2 Termination. Either party hereto may terminate this Agreement, without cause, upon giving the other party ninety (90) days written notice of such intention to terminate. However, any such termination shall not be effective as to a student who at the date of notice is actively participating in a Program until such student has completed the program.

#### V. **MISCELLANEOUS**

- 5.1 Background Checks. **SCHOOL** shall notify students that criminal background checks are required by **MPHD**. It shall be the student's responsibility to make timely arrangements for the background check, to pay all costs associated with such checks, and to provide the results to **MPHD**.

- 5.2 Amendments. No modifications or amendments to this Agreement shall be valid or enforceable unless mutually agreed to in writing by the parties.
- 5.3 Assignment/Binding on Successors. No assignment of rights, duties or obligations of this Agreement shall be made by either party without the express written approval of a duly authorized representative of the other party. If an assignment does occur in accordance with this Agreement, the provisions of this Agreement shall inure to the benefit of and shall be binding upon the assigns or successors-in-interest of each of the parties hereto and all persons claiming by, through or under them.
- 5.4 Authority. **SCHOOL** warrants and represents to **MPHD** that **SCHOOL's** execution of this Agreement has been duly authorized by **SCHOOL's** governing body.
- 5.5 Captions/Gender/Number. The articles, captions, and headings herein are for convenience and reference only and should not be used in interpreting any provision of this Agreement. Whenever the context herein requires, the gender of all words shall include the masculine, feminine and neuter and the number of all words shall include the singular and plural.
- 5.6 Confidentiality. All patient records and all **MPHD** statistical, financial, confidential, and/or personnel data received, stored or viewed by **SCHOOL** shall be kept in the strictest confidence by **SCHOOL** and its students.
- 5.7 Controlling Agreement. This document, as of the effective date hereof, supersedes all other agreements between the parties which provide for the same services as contained in this Agreement. Accepting modifications or amendments as allowed by the terms of this Agreement, no other agreement, statement, or promise not contained in this Agreement shall be valid or binding.
- 5.8 Fiscal Fund Out Clause. This Agreement shall terminate and **MPHD's** obligations under it shall be extinguished at the end of any of **MPHD's** fiscal years in which **MPHD's** governing body fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which could then become due under this Agreement.
- 5.9 Interpretation. Each party hereto acknowledges that it has had ample opportunity to review and comment on this Agreement. This Agreement shall be read and interpreted according to its plain meaning and any ambiguity shall not be construed against either party.
- 5.10 Non-Discrimination. **SCHOOL** shall not discriminate against any person on the basis of age, color, disability, gender, handicapping condition (including AIDS or AIDS related

conditions), national origin, race, religion, sexual orientation or any other class protected by law or regulation.

- 5.11 Notices. All notices required under this Agreement shall be in writing and shall either be served personally or sent by certified mail, return receipt requested. All mailed notices shall be deemed received three (3) days after mailing. Notices shall be mailed to the following addresses or such other address as either party may specify in writing to the other party:

All notices to MPHD shall be mailed or hand delivered to:

Wendy Long, MD, Director  
Metropolitan Public Health Department  
2500 Charlotte Avenue  
Nashville, TN 37209

Notices to Contractor shall be emailed, mailed, or hand delivered to:

Zach Jenkins, MPH, CPH, Workforce Development Associate  
Arnold School of Public Health  
University of South Carolina  
Discovery I Building  
915 Greene Street, Suite 525  
Columbia, SC 29201  
[Jenki275@mailbox.sc.edu](mailto:Jenki275@mailbox.sc.edu)

- 5.12 Publicity. Neither **MPHD** nor **SCHOOL** shall cause to be published or disseminated any advertising materials', either printed or electronically transmitted which identify another party or its facilities with respect to this Agreement without the prior written consent of the other party.
- 5.13 Relationship of Parties. None of the provisions in this Agreement is intended to create nor shall it be deemed or construed to create any relationship between the parties hereto other than that of independent contractors contracting on an equal basis with each other hereunder solely for the purpose of effectuating the provisions of this Agreement. Neither of the parties hereto, nor any of their respective employees, shall be construed to be the agent, franchisee, employer, representative, partner or joint venture of the other, nor shall either party represent to any other person or entity that the relationship created by this Agreement is anything other than as described in this paragraph.
- 5.14 Severability. In the event any provision of this Agreement is rendered invalid or unenforceable, said provision(s) hereof will be immediately void and may be renegotiated for

the sole purpose of rectifying the error. The remainder of the provisions of this Agreement not in question shall remain in full force and effect.

- 5.15 Third Party Interest/Liability. This Agreement is entered into for the exclusive benefit of the undersigned parties and is not intended to create any rights, powers or interests in any third party. **MPHD** and/or **SCHOOL**, including any of their respective officers, directors, employees or agents, shall not be liable to third parties by any act or omission of the other party.
- 5.16 Waiver. A party's failure to insist upon strict performance of any covenant or condition of this Agreement, or to exercise any option or right herein contained, shall not act as a waiver or relinquishment of said covenant, condition or right nor as a waiver or relinquishment of any future right to enforce such covenant, condition or right.
- 5.17 Health Insurance Portability and Accountability Act Requirements. To the extent required by federal law, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as codified at 42 U.S.C. Section 1320d and any current and future regulations promulgated thereunder, including without limitation, the federal privacy regulations, the federal security standards, and the federal standards for electronic transactions, all collectively referred to herein as "HIPAA Requirements." The parties agree not to use or further disclose any Protected Health Information or Individuality Identifiable Health Information, other than as permitted by HIPAA Requirements and the terms of the Agreement.

*Signature page follows.*

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year written below.

**SCHOOL:**

University of South Carolina

By: [Signature]  
Name: \_\_\_\_\_

J. CANTEY HEATH, JR.  
SECRETARY, UNIVERSITY OF S.C.

Sworn to and subscribed to before me, a Notary Public, this 31 day of May, [Year], 2019 by J. CANTEY HEATH, JR., the Secretary of School and duly authorized to execute this instrument on School's behalf.

[Signature]  
Notary Public

My Commission Expires 1-27-25

UNIVERSITY OF SOUTH CAROLINA

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Wendy Long MD  
Wendy Long, MD, MPH  
Director, Metro Public Health Department

6/13/19  
Date

Carol Etherington  
Carol Etherington, MSN, RN, FAAN  
Chair, Board of Health

6/13/19  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Talia Lomax-O'dneal IC  
Talia Lomax-O'dneal  
Director, Department of Finance

6-21-19  
Date

APPROVED AS TO RISK AND INSURANCE:

BCW  
Director of Risk Management Services

6/25/19  
Date

APPROVED AS TO FORM AND LEGALITY:

H. Alex Davidson  
Metropolitan Attorney

6/26/19  
Date

FILED:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date



**SOUTH CAROLINA  
STATE ACCIDENT FUND**

HARRY B. GREGORY, JR., Director

JULY 09, 2018

Attn: George "Skip" Caughman  
UNIVERSITY OF SC APPRENTICE STUDENTS  
306 Benson School  
Columbia SC 29208

**RE: Certification Letter**

*Policy # 30-000004-4  
Policy Period: 07/01/2018 to 07/01/2019*

Dear Policyholder:

This certifies that the *UNIVERSITY OF SC APPRENTICE STUDENTS* of South Carolina covers their employees with workers' compensation coverage through the State Accident Fund.

This policy also covers students while engaged in work study, marketing education, or apprentice programs on the premises of private companies or while engaged in the Tech Prep or other structured school-to-work programs on the premises of a sponsoring employer.

This policy includes Employer Liability coverage of:  
\$1,000,000 Bodily Injury by Accident/each accident  
\$1,000,000 Bodily Injury by Disease/each employee  
Bodily Injury by Disease \$1,000,000 policy limit

Their present coverage runs continuously from 07/01/2018 to 07/01/2019. This is to certify that *UNIVERSITY OF SC APPRENTICE STUDENTS* is in compliance with Article 1, Chapter 7, Title 42 (Workers' Compensation Law) of South Carolina Code of Laws.

Respectfully,



Kirk Adair  
Policyholder Services

HENRY MCMASTER, CHAIR  
GOVERNOR

CURTIS M. LOFTIS, JR.  
STATE TREASURER

RICHARD ECKSTROM, CPA  
COMPTROLLER GENERAL



INSURANCE RESERVE FUND

POST OFFICE BOX 1106  
COLUMBIA, SOUTH CAROLINA 29211  
(803) 737 0020  
FAX (803) 737 0042

HUGH K. LEATHERMAN, SR.  
CHAIRMAN, SENATE FINANCE COMMITTEE

W. BRIAN WHITE  
CHAIRMAN, HOUSE WAYS AND MEANS COMMITTEE

GRANT GILLESPIE  
EXECUTIVE DIRECTOR

June 28, 2018

UNIVERSITY OF SOUTH CAROLINA  
RISK MANAGEMENT  
COLUMBIA, SC 29208

Re: Insured: UNIVERSITY OF SOUTH CAROLINA  
Policy Number: P120080019A  
Policy Period: 07/01/2018 - 07/01/2019

Dear Insured:

A medical professional liability policy has been issued to the above named insured with the dates of coverage as shown.

Employees are covered only while acting in the scope of their employment with the above named insured, pursuant to the S.C. Tort Claims Act, and are covered by limits specified in this Act.

This document does not provide individual coverage to any employee of the insured named above.

The S.C. Tort Claims Act 15-78-30(c) grants immunity to the healthcare providers including physicians. Any suit that arises naming the healthcare provider as a defendant must be amended to remove the individual healthcare provider and substitute the named insured.

Nothing in this form shall be held to vary, alter, amend, waive or extend any of the terms, conditions, provisions, agreements or limitations of the above identified policy or confer any other rights, extensions or privileges.

Very respectfully,

Anne Macon Smith  
Director



# STATE FISCAL ACCOUNTABILITY AUTHORITY

INSURANCE RESERVE FUND  
POST OFFICE BOX 11066  
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-0020

POLICY NUMBER P120080019A	FROM 07/01/2018	POLICY PERIOD TO 07/01/2019	TYPE OF INSURANCE MEDICAL PROFESSIONAL LIABILITY	DATE PRINTED 28 JUN 2018
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COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:  
MD-36 MD-38

NAMED INSURED AND ADDRESS UNIVERSITY OF SOUTH CAROLINA RISK MANAGEMENT COLUMBIA, SC 29208	CONTACT PERSON AND PHONE BRIAN R HANN (803)777-2828	FORM #	PAGE 83 OF 86
	TYPE OF ACTIVITY *** RENEWAL DECLARATION ***		ACTIVITY # 001

1 OF 2

EFFECTIVE 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

COVERAGE A: LIMITS 300K/600K PER OCCURRENCE, NO AGGREGATE

EMPLOYEES AND OTHER MISCELLANEOUS	NUMBER
PHARMACISTS	46
PHARMACISTS (PART TIME)	4
THERAPISTS/TRAINERS	21
THERAPISTS/TRAINERS (PART TIME)	13
SOCIAL WORKERS\COUNSELORS	29
NURSES	35
NURSES (PART TIME)	16
STUDENTS/INSTRUCTORS	3567
PHYSICIAN'S ASSISTANT/NURSE PRACTITIONER	12
PHY ASST/NURSE PRACTITIONER (PART T	24
PSYCHOLOGIST	11
PSYCHOLOGIST (PART TIME)	5

INSTITUTIONS	NUMBER
PER 100 OUTPATIENT VISITS - ACUTE	259
PER 100 OUTPATIENT VISITS - NON-ACUTE	560



# STATE FISCAL ACCOUNTABILITY AUTHORITY

INSURANCE RESERVE FUND  
POST OFFICE BOX 11066  
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-0020

POLICY NUMBER P120080019A	FROM 07/01/2018	POLICY PERIOD TO 07/01/2019	TYPE OF INSURANCE MEDICAL PROFESSIONAL LIABILITY	DATE PRINTED 28 JUN 2018
------------------------------	--------------------	-----------------------------------	---	-----------------------------

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:  
MD-36 MD-38

NAMED INSURED AND ADDRESS UNIVERSITY OF SOUTH CAROLINA RISK MANAGEMENT COLUMBIA, SC 29208	CONTACT PERSON AND PHONE BRIAN R HANN (803)777-2828	FORM #	PAGE 84 OF 86
	TYPE OF ACTIVITY *** RENEWAL DECLARATION ***		ACTIVITY # 001

2 OF 2

EFFECTIVE 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

### INSTITUTIONS

COVERAGE B: LIMITS 1,200,000 PER OCCURRENCE PHYSICIAN ACTS, NO AGGREGATE

PHYSICIANS/RESIDENTS	NUMBER
FULL TIME CLS I PHY - OCCURRENCE	8
PART TIME CLS I PHY - OCCURRENCE	9



# STATE FISCAL ACCOUNTABILITY AUTHORITY

INSURANCE RESERVE FUND  
POST OFFICE BOX 11066  
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-0020

POLICY NUMBER T120080019	FROM 07/01/2018	POLICY PERIOD TO 07/01/2019	TYPE OF INSURANCE GENERAL TORT LIABILITY	DATE PRINTED 28 JUN, 2018
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COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:  
CD-01 CD-10 CD-12 CD-37

NAMED INSURED AND ADDRESS UNIVERSITY OF SOUTH CAROLINA RISK MANAGEMENT COLUMBIA, SC 29208	CONTACT PERSON AND PHONE BRIAN R HANN (803)777-2828	FORM #.	PAGE 86 OF 86
	TYPE OF ACTIVITY *** RENEWAL DECLARATION ***		ACTIVITY # 001

1 OF 1

EFFECTIVE 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

### NUMBER OF PERSONS

177  
442  
295  
336  
241  
8236

### PERSONNEL CLASSIFICATION

- LAW ENFORCEMENT
- DIRECTORS, EXEC, MANAGERS
- MAINTENANCE PERSONNEL
- CLERICAL PERSONNEL
- VOLUNTEERS
- OTHERS
- OPTIONAL PREPAID LEGAL
- TOTAL PREMIUM

### COVERAGE

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LIMIT OF LIABILITY - \$1,000,000 PER OCCURRENCE



# STATE FISCAL ACCOUNTABILITY AUTHORITY

INSURANCE RESERVE FUND  
POST OFFICE BOX 11066  
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-0020

POLICY NUMBER  
T120080019

FORM TITLE  
**AMENDATORY ENDORSEMENT**

FORM #  
CD-10 (09/90)

PAGE  
1 OF 1

NAMED INSURED AND ADDRESS  
UNIVERSITY OF SOUTH CAROLINA  
RISK MANAGEMENT  
COLUMBIA, SC 29208

Attached To and Forming a Part of  
Policy Number: T120080019

In consideration of the premium paid and subject to all the provisions of the Tort Liability policy not expressly modified herein, the Fund agrees to provide the following coverage:

#### Section IV. Persons Insured

- (e) Students who participate in work study, distributive education, apprentice or similar programs on the premises of private companies, but only during the course of their employment in such programs.

Number of students insured: 1088

June 28, 2018

DATE

ANNE MACCON SMITH  
Director