

Letter of Self-Insurance

TO: Craig McAllister
Risk Management
University of Miami / Marine Operations
4600 Rickenbacker Causeway
Virginia Key, FL 33149

FROM: _____
(Risk Management or Program Manager's Name & Participant's Home Institution)

SUBJECT: Certificate of Self-Insurance for Scientific Party In Association with
University of Miami Research Cruises

_____ certifies that
(Participant's Home Institution)

(Participant's Name(s))

is/are covered under this institution's self-insured worker's compensation program while taking part in activities with University of Miami research operations following the policies and procedures of the University of Miami/RSMAS from

_____ to _____
(Start Date) (End Date)

____ Check here if activities include scientific SCUBA diving and that the above named individual(s) is/are covered under this program.

This coverage is extended to provide worker's compensation to the above named individual(s) for the duration of any scientific project conducted under the auspices of the University of Miami.

Signature: _____ Date: _____
(Risk Management or Program Manager)